Friends Provident International

HIV pre-testing information

For the applicant

The Acquired Immune Deficiency Syndrome (AIDS) is caused by infection with a virus known as Human Immunodeficiency Virus (HIV).

When insurers consider an application for life or health protection insurance, we sometimes require additional information about the risk of HIV. This assessment of HIV risk is designed to protect the funds held for both existing and future policyholders. Friends Provident International Limited has asked you to undergo an HIV antibody test. This could be because you have lived in or travelled to an area with a high incidence of HIV, the answers you gave on your application form revealed that you could be at risk of HIV or it could be because you have applied for a relatively large amount of insurance.

The doctor will take a sample of blood which will be sent to a specialist laboratory. Your test result will be protected by a strict code of confidentiality and will only be disclosed if you give written consent to the disclosure. Friends Provident International Limited asks you to consent to your result being released to your local GP, GUM clinic or HIV counselling service as insurers are unable to provide adequate post-test support if your test proves to be positive.

A positive test would mean that you have been exposed to HIV and have developed antibodies. You should be aware of the possible consequences of testing positive. It would, however, enable you to access effective treatments earlier. If you decide not to have the test at this time, please sign the appropriate section of the enclosed declaration and ask the doctor to return it to us. This will mean that we cannot proceed further with your application. Your decision not to take the test will not be held against you for any future applications.

A negative HIV test in no way influences future insurance applications.

For the examining doctor or medical professional

Thank you for agreeing to take a blood sample for an HIV test for one of our customers who has requested life assurance.

Before taking the blood sample, please ensure that the appropriate counselling has taken place.

Once the test result is available, please send it to our Chief Medical Officer with the attached declaration and consent forms.

It is essential that **the test result and declaration are returned to us together**, to the following address or fax number:

The Chief Medical Officer
Friends Provident International Limited
Royal Court
Castletown
Isle of Man
British Isles
IM9 1RA
Fax number: +44 (0) 1624 821266

Failure to give accurate and complete information may result in non-payment of a claim

Data Protection

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services Friends Provident International Limited ("FPIL") can provide to you or may stop FPIL from being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.fpinternational.com/legal/privacy-and-cookies.

Any data you provide to FPIL may be shared, if allowed by law, with other companies both inside and outside of FPIL and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and FPIL may be required to provide it to its regulator, its government or anyone else required by law.

FPIL will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. FPIL will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information FPIL holds about you free of charge by writing to our Data Protection Officer, Friends Provident International Limited, Royal Court, Castletown, Isle of Man, British Isles IM9 1RA, or by emailing DPO@fpiom.com. We can reserve the right not to send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

Our full privacy statement can be viewed at https://www.fpinternational.com/legal/privacy-and-cookies or can be obtained by requesting a copy from our Data Protection Officer.

HIV Testing declaration and consent

Your details

Full name of applicant	
Application reference (if known)	

If a test is carried out, this declaration must be signed at the time of the test in the presence of the medical professional and then returned to the Chief Medical Officer at Friends Provident International Limited attached to the test result.

Please ensure that you have read the pre-testing information before completing this declaration.

If you are willing to be tested then please complete **Section A** only. Please bring your passport or other photographic proof of identity such as an identity card or driving licence to the test. If you are not willing to be tested please complete **Section B** only.

Section A

Applicant declaration

I declare that I am willing to be tested for HIV and consent to the medical professional appointed by Friends Provident International taking a small sample of blood for this purpose.

If the test proves to be **positive**, the doctor or clinic that may be advised of the result is:

(This section must be completed)

Name of doctor or clinic

Address

Town

County

Country

Postcode

I understand that if the test proves to be negative my application will continue. I do not require separate notification of a negative result

Applicant signature

Date

I give explicit consent to capture and process my medical/lifestyle data.

(To be signed in the presence of the medical professional performing the test.)

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Medical professional declaration

The applicant has been asked to bring their passport or other photographic proof of identity such as an identity card or driving licence to their medical examination.

This test must not be undertaken unless the following identification check has been carried out.

Type of evidence provided (e.g. passport, identity card or driving licence)

Reference number of evidence provided

I have checked and I am satisfied as to the identity of the applicant. The applicant has signed this declaration in my presence at the time of taking the blood sample.

Name of medical professional

Clinic details (address/stamp)

Town

County

Country

Postcode

Signature

Date

Section B

I am unwilling to be tested for HIV and I understand that, as a result, my application with Friends Provident International Limited will not proceed.

Applicant signature

Date

Friends Provident International Limited: Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Isle of Man incorporated company number 11494C. Authorised and regulated by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. **Singapore branch:** 182 Cecil Street, Level 17 Frasers Tower, Singapore 069547. Registered in Singapore No. T06FC6835J. Licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme. **Hong Kong branch:** A122, 16/F, Tower 5, The Gateway, Harbour City, Tsim Sha Tsui, Kowloon, Hong Kong. Authorised by the Insurance Authority of Hong Kong to conduct long-term insurance business in Hong Kong. **Dubai branch:** PO Box 215113, Unit 706, One Za'abeel - The Offices, Za'abeel Palace Street, Za'abeel First, Dubai, UAE. Registered in the United Arab Emirates (UAE) with the Central Bank of the UAE as an insurance company. Registration date, 18 April 2007 (Registration No. 76). Registered with the Ministry of Economy as a foreign company to conduct life assurance and funds accumulation operations (Registration No. 2013). Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.