Informed Consent

American United Life Insurance Company®
a OneAmerica® company
One American Square
P.O. Box 6003
Indianapolis, IN 46206-6003
(317) 285-1877

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United Mutual Insurance Holding Company
a OneAmerica® company
101 North 10th Street
Fargo, ND 58102
(701) 297-5700

The State Life Insurance Company
a OneAmerica® company
P.O. Box 6062
Indianapolis, IN 46206

OneAmerica®

OHIO HIV TEST INFORMED CONSENT FORM

In order for us to evaluate your eligibility for insurance coverage, we request that you provide a blood or other bodily fluid sample for HIV testing and analysis. The test that will be performed will determine the presence of antibodies to the HIV virus. By signing and dating this form, you agree that the HIV antibody test may be performed on your blood or other bodily fluid sample and that underwriting decisions may be based on the test results. A positive test result will adversely affect your insurance application. It also may result in uninsurability for life, health or disability insurance for which you may apply in the future.

HUMAN IMMUNODEFICIENCY (HIV) VIRUS

The HIV virus causes a life-threatening disorder of the immune system called Acquired Immune Deficiency Syndrome (AIDS). Antibodies to the HIV virus are found in the blood and other bodily fluids of people who have been exposed to the virus. You do not have to have AIDS to have antibodies against HIV. The virus is spread by sexual contact with an infected person, by exposure to infected blood (as in needle sharing during intravenous drug use or, rarely, as a result of a blood transfusion), or from an infected mother to her newborn infant.

The HIV antibody test is actually a series of tests performed upon your blood or other bodily fluid sample by a medically accepted procedure which is extremely reliable. The testing will be performed by a licensed laboratory.

PRE-TESTING CONSIDERATION

Many public health organizations have recommended that before taking an HIV virus antibody test a person seek counseling to become informed about the implications of such tests. You may wish to consider counseling, at your expense, prior to being tested.

DISCLOSURE OF TEST RESULTS

All test results are confidential, except as provided by law. State law requires that the laboratory notify the Ohio Department of Health of positive test results.

The results of the test will be reported to the insurance company named on your application for insurance. The Company may not by law, release positive test results except as provided below:

If your HIV antibody test result is normal (negative), you will not be notified. You will be notified of an abnormal (positive) test result if you indicate that you desire a positive result be made known to you. You may also identify another person to whom you want the positive results released.

If you want a physician or other health care provider to be notified of an abnormal HIV antibody test result, you must indicate the name and address of that physician or provider.

Abnormal test results may be disclosed to persons hired by the Company who participate in medical underwriting decisions of the Company. Abnormal test results may also be disclosed to affiliates of the Company who require the results for medical underwriting purposes.

In addition, if your HIV antibody test is abnormal, a generic code signifying a non-specific blood, oral fluid (saliva) or urine abnormality may be made known to the Medical Information Bureau, Inc. (MIB). The MIB is an organization of life and health insurance companies which operates as an information exchange on behalf of its members. There will be no record with the MIB that you had a positive HIV antibody test; however, there will be a record at the MIB that you have some blood, oral fluid or urine abnormality. If you apply to another MIB member company for life or health insurance coverage, the MIB, upon request, will supply the information on you in its file to that member.

TEST RESULTS

While a positive test result does not necessarily mean that you have AIDS, it does mean that you are at a greater risk of developing AIDS or AIDS-related conditions if you do not take appropriate medications. If you are infected with HIV, you are infectious to others. You should seek medical follow-up care with your personal health care provider.

HIV test results are highly reliable but not 100% accurate. If the test gives a positive result, you should consider retesting in order to confirm the result. If the test gives a negative result, there is still a small possibility you may be infected with HIV. This is most likely to happen in recently infected persons. It takes at least 4 to 12 weeks for a positive test result to develop after a person is infected, and may take as long as 6 to 12 months.

OTHER SOURCES OF INFORMATION

For more information about HIV or AIDS, you may ask a doctor, a nurse, a counselor or call the Ohio AIDS Hotline at 1-800-332-AIDS (2437). The hotline is a free call.

ORIGINAL – HOME OFFICE COPY 1 – APPLICANT COPY 2 – AGENT

CONSENT FOR HIV TESTING

I have read and I understand this HIV test informed consent form. I voluntarily consent to the withdrawal of blood, or to the providing of another bodily fluid sample, the testing of my blood or other bodily fluid for HIV antibodies, and the disclosure of the test results as described above. I will be given a copy of this form. This consent is valid for ninety (90) days from the date of my signature below. The Company agrees to complete testing and provide the authorized notifications, as appropriate, within this ninety (90) day period.

NOTIFICATION OF POSITIVE TEST

In the event of a positive test result:

- Send the result to me at: _____
- Address: _____
- I authorize the Company to send the result to another person:
  Name: _____
  Address: _____
- I authorize the Company to send the result to the following physician or health care provider:
  Physician's Name: _____
  Address: _____

AUTHORIZATION: _____

Please Print Name of Applicant *Signature of Applicant* *Date*

_____

Signature of Legal Guardian, if any *Signature of Person Obtaining Consent* *Date*

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  Address: _____

AUTHORIZATION: _____

Please Print Name of Applicant *Signature of Applicant* *Date*

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Signature of Legal Guardian, if any *Signature of Person Obtaining Consent* *Date*

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