

SERFF Tracking Number: AMNA-127126823 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number: 48596
Company Tracking Number: HIV NOTICE AND CONSENT
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: HIV Notice and Consent
Project Name/Number: HIV Notice and Consent/

Filing at a Glance

Company: Standard Life and Accident Insurance Company

Product Name: HIV Notice and Consent

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: AMNA-127126823 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48596

Co Tr Num: HIV NOTICE AND
CONSENT

Authors: Tyra Reed, Tobie Brink
Date Submitted: 04/27/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/02/2011

Disposition Status: Approved-
Closed

Implementation Date:

General Information

Project Name: HIV Notice and Consent

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Tobie Brink

Filing Description:

April 25, 2011

Arkansas Insurance Department

Compliance - Life and Health

1200 West Third Street

Little Rock AR 72201-1904

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/02/2011

State Status Changed: 05/02/2011

Created By: Tobie Brink

Corresponding Filing Tracking Number:

RE: Standard Life and Accident Insurance Company (NAIC: 86355 FEIN: 73-0994234)

Form HIV-A (NOTICE AND CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS/AIDS-RELATED TESTING)

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Company Tracking Number: HIV Notice and Consent

Dear Reviewer:

Please find attached the above listed form for your organization's review and approval. This form replaces Form ST-982 approved 9/12/2002. This form will be used by the companies listed above.

Form HIV-A is used whenever we require HIV testing. It notifies the proposed insured that we will be testing for the HIV virus and allows the client to consent to testing. This includes not only blood profiles, but oral fluid tests and some urine specimens as well. It is based on normal age/amount underwriting requirements.

Part A (Form HIV-A) is given to the proposed insured prior to testing to describe what HIV is, the symptoms, the types of tests used, how the tests are used, confidentiality of results, etc.

Part B (Form HIV-B) is the Notice and Consent form to be signed by the proposed insured giving their permission to be tested for the HIV Virus.

A HIV/AIDS Resource Information document will be given to the proposed insured providing them with resource and contact information for each state. This document has been attached to the Supporting Documentation tab. It will be updated at regular intervals to ensure that we have the most up-to-date information.

Additional information/supporting documentation included in this submission is as follows:

- Statement of Variability for the form
- Certificate of Readability
- Payment of the required filing fee in the amount of \$100.00 has been submitted via EFT
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing

Company and Contact

Filing Contact Information

Tobie Brink, Project Coordinator
One Moody Plaza
Actuarial Product Development
14th Floor
Galveston, TX 77550

Tobie.Brink@ANICO.com
409-763-1112 [Phone] 4165 [Ext]
409-766-6933 [FAX]

Filing Company Information

SERFF Tracking Number: AMNA-127126823 State: Arkansas
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 Product Name: HIV Notice and Consent
 Project Name/Number: HIV Notice and Consent/
 Standard Life and Accident Insurance Company CoCode: 86355 State of Domicile: Texas
 Administrative Office: Group Code: 408 Company Type: LifeHealth and Annuity
 One Moody Plaza Group Name: State ID Number:
 14th Floor FEIN Number: 73-0994234
 Galveston, TX 77550
 (409) 763-4661 ext. 5222[Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Domicile fee is \$100 (Texas).
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Life and Accident Insurance Company	\$100.00	04/27/2011	46995657

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/02/2011	05/02/2011

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Disposition

Disposition Date: 05/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	HIV/AIDS Resource Information		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	MVM - Form HIV-A		Yes
Form	NOTICE AND CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS/AIDS- RELATED TESTING		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form HIV-A	Other	NOTICE AND CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS/AIDS-RELATED TESTING	Initial		50.100	Form HIV-A.pdf

PART A - NOTICE AND CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS/AIDS-RELATED TESTING

American National Family of Companies

Page 1 of 3

- American National Insurance Company
- American National Life Insurance Company of Texas
- Standard Life and Accident Insurance Company

READ THIS NOTICE VERY CAREFULLY

To evaluate your insurability, the Insurer has asked that you provide a sample of your blood, oral fluid taken from your cheek and gum tissue, or urine for testing to determine the presence of human immunodeficiency virus (HIV) antibodies. It may be necessary to provide a sample of more than one of these bodily fluids. A test is considered positive if two ELISA (enzyme-linked immunosorbent assay) blood or other bodily fluid tests are positive, confirmed by the Western Blot blood or other bodily fluid test. These tests may be replaced in the future with new and more effective tests. Other tests which may be performed include blood cholesterol and related lipids (fats) and screening for liver or kidney disorders, diabetes, and immune disorders. These tests are extremely accurate. Further information about HIV testing and AIDS can be obtained by calling the National AIDS Hotline at [1-800-342-2437.]

