

AIDS and insurance – NSW & TAS only

March 2021

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

OnePath Custodians Pty Limited (OnePath Custodians)

ABN 12 008 508 496 AFSL 238346 RSE L0000673

Customer Services

Phone 133 667

Email customer.risk@onepath.com.au

Website onepath.com.au

This form contains information about:

- AIDS and why insurers require AIDS testing
- Implications of undergoing an AIDS test
- The choices available to you

Do I have a choice?

Once you have carefully considered the information and the implications the result may have, you may choose not to have the test. If you have any doubts or questions that you wish to have answered before having the test you should seek advice from your doctor or a specialist counsellor from the Government or a community organisation.

If you choose not to have the test we may not be able to proceed with your proposal for insurance.

If you choose to have the test:

You can either arrange your own test or your OnePath Life Limited (OnePath Life) representative may arrange one for you. OnePath Life will meet the cost of the test. The test can be arranged at a doctor's surgery or be performed at a pathology clinic.

Testing instructions

If you would prefer a doctor arranged test:

- complete Form A – Doctor Arranged Test and take it to the doctor carrying out the test.

Or if you would prefer a direct pathology clinic test:

- arrange an appointment with a convenient pathology clinic. Your OnePath Life representative has a list of clinics throughout Australia;
- complete Form B – Clinic Pathology Test and take it to the pathology clinic but do not sign prior to attendance for the test;
- if a Multiple Biochemical Analysis is also required you should not consume any food or beverage (except water) for at least 12 hours before the test. Hence, it may be more convenient to make a morning appointment.

What is AIDS?

AIDS is an acronym for Acquired Immune Deficiency Syndrome. AIDS is a viral disease caused by the Human Immunodeficiency Virus (HIV). The virus destroys white blood cells that help protect us against infections and cancer. Following infection with HIV, the body manufactures antibodies to the virus usually within 8 to 12 weeks but occasionally longer. These antibodies can be detected by a blood test and this is the test proposed.

Why do I need to take the test?

Unfortunately, there is currently no known cure for AIDS. The life insurance industry's concern along with society in general is to see that a cure is found for AIDS, however at the same time it is essential that we continue to protect the interest of existing policyholders. We must also ensure our own long term viability for the benefit of not only our current policyholders but also all future policyholders.

For these reasons, our obligation to underwrite the risk is as necessary and appropriate for AIDS as it is for any other injury or illness. As well as answering a number of AIDS risk related questions on the Proposal Form you are also required to undergo an HIV antibody test (commonly referred to as an AIDS test).

What do the results mean?

Negative Result

If you receive a negative result it means that you have not been infected with the virus, or that you may have been infected recently but your body has not yet produced the antibodies signalling the presence of the virus. Only a negative result will be sent confidentially and directly to OnePath Life Limited (OnePath Life).

Acceptance of your insurance proposal will indicate that your HIV test result was negative. You may assume that in the event that your application is processed but not accepted for any other reason, OnePath Life has received notification that your AIDS test result was negative.

Positive Result

In order to protect the confidentiality of your results, our client consent declarations in both Form A and Form B request that details of any positive result be forwarded directly by the testing doctor or pathology clinic to your nominated doctor. The result will be notified in person by your nominated doctor as it is important that you receive appropriate counselling from your doctor as to the full implications of the result.

A positive result means that you may have been infected by HIV.

If this is confirmed by subsequent investigation, the virus can be transmitted from you:

- to any unprotected sexual partner;
- to anyone receiving blood, semen or organs donated by you;
- if you are an intravenous drug user, to anyone sharing needles or syringes with you;
- if you are a woman, to your baby during pregnancy, perhaps at birth or by breast feeding.

There is **no** evidence that the virus can be spread by other types of contact such as touching, kissing, sharing eating utensils, coughing, sneezing or from mosquito bites.

People who have been infected by HIV will develop full AIDS at some stage and the long term outlook is still uncertain. For this reason life, trauma and income replacement insurance is unlikely to be available to anyone infected by HIV.

In Australia, fully developed AIDS is notifiable to the health authorities. In some States and Territories HIV infection and other early stages of the disease are also notifiable to the health authorities.

Knowing that you are HIV antibody positive has legal consequences. It may exclude you from some jobs and access to some services. It is an offence to knowingly transmit the virus or put someone else at risk through sexual activity. Quarantine provisions exist which could be used if the authorities deem it appropriate.

Doctor Arranged Test

Form A

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Customer Services

Underwriting Hotline 1800 300 006

Email customer.risk@onepath.com.au

Website onepath.com.au

Please send results to

OnePath Life, GPO Box 4148, Sydney NSW 2001

Or your State Office

New South Wales

GPO Box 483 Sydney NSW 2001

Victoria

GPO Box 1903 Melbourne VIC 8060

Please take this form to the doctor arranging the test. (A copy of this form is to be held by the doctor and the original is to be forwarded with the test result.)

Important:

- **This form is to be signed in the presence of the doctor arranging the test.**
- The cost of processing this test will be met by OnePath Life.

Name and address of doctor where test(s) will be conducted

Doctor's name

Address

Phone

Appointment date (dd/mm/yyyy) and time (hh:mm)

/ / :

1. To the testing doctor:

Please send the report and account for an MBA test, negative HIV test or 'other' blood test (listed below), in an envelope marked confidential to:

Chief Medical Officer – OnePath Life (see above for addresses)

2. Tests required (please tick)

HIV antibodies

Hepatitis B and C Serology

Non-fasting Multiple Biochemical Analysis (non-fasting MBA-20 or SMA-12 including HDL/LDL cholesterol) – refer to Page 4 of this form for specific tests required.

