

# AIDS DECLARATION



Please check all details, then complete the relevant areas of the form and return it to:  
BSP Health (Fiji) Limited, Level 5, BSP Life Centre, Thomson Street, Private Mail Bag, Suva, Fiji.  
Telephone: 331 7000 Call Centre: 132 700 Facsimile: 330 8955 Web: www.bsplife.com.fj

Please take this to your doctor if you need to undergo an AIDS blood test

## PLEASE READ CAREFULLY

AIDS (Acquired Immune Deficiency Syndrome) is the name given to a condition in which the immune system, the body's natural defense against disease is attacked.

In a healthy person the immune system will protect against and cope with fairly common diseases and illness but without proper resistance the body cannot cope and normally mild conditions may be fatal.

AIDS is a new illness first reported in the United States in 1981. In the present epidemic, the mortality rate is high, approximately 85% of cases reported before 1986 have already died.

In most circumstances AIDS is a preventable disease transmitted by identifiable activities associated with a free choice of lifestyle. Anyone, regardless of gender, race, age or sexual orientation, who engages in these activities, is at a high risk in contracting or transmitting AIDS.

As a disability and death are the almost inevitable outcome of AIDS, an influx of people is at high risk into an otherwise "average" group will cause claims to rise and ultimately cause a premium rise for the whole group. High risk categories are presently known to be:

### Lifestyle Related

Homosexual or bisexual men

Intravenous drug users

People who have multiple sexual partners and do not use "Safe Sex" practices

Prostitutes and their clients

The sexual partners of all the above

### Non-Lifestyle Related

People with haemophilia or related blood disorders

People who have received blood transfusion or organ transplants between 1980 and June 1985.

AIDS has become a critical risk factor and in the interest of all policyholders, BSP Life (Fiji) Limited must seek to identify high risk AIDS applicants as it does other risk applicants in such areas as heart disease, cancers, chronic diseases, dangerous occupations, hazardous activities and the like.

Accordingly an AIDS declaration has been introduced as part of the Personal Statement in insurance. Additionally, a blood test will be required in some cases.

### The implication of an AIDS antibody test

As mentioned earlier, some cases will require a blood test to be done undergone to determine whether AIDS antibodies are present and it is important that you understand the implications of a positive result.

Please consider the following information before deciding whether to have the test or not. If you have any doubts concerning the test, or you have questions that you wish to have answered before having the test, you should seek advise from your own doctor.

If you do not wish to involve your doctor, you should consult one of the Government or Community Organisations who provide AIDS information, education and counselling.

Except in very few cases, a positive AIDS antibody test may mean-

1. You have been infected with the AIDS virus at some time and this infection is permanent.
2. You can pass this infection on
  - (a) to an unprotected sexual partner,
  - (b) to anyone receiving blood donated by you,
  - (c) if you are an intravenous drug user to anyone sharing syringes with you,
  - (d) if you are a woman, to a baby during pregnancy, at birth or possibly by breast feeding

**IT CANNOT BE SPREAD BY OTHER TYPES OF CONTACT**

- 3. As many people who have been infected by the AIDS virus will develop full-blown AIDS and the long term outlook is still uncertain, insurance will not be available if your blood test is positive (i.e. shows the presence of AIDS antibodies).
- 4. In some States it is a legal requirement that the result, coded to preserve confidentiality, be notified to the relevant Health Authority.

If after considering this information you choose not to have the test done, BSP Life (Fiji) Limited will be unable to accept your proposal for insurance.

If you choose to have the test, the result will be sent under confidential cover to BSP Life (Fiji) Limited's Chief Medical Officer to preserve your privacy. In the event of a positive AIDS antibody test, he will communicate the result to you in manner you have specified in your authority. If the test is negative your proposal for insurance will be assessed in the usual manner and you will be advised of BSP Life (Fiji) Limited's decision in due course.

**FORM OF CONSENT**

(To be held by your doctor)

BSP Life (Fiji) Limited has explained to me to have the test to determine whether I have been infected with the AIDS virus. They have explained some of the legal ramifications and have provided me with some background information concerning AIDS.

I understand what has been conveyed to me and I consent to undergo the blood test and for the result being used to help determine my eligibility for life or disability/income protection with BSP Life (Fiji) Limited.

I understand the result will be sent to BSP Life (Fiji) Limited's Chief Medical Officer, and will only be communicated to those people directly involved in assessing my insurance application.

**AUTHORITY TO RELEASE RESULTS**

Authority to release results of the AIDS antibody test to BSP Life (Fiji) Limited:-

**TO WHOM IT MAY CONCERN**

I hereby request and authorise you to release to the Chief Medical Officer of BSP Life (Fiji) Limited, the result of my blood test(s) for antibodies to the HIV (AIDS) virus. I understand you will send the result with this authority in an envelope marked CONFIDENTIAL to:

The Chief Medical Officer  
BSP Life (Fiji) Limited  
Private Mail Bag  
Suva  
FIJI ISLANDS

Name of Life to be Insured:

Signature of Life to be Insured:

Date:

Name of Doctor:

Signature of Doctor/person taking blood:

Date:

AIDS TEST AUTHORITY

I, [redacted] consent to having my blood tested in connection with my proposal for insurance dated

I acknowledge that

- the test performed will be before the presence of antibodies to the AIDS virus.
- I have read the material provided by BSP Life (Fiji) Limited on the implication of an AIDS antibody test and understand the significance of the test.
- I will present the FORM OF CONSENT letter to the Doctor prior to the test being performed. In the event the test for AIDS antibodies being positive, I request that BSP Life (Fiji) Limited's Chief Medical Officer communicate this result:
  - \* to me directly
  - \* to my doctor nominated below for communication to me.

Dr's Name

Dr's Address

Phone No.

- \* 0 to a local NACAIDS approved education and counselling service for communication to me.

Signature of Life to be Insured

Date

Note: Please attach this to your personal statement.

**DECLARATION relating to AIDS**

Forming part of the Proposal dated [redacted]

on the life of

This declaration is required to enable BSP Life (Fiji) Limited to consider this proposal for life and/or disability insurance. If you are unable to sign the declaration an AIDS (HIV) test may be requested or the proposal for insurance may be declined.

As the Life to be Insured, you have a duty to disclose to BSP Life (Fiji) Limited every matter which you know (or could reasonably be expected to know) to be relevant to BSP Life (Fiji) Limited's decision to accept the proposal. Failure to observe this duty may lead to BSP Life (Fiji) Limited avoiding the payment of, or adjusting, the sum insured that may become payable.

**DECLARATION:**

I certify to the best of my knowledge that I am not in an AIDS high risk category as listed in this questionnaire and know of no reason why I should be more at risk of contracting AIDS than an average person.

Signature of Life to be Insured

Date

[redacted signature box]

[redacted date box]

OR

I am unable to sign the above declaration for the following reasons:

[redacted reason box]

[redacted reason box]

[redacted reason box]

Signature of Life to be Insured

Date

[redacted signature box]

[redacted date box]

(Please refer to the AIDS Test authority as you may be required to have such a test to consider the proposal)

Note: BSP Life (Fiji) Limited acknowledges the sensitive nature of this declaration and will treat this and all information concerning your proposal as "strictly confidential". You may either attach this declaration to your Personal Statement or, if you prefer, send it in an envelope marked "Confidential" to:

Chief Underwriter  
BSP Life (Fiji) Limited  
Private Mail Bag  
Suva  
Fiji Islands.