

HIV pre-testing information

For the applicant

The Acquired Immune Deficiency Syndrome (AIDS) is caused by infection with a virus known as Human Immunodeficiency Virus (HIV).

When insurers consider an application for life or health protection insurance, we sometimes require additional information about the risk of HIV. This assessment of HIV risk is designed to protect the funds held for both existing and future policyholders. Friends Provident International Limited has asked you to undergo an HIV antibody test. This could be because you have lived in or travelled to an area with a high incidence of HIV, the answers you gave on your application form revealed that you could be at risk of HIV or it could be because you have applied for a relatively large amount of insurance.

The doctor will take a sample of blood which will be sent to a specialist laboratory. Your test result will be protected by a strict code of confidentiality and will only be disclosed if you give written consent to the disclosure. Friends Provident International Limited asks you to consent to your result being released to your local GP, GUM clinic or HIV counselling service as insurers are unable to provide adequate post-test support if your test proves to be positive.

A positive test would mean that you have been exposed to HIV and have developed antibodies. You should be aware of the possible consequences of testing positive. It would, however, enable you to access effective treatments earlier. If you decide not to have the test at this time, please sign the appropriate section of the enclosed declaration and ask the doctor to return it to us. This will mean that we cannot proceed further with your application. Your decision not to take the test will not be held against you for any future applications.

A negative HIV test in no way influences future insurance applications.

For the examining doctor or medical professional

Thank you for agreeing to take a blood sample for an HIV test for one of our customers who has requested life assurance.

Before taking the blood sample, please ensure that the appropriate counselling has taken place.

Once the test result is available, please send it to our Chief Medical Officer with the attached declaration and consent forms.

It is essential that **the test result and declaration are returned to us together**, to the following address or fax number:

The Chief Medical Officer
Friends Provident International Limited
Royal Court
Castletown
Isle of Man
British Isles
IM9 1RA
Fax number: +44 (0) 1624 821266

HIV Testing declaration and consent

Your details

Full name of applicant

Application reference (if known)

If a test is carried out, this declaration must be signed at the time of the test in the presence of the medical professional and then returned to the Chief Medical Officer at Friends Provident International Limited attached to the test result.

Please ensure that you have read the pre-testing information before completing this declaration.

If you are willing to be tested then please complete **Section A** only. Please bring your passport or other photographic proof of identity such as an identity card or driving licence to the test. If you are not willing to be tested please complete **Section B** only.

Section A

Applicant declaration

I declare that I am willing to be tested for HIV and consent to the medical professional appointed by Friends Provident International taking a small sample of blood for this purpose.

If the test proves to be **positive**, the doctor or clinic that may be advised of the result is:

(This section must be completed)

Name of doctor or clinic

Address

Town

 County

Postcode

 Country

I understand that if the test proves to be negative my application will continue. I do not require separate notification of a negative result

Applicant signature

Date

(To be signed in the presence of the medical professional performing the test.)

Medical professional declaration

The applicant has been asked to bring their passport or other photographic proof of identity such as an identity card or driving licence to their medical examination.

This test must not be undertaken unless the following identification check has been carried out.

Type of evidence provided
(e.g. passport, identity card
or driving licence)

Reference number
of evidence provided

I have checked and I am satisfied as to the identity of the applicant. The applicant has signed this declaration in my presence at the time of taking the blood sample.

Name of medical professional

Clinic details

<input type="text"/>	Clinic stamp	<input type="text"/>
<input type="text"/>		
<input type="text"/>		

Town

<input type="text"/>	County	<input type="text"/>
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Postcode

<input type="text"/>	Country	<input type="text"/>
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Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section B

I am unwilling to be tested for HIV and I understand that, as a result, my application with Friends Provident International Limited will not proceed.

Applicant signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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