AIDS:

Acquired Immunodeficiency Syndrome (AIDS) is a life-threatening disorder of the immune system, caused by the HIV virus. The virus is transmitted:

- by sexual contact with an infected person
- from an infected mother to her newborn infant
- by exposure to infected blood through shared needles during drug use
- through a blood transfusion

Persons at high risk of contracting AIDS include males who have had sexual contact with another male, drug users who share needles, those whose blood doesn't clot properly, and sexual contacts of any of these persons. In some people, the virus reduces the body's normal defenses against certain diseases or infections. As a result, such people often develop such unusual conditions as severe pneumonia or a rare skin cancer.

The symptoms of AIDS may include the following:

- unexplained weight loss
- persistent night sweats
- Cough
- shortness of breath
- Diarrhea
- white spots evidencing fungal infection
- Fever
- swollen lymph nodes lasting more than one month
- raised purple spots on or under the skin or on mucous membranes

AIDS does not typically develop until a person has been infected with HIV for several years. A person may remain symptom free for years after becoming infected. An infected person has a significant chance of developing AIDS over the next 10 years.

PRE-TESTING CONSIDERATIONS

Many public health organizations have suggested that before taking an AIDS-related test, a person seek counseling to become informed concerning the implications of such a test. You may wish to consider counseling, at your expense, prior to being tested.

MEANING OF POSITIVE TEST RESULT

The test is not a test for AIDS. It is a test for antibodies to the HIV virus, which causes AIDS. It shows whether you have been exposed to the virus. A positive test result does not mean that you have AIDS, but that you are at a significantly higher risk of developing problems with your immune system. Persons who are HIV antibody/antigen positive should be considered infected with the AIDS virus and capable of infecting others.

Medical treatment should be sought for the HIV infection and any related infections, as this is a lifelong infection. Responsibility should be taken to prevent knowingly infecting others. Safe sex practices should be performed; drug use

PART A - (continued)

Page 2 of 3

with shared needles should be avoided to prevent spread of the infection. The test for HIV antibodies is very sensitive. Errors are rare, but they do occur. Possible errors include:

1. False positives - The test gives a positive result, even though you are not infected. This happens only rarely and is more common in persons who have not engaged in high risk behaviors. Retesting should be done to help confirm the validity of the positive test.
2. False negatives - The test gives a negative result, even though you are infected with HIV. This is most likely to happen in recently infected persons; it takes at least 4 to 12 weeks for a positive test result to develop after a person is infected, and may take as long as 6 to 12 months.

Your private physician, a public health clinic, or an AIDS information organization in your city might provide you with further information on the medical implications of a positive test.

Positive HIV antibody test results will negatively affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

CONFIDENTIALITY OF TEST RESULTS

All test results are required to be treated confidentially. They will be reported by the laboratory to the Insurer. The test results may be disclosed as required by law or may be disclosed to employees of the Insurer who have the responsibility to make underwriting decisions on behalf of the Insurer or to outside legal counsel who needs such information to effectively represent the Insurer in regard to your application. The results may be disclosed to a reinsurer, if the reinsurer is involved in the underwriting process. The test results may be released to an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular person. The organizations described above may maintain the test results in a file or data bank. Positive HIV and hepatitis antibody/antigen tests will be reported to your State Department of Health if the laboratory or the insurance company are required or permitted to do so by law.

NOTIFICATION OF TEST RESULTS

If your test results are negative, no routine notification will be sent to you. If your test results are reported by the laboratory to the Insurer as being positive, you are entitled to that information if you so desire. Because a trained person should deliver that information so that you can understand clearly what the test results mean, you are asked to list your private physician on the Notice and Consent form so that the Insurer can have him or her tell you the test result and explain its meaning.