Other (please specify)

Doctor – please print the application number (if shown on Page 4 of this brochure) **as a reference on the blood test result(s).**

3. Client details

First two letters of surname First letter of first name

Residential address

Date of birth (dd/mm/yyyy) / /

Male Female

Phone (home)

Phone (business)

Client consent declaration

- I acknowledge that the test(s) nominated in section 2 will be performed. Where one is for the presence of antibodies to the AIDS virus, I acknowledge that OnePath Life has provided me with information and material concerning AIDS and the implications of an HIV antibodies test.
- I acknowledge that I have read and understand the material provided by OnePath Life. I also understand the significance of the test and that the result will be used to determine my eligibility for insurance with OnePath Life.
- I/We acknowledge that from 31 May 2019, OnePath Life will no longer be a related body corporate of OnePath Custodians.
- I consent to the testing of my blood for the presence of antibodies to the Human Immunodeficiency Virus (HIV) and hereby authorise and request you to have my blood tested for the presence of HIV antibodies.
- I understand OnePath Life is responsible for the cost of the test(s).
- I authorise you to release only a negative HIV result confidentially to the Chief Medical Officer of OnePath Life. If the result is positive it is to be forwarded directly by the doctor performing the test to my nominated doctor for communication only to me
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in our Privacy Policies. OnePath Life's Privacy Policy is available at onepath.com.au/insurance/privacy-policy and OnePath Custodians Privacy Policy is available at onepath.com.au/superandinvestments/privacy-policy
- If I have provided information (including health and other sensitive information) about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. I understand that OnePath Life and OnePath Custodians require me to inform the person concerned that I have done so and direct them to the Privacy Policies.
- I/We acknowledge that OnePath Life is a company within the Zurich Financial Services Australia Group. OnePath Custodians is a company within the IOOF Group of companies, comprising IOOF Holdings Limited ABN 49 100 103 722 and its related bodies corporate (IOOF Group). OnePath Life and OnePath Custodians are not related bodies corporate.

My nominated doctor

Name

Address

Phone

Signature of life to be insured.

Please do not sign prior to attendance.

Date (dd/mm/yyyy)

Office use only (to be completed by adviser or broker).

Application no.

Adviser's name

Agency no.

Phone

Please note that all documentation relating to the policy is sent to the policy owner.

Form A

Doctor Arranged Test

Special tests required for Multiple Biochemical Analysis

Lipids

- Cholesterol
- Triglycerides
- HDL/LDL Cholesterol

Bio Chemistry

- Potassium
- Urea
- Creatinine
- Bilirubin – Total
- AST (Aspartate Aminotransferase)
- GGT (g-Glutamyl Transpeptidase)
- ALT (Alanine Aminotransferase)
- Albumin
- Uric Acid
- Glucose
- Sodium
- Calcium
- Bicarb
- Chloride
- Protein – Total
- Alkaline Phosphatase

General Privacy Reference

OnePath Life is committed to ensuring the confidentiality and security of your personal information. Your health information is treated confidentially and will only be disclosed to those service providers such as doctors, reinsurers and assessors who are directly involved in underwriting your policy or the assessment of any claim. Your health information will not be disclosed by OnePath Life for any other purpose. The collection, use and disclosure of results relating to the testing for AIDS and/or HIV is handled in accordance with the procedures outlined in this form. For further information detailing our handling of personal information please refer to OnePath Life's Privacy Policy at onepath.com.au/insurance/privacy-policy or contact us directly for a copy.

Pathology Clinic Test

Form B

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Please send results to

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Or your State Office

New South Wales

GPO Box 483 Sydney NSW 2001

Victoria

GPO Box 1903 Melbourne VIC 8060

Please take this form to the pathology clinic performing the test.

(A copy of this form is to be held by the pathology clinic and the original is to be forwarded with the test result.)

Important:

- Please confirm your appointment prior to attendance.
- **This form is to be signed in the presence of the pathology collector.**
- The cost of processing this test will be met by OnePath Life.

Name and address of pathology clinic where test(s) will be conducted

Pathology clinic

Address

Phone

Appointment date (dd/mm/yyyy) and time (hh:mm)

/ / :

1. To the testing pathology clinic

Please send the report and account for an MBA test, negative HIV test or 'other' blood test (listed below), in an envelope marked confidential to:

Chief Medical Officer – OnePath Life (see above for addresses)

2. Tests required (please tick)

HIV antibodies

Hepatitis B and C Serology

Non-fasting Multiple Biochemical Analysis (non-fasting MBA-20 or SMA-12 including HDL/LDL cholesterol) – refer to Page 6 of this form for specific tests required.

Other (please specify)

Pathology clinic – please print the application number (if shown on Page 6) as a reference on the blood test result(s).

3. Client details

First two letters of surname First letter of first name

Residential address

Date of birth (dd/mm/yyyy) / / Male Female

Phone (home) Phone (business)

Have you fasted prior to the test? Yes No

If Yes, for how many hours?

Client consent declaration

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My nominated doctor

Name

Address

Phone

Signature of life to be insured.

Please do not sign prior to attendance.

Date (dd/mm/yyyy)

/ /

Office use only (to be completed by adviser or broker).

Application no.

Adviser's name

Agency no.

Phone

Please note that all documentation relating to the policy is sent to the policy owner.

Form B

Direct Pathology Clinic Test

Special tests required for Multiple Biochemical Analysis

Lipids

- Cholesterol
- Triglycerides
- HDL/LDL Cholesterol

Bio Chemistry

- Potassium
- Urea
- Creatinine
- Bilirubin – Total
- AST (Aspartate Aminotransferase)
- GGT (g-Glutamyl Transpeptidase)
- ALT (Alanine Aminotransferase)
- Albumin

- Uric Acid
- Glucose
- Sodium
- Calcium
- Bicarb
- Chloride
- Protein – Total
- Alkaline Phosphatase

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