Underwriting

HIV Testing Consent Form

To evaluate your insurability RL360° has requested that you provide a sample of your blood for testing and analysis to determine the presence of human immunodeficiency virus (HIV) antibodies. By signing and dating this form you agree that this test may be done and that underwriting decisions will be based on the test result.

Pre testing Considerations

Many public health organisations have recommended that before taking an AIDS-related blood test that a person seek counselling to become informed concerning the implications of such a test. You may wish to seek counselling, at your own expense, prior to being tested.

Meaning of Positive Test Result

A positive test result would mean that you have been exposed to HIV and have developed antibodies. You should be aware of the possible consequences of testing positive as well as the adverse affect the result will have on your application for insurance. Your private physician, a public health clinic or an AIDS information organisation might be able to provide you with further information on the medical implications of a positive test result.

Confidentiality of Test Results

All test results are treated confidentially. The laboratory will report them only to ourselves. The test results may be disclosed to employees of RL360° who have the responsibility to make underwriting decisions on our behalf. The test result may also be disclosed to our reinsurers who may be involved in the underwriting process.

Notification of Test Results

If your test result is negative, no routine notification will be sent to you. If your test result is reported by the laboratory to us as positive, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test result means you are asked to list your private physician so that we can have them tell you the test result and explain its meaning.

Name of Physician

Address

Consent

I have read and I understand this notice and consent for testing. I voluntarily consent to the withdrawal of blood from me, the testing of this sample and the disclosure of the test result as described above. I have read the information on this form about what a test result means and understand that I should seek advice and counselling if the test is positive. A photocopy of this form is as valid as the original.

Signature of life assured

Date (dd/mm/yyyy)

Witnessed by (Doctor)

Date (dd/mm/yyyy)

Issued by RL360 Insurance Company Limited. Registered Office: RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles. Telephone: +44 (0)1624 681681. Telephone calls may be recorded. Website: www.rl360.com. RL360 Insurance Company Limited is authorised by the Isle of Man Financial Services Authority. Registered in the Isle of Man number 053002C.