**PART B - NOTICE AND CONSENT FOR
BLOOD OR OTHER BODY FLUID AIDS-RELATED TESTING**

American National Family of Companies

Page 3 of 3

- American National Insurance Company
- American National Life Insurance Company of Texas
- Standard Life and Accident Insurance Company

Read this notice very carefully.

Do not sign it unless it is completely filled out and you have read and understood it.

I have received, read, and understand the Notice and Consent For Human Immunodeficiency Virus/AIDS-Related Testing ("Part A"). I voluntarily consent to the collection/withdrawal of blood, oral fluid from cheek and gum tissue, or urine from me, the testing of that sample, and the disclosure of the test results as described in Part A. I have read and understand the information provided to me about what a positive test result means and understand that I should contact a local AIDS service group or my private physician for further information and counseling if the test result is positive.

I understand that I have the right to request and receive a copy of this authorization. A photocopy or facsimile of this form will be as valid as the original.

Examiner _____ Insurer _____
Address _____ Address _____

NAME AND ADDRESS OF PHYSICIAN FOR REPORTING A POSSIBLE POSITIVE TEST RESULT:

Physician's Name _____
Physician's Address _____

If you want to know the results of the test but do not at present have a private physician, the result will be sent to you at the address provided below. If you desire the results to be mailed to some person other than yourself who is not a physician, print that person's name and address here:

Name _____
Address _____

Proposed Insured Printed Name

Proposed Insured or Parent/Guardian-Signature Date

Parent/Guardian-Printed Name (if applicable) Date

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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachment:
AR - SLAICO Certification of Compliance.pdf

Item Status: **Status Date:**

Satisfied - Item: HIV/AIDS Resource Information
Comments:
Attachment:
HIV-AIDS Resource Information.pdf

Item Status: **Status Date:**

Satisfied - Item: Cover Letter
Comments:
Attachment:
AR SLAICO.pdf

Item Status: **Status Date:**

Satisfied - Item: MVM - Form HIV-A
Comments:
Attachment:
MVM SLAICO - HIV Notice and Consent.pdf

CERTIFICATION OF COMPLIANCE

The Company has reviewed the captioned form(s) below, and certifies that to the best of its knowledge and belief, the form(s) submitted is (are) in compliance with the following:

- Rule & Regulation 19
- Rule & Regulation 49
- ACA 23-79-138 and Bulletin 15-2009
- ACA 23-80-206 (Flesch Certification, minimum of 40)

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
Form HIV-A	Notice and Consent For Human Immunodeficiency Virus/AIDS Related-Testing	50.1



Rex D. Hemme
Senior Vice President & Actuary
Standard Life and Accident Insurance Company
April 24, 2011

HIV/AIDS RESOURCE INFORMATION

American National Family of Companies

Page 1 of 4

State	Resources	
Alabama	AIDS Hotline In Alabama 800-228-0469	Alabama Department of Public Health 1-800-ALA-1818
Alaska	AIDS Hotline In Alaska 800-478-2437 Out of State 907-269-8000	The National Association of People with AIDS 866-846-9366
Arizona	AIDS Hotline In Arizona 800-232-4636 Out of State 602-364-3610	Division of Public Health Services 602-542-1023
Arkansas	AIDS Hotline In Arkansas 800-232-4636	Arkansas AIDS Foundation 501-376-6299
California	HIV/AIDS Hotline Out of State 800-367-AIDS San Francisco and outside California 415-863-2437 TDD for Deaf 888-225-AIDS	HIV Health Information Line 1-800-822-7422
Colorado	STD/HIV Hotline Denver Only 303-692-2777 In Colorado 877-478-3448 Out of State 303-692-2783	People with AIDS Coalition Colorado, Inc. 303-329-9379
Connecticut	Health Department National 860-692-2783	Connecticut Department of Public Health AIDS Division 860-509-7801
Delaware	AIDS Hotline In Delaware 800-422-0429 Youth 800-234-8336	AIDS Delaware 302-652-6776
District of Columbia	AIDS Information Line 202-332-2437	HIV/AIDS Administration Department National 202-671-4900 In Metro DC and VA 800-322-7432
Florida	AIDS Hotline In Florida - English 800-352-AIDS Out of State 850-681-9131 In Haitian Creole 800-243-7101 In Spanish 800-545-SIDA TTY 888-503-7118	Ocala/Marion County Community AIDS Network (OMCCAN) 352-629-5124
Georgia	AIDS Information Line In Georgia 800-551-2727	AID Atlanta In Atlanta 404-870-7700 Out of State 404-876-9944
Hawaii	STD/AIDS Hotline In Hawaii 800-321-1555 Out of State 808-922-1313	Hawaii Department of Health 808-586-4400
Idaho	AIDS Foundation Hotline In Idaho 800-926-2588	Idaho Health Department 208-334-6527
Illinois	AIDS Hotline In Illinois 800-243-2437 TTY/TDD 800-782-0423	Illinois Department of Public Health 217-782-4977

