



300 S.W. Adams Street Peoria, IL 61634  
800.437.7355

**NOTICE AND INFORMED CONSENT**

**NOTICE TO PROPOSED INSUREDS**

At this time we are unable to provide insurance at any price to persons who have been exposed to the AIDS virus. Until medical science is able to develop a cure or vaccine, we cannot accept persons who have AIDS Related Complex (ARC) or persons who have progressed to a diagnosis of AIDS itself, or persons who have tested positive for the AIDS virus. We have an obligation to our insureds not to jeopardize the financial stability of Illinois Mutual by accepting uninsurable risks.

To protect our reserves against the potential for persons infected with AIDS obtaining insurance, we are doing two types of screening:

1. The application asks specific questions about ARC and AIDS.
2. As a part of our normal underwriting process, you are being asked to sign the INFORMED CONSENT below. This form will allow us to order blood tests to detect the presence of the AIDS virus.

We have stringent procedures to protect proposed insureds against the improper distribution of AIDS related information. We release that information only to persons or entities authorized by statute or regulations to receive test results.

Thank you for your cooperation in working with us to protect everyone's interest regarding this serious health problem.

**INFORMED CONSENT**

I (we) understand that, as a part of the underwriting requirements for the insurance for which I (we) have applied to Illinois Mutual Life Insurance Company, I (we) may be required to take ELISA and Western blot assay and/or urine tests to detect the presence of the HTLV virus, also known as the HIV or Human Immunodeficiency Virus. I (we) do hereby consent to such tests.

I (we) further understand that the results of such tests may be disclosed to Illinois Mutual's reinsurance companies, the MIB, Inc., and as otherwise permitted or required by law. I (we) do hereby consent to such disclosures.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Printed Name of Proposed Insured

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Printed Name of Other Person  
Proposed for Insurance

\_\_\_\_\_  
Signature of Other Person  
Proposed for Insurance