

PERSONAL & CONFIDENTIAL

Dear Client:

I have received the results of the HIV-related tests, which we obtained in order to underwrite your recent application for insurance with [Name your Insurance Company]. This letter is to inform you that the HIV tests conducted were indeterminate and/or invalid meaning your HIV status could not be determined at this time. To be clear, these results do not indicate anything about your HIV status, only that more testing is needed.

At the time of your application, you indicated that I should forward this medical information directly to you. I am complying with your request. I strongly urge you to contact a physician or trained professional, to consult about obtaining further HIV testing to determine your HIV status.

Because of these results, [Name your Insurance Company] is unable to offer you insurance at this time. Since your HIV-related test results are indeterminate and/or invalid, [Name your Insurance Company] is postponing action on your application, but no change in preexisting coverage, benefits, or rates under any separate policy or policies held by you shall be based upon this indeterminacy.

You may request a retest once within the three-year period following the date of the most recent test; and in any event, upon updates to the Centers for Disease Control and Prevention recommended laboratory HIV testing algorithm for serum or plasma specimens. If such retest is negative, a new application for coverage shall not be denied by the insurer based upon the results of the initial test. Any underwriting decision granting a substandard classification or exclusion based on your prior HIV-related test results shall be reversed, and the company performing any previous HIV-related testing that had been forwarded to a medical information bureau reports based upon your prior HIV-related test results shall request the medical information bureau to remove any abnormal codes listed due to such prior test results.

This information, as with all information obtained in the underwriting process, is highly confidential and will be released only in accordance with the procedures stated in the information statement you signed.

I have enclosed a copy of the information statement read to you by the agent at the time of application. This will provide you with some additional guidance until you have had the opportunity to review your test results with a trained professional or your physician and will explain why and identify who else could receive copies of these results.

Should you or your physician have further questions, you may contact me at the above address, or the Vermont Department of Health or the Centers for Disease Control and Prevention at the contact numbers provided on the enclosed information statement.

Sincerely,

Chief Medical Director
[Name your Insurance Company]

[Co.'s Secondary Form No. if desired]

Enclosure

VT-Bulletin138-Form 4 (Rev.09/2019)