Iowa	AIDS Hotline In Iowa 800-445-2437 Out of State 319-338-2135	Iowa Department of Public Health 866-227-9878
Indiana	HIV Medical Services Office In Indiana 866-588-4948	HIV/AIDS Hotline 800-232-4636
Kansas	Health Department In Kansas 785-296-6174 National 877-526-2437 x2	AIDS Hotline 785-296-6036
Kentucky	Health Department In Kentucky 502-564-6539 x2	HIV/AIDS Hotline 800-420-7431
Louisiana	AIDS Hotline In Louisiana 800-992-4379 In Louisiana 504-821-6050 In Louisiana TDD 877-566-9448	HIV/AIDS Program Louisiana Office of Public Health 504-568-7474
Maine	AIDS Hotline In Maine 800-851-2437 Out of State 800-775-1267	Maine CDC Information Hotline 800-232-4636 x1
Maryland	AIDS Hotline In Maryland 800-638-6252 Out of State 800-358-9001 In Metro DC and VA 800-322-7432 Hispanic AIDS Hotline 301-949-0945 Baltimore Only TTY 410-333-2437	National HIV/AIDS Teen Hotline 800-440-TEEN
Massachusetts	AIDS Hotline In Massachusetts 800-235-2331 Out of State 617-536-7733 TTY/TDD 617-437-1672 TTY 617-450-1427	Massachusetts Department of Public Health Information Line 866-627-7968
Michigan	AIDS Hotline In Michigan 800-872-2437 TTY/TDD 800-332-0849 Spanish 800-826-SIDA Teen Line 800-750-TEEN Health Care Workers 800-522-0399	Michigan Department of Community Health 517-373-3740
Minnesota	AIDS Hotline In Minnesota 800-248-2437 Out of State 612-373-2437	Minnesota Department of Health 888-345-0823
Mississippi	AIDS Hotline In Mississippi 800-826-2961	National AIDS Administration 601-576-7723
Missouri	Missouri Department of Health and Senior Services Out of State 866-628-9891	AIDS Information Line 800-826-2961
Montana	Montana AIDS Program In Montana 800-233-6668 Eastern Montana 800-675-2437 Western Montana 800-663-9002 Out of State 406-444-3565	Public Health and Human Services - Montana AIDS Hotline 406-233-6668
Nebraska	AIDS Hotline Out of State 800-782-2437 Spanish 800-344-7432	Nebraska Department of Health and Human Services 402-471-3121

