



**Farmers
& Traders**
Life Insurance Co.

A NEW YORK MUTUAL COMPANY

Notice of AIDS Virus (HIV) Antibody Testing and Consent for Testing

The Tests	
To evaluate your eligibility for insurance or insurance benefits, it is requested that you provide a sample of your blood for testing and analysis. One of the tests to be performed on this sample may be a test to determine the presence of antibodies to the Human Immunodeficiency Virus (HIV), also known as the AIDS virus. The HIV antibody test is actually a series of tests done by a medically accepted procedure, which is extremely reliable. The testing will be performed by a licensed laboratory.	
Disclosure of Test Results	
All test results will be treated confidentially. The results of the test will be reported to the insurer named above. The results also may be reported to its affiliates, reinsurers, or contractors in connection with insurance you have or have applied for. In addition, if your HIV antibody test is abnormal (positive), a generic code signifying a non-specific blood abnormality may be made known to the Medical Information Bureau (MIB, Inc.) as described in the notice given you at the time of application. The fact that the test has been done and the results of the test will not be otherwise disclosed except as may be required by law or as authorized by you.	
Meaning of Test Results	
While positive HIV antibody test results do not mean that you have AIDS, they do mean that you are at seriously increased risk of developing AIDS or AIDS-related conditions and may wish to consider further independent testing. Federal authorities say that persons who are HIV antibody positive should be considered infected with the AIDS virus and capable of infecting others. For further information about AIDS, the meaning of HIV-related test results, and the availability and location of HIV-related counseling services, call the Department of Health's statewide toll-free telephone number, 1-800-514-AIDS.	
Notification of Test Results	
If your test results are positive or indeterminate, a trained person should deliver that information so that you can understand clearly what the test results mean. You are asked to list a physician to whom the test results may be reported, or in the absence of such a designation, the test results may be reported to you.	
Physician's Name: _____ (or other designee)	
Address: _____ _____	
Consent	
I have read and I understand this Notice of AIDS Virus (HIV) Antibody Testing and Consent for Testing. For my information, I have been given written materials about AIDS. I voluntarily consent to the withdrawal of blood from me, the testing of my blood for HIV antibodies, and the disclosure of the test results as described above.	
_____ Name of Proposed Insured (<i>please print</i>)	_____ State of Residence
_____ Signature of Proposed Insured	_____ Date

*Original to Home Office.
Copy to Medical Professional drawing blood.
Copy to Laboratory.
Copy to Proposed Insured.*

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