

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 is to inform you that because the test results are indeterminate, [Name your Insurance Company] is unable to offer you insurance at this time.

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, with whom you can discuss the significance of these test results.

Since your HIV-related test results are indeterminate, [Name your Insurance Company] is postponing action on your application for a period of 6 months from the date of these results. Following this period of postponement, [Name your Insurance Company] would be most willing to reconsider your new application for insurance. For this new application, in addition to the usual underwriting requirements, new HIV-related tests will be required. You can arrange for new tests by contacting your agent and making a new application for insurance.

If you choose not to re-apply for an insurance policy, [Name your Insurance Company] will still offer you a re-test, at our expense, after 6 months have passed from the date of these results but not later than 8 months from the date of these results. You will need to forward to my attention a written request for such a re-test.

This information, as with all information obtained in the underwriting process, is highly confidential and will be released only with your written authorization and according to the limits stated in the information statement.

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, the Vermont Department of Health or the Centers for Disease Control and Prevention.

Sincerely,

Chief Medical Director
[Name your Insurance Company]

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

Enclosure

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