Nevada	AIDS Hotline In Nevada 800-842-2437 Out of State 775-684-5900	Nevada Health Department 775-684-5900
New Hampshire	AIDS Hotline In New Hampshire 800-752-2437 Out of State 603-271-4502	New Hampshire Health Department 800-227-8922
New Jersey	AIDS Hotline In New Jersey 800-624-2377 Out of State 609-984-5874 TTY/TDD 201-926-8008	New Jersey Health Department 800-624-2377
New Mexico	AIDS Hotline In New Mexico 800-545-2437 Out of State 505-476-3612	New Mexico Department of Health 505-827-2613
New York	New York State HIV Counseling Hotline 800-872-2777 Deaf and Hearing Impaired 800-369-2437 Spanish Hotline 800-233-SIDA	NYC Department of Health AIDS Helpline 800-TALK-HIV
North Carolina	AIDS Hotline In North Carolina 800-232-4636	National Health Information 919-733-3039
North Dakota	AIDS Hotline In North Dakota 800-782-2437 Out of State 701-328-2378	North Dakota Health Department 701-328-2378
Ohio	AIDS Hotline In Ohio 800-332-2437 In Ohio TTY/TDD 800-332-3889 Out of State 614-466-0265	Ohio Health Department 614-466-0265
Oklahoma	AIDS Hotline 800-535-2437	Oklahoma State Department of Health 800-522-0203
Oregon	AIDS Hotline Area Codes 503, 206, and 208 800-777-2437 Voice and TTY 503-223-2437	Oregon Health Department 503-223-2437
Puerto Rico	Linea de Infor SIDA y Enfermedades de Transmision Sexual In Puerto Rico 800-981-5721 Out of State 809-765-1010	Department of Health/Office of AIDS and Communicable Diseases 787-274-5536
Pennsylvania	AIDS Hotline In Pennsylvania 800-662-6080	Health Department 717-783-0572
Rhode Island	AIDS Hotline Out of State 800-726-3010	Health Department 401-831-5522
South Carolina	AIDS Hotline In South Carolina 800-322-2437 Out of State 803-898-0749	South Carolina Department of Health 803-898-3432
South Dakota	AIDS Hotline In South Dakota 800-592-1861	Health Department 605-773-3737
Tennessee	AIDS Hotline In Tennessee 800-525-AIDS Out of State 615-741-7500	Tennessee Department of Health 615-741-3111

Texas	AIDSLINE In Texas 800-299-2437	Health Department 615-490-2505
Utah	AIDS Information Line In Utah 800-366-2437 Out of State 801-487-2100	Utah Department of Health 801-538-6101
Vermont	AIDS Hotline In Vermont 800-882-2437	Vermont Department of Health In Vermont 800-464-4343
Virginia	STD/AIDS Hotline In Virginia 800-533-4148 In Virginia Hispanic Line 800-322-7432	Virginia Health Department 804-371-7455
Washington	HIV Client Services In Washington 877-376-9316 Out of State 360-236-3426	AIDS Hotline 800-272-2437
West Virginia	AIDS Hotline In West Virginia 800-642-8244 Out of State 304-558-2950	HIV Hotline 800-995-3746
Wisconsin	AIDS Hotline In Wisconsin 800-334-2437 Out of State 414-273-2437	Wisconsin Department of Health 608-266-1865
Wyoming	AIDS Hotline In Wyoming 800-675-2698 Out of State 307-237-7833	Wyoming Department of Health 866-571-0944

Standard Life and Accident Insurance Company

Tobie Brink, Life Policy Analyst III
Product Development – Actuarial
Home Office : One Moody Plaza, 14th Floor
Galveston, Texas 77550

e-mail: tobie.brink@anico.com
Phone: (409) 763-4661 x 4265
Fax: (409) 766-6933

April 25, 2011

Arkansas Insurance Department
Compliance - Life and Health
1200 West Third Street
Little Rock AR 72201-1904

RE: Standard Life and Accident Insurance Company (NAIC: 86355 FEIN: 73-0994234)
Form HIV-A (NOTICE AND CONSENT FOR HUMAN IMMUNODEFICIENCY VIRUS/AIDS-RELATED TESTING)
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Sincerely,

Tobie Brink

Tobie Brink
Life Policy Analyst III

Standard Life and Accident Insurance Company

MEMORANDUM OF VARIABLE MATERIAL FOR FORM HIV-A April 25, 2011

This memorandum was prepared for use with products sold by Standard Life and Accident Insurance Company.

Variable material contained within the form denoted by use of brackets.

Variable Material

The form contains the following permissible variable material:

National AIDS Hotline

The above noted item, if changed, will be changed in accordance with department standards. It is understood that the item noted above may be changed without notice or prior approval.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.