

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES

DIVISION OF INSURANCE

1560 Broadway, Suite 850
Denver, Colorado 80202



Bulletin No. B-4.9

Genetic Testing Consent Form

I. Background and Purpose

Colorado Revised Statute 10-3-1104.7(10)(a) requires the Commissioner of Insurance to prescribe a consent form to be used by life and individual disability carriers, when a genetic test is required by the carrier in connection with life or individual disability insurance coverage.

Bulletins are the Division's interpretations of existing insurance law or general statements of Division policy. Bulletins themselves establish neither binding norms nor finally determine issues or rights.

II. Applicability and Scope

This bulletin is intended for all insurers offering life or individual disability insurance coverage who require the performance of genetic testing.

III. Division Position

Existing law requires all insurers offering life or individual disability coverage, who require the performance of genetic testing, shall obtain a consent to genetic testing in writing.

This prescribed form is attached to this Bulletin as Exhibit A. Reproduction by insurers is authorized. Insurers may print the Genetic Testing Consent Form on their own stationary but should use the order, format and content as specified.

IV. Additional Division Resources

For More Information

Colorado Division of Insurance
Rates and Forms
1560 Broadway, Suite 850
Denver, CO 80202
Tel. 303-894-7499
Internet: <http://www.dora.state.co.us/insurance>

V. History

- Originally issued as bulletin 01-03, January 17, 2003.
- Reissued May 8, 2007.

EXHIBIT A

GENETIC TESTING CONSENT FORM

(Insurer Name)

(Name of person being tested)

(Insurer Address)

(Name of person giving consent, if different)

Unless specifically authorized or required by law, you cannot be required to take a genetic test without your specific, written, informed, prior consent or the consent of a person authorized to consent for you.

To evaluate your eligibility for insurance coverage, (insurer name) requests that you consent to the following genetic test(s) to be performed for the following reason(s):

Test name or type:
Reason(s) for test:

Test name or type:
Reason(s) for test:

Genetic Test means an analysis of an individual’s DNA, gene products or chromosomes that may indicate a propensity for or susceptibility to illness, disease, impairment or other disorders. A blood, saliva, or other test does not constitute a genetic test unless performed specifically to analyze your DNA, gene products or chromosomes.

The results of this genetic test are privileged and confidential and may not be released to any party without your expressed consent.

CONSENT TO GENETIC TESTING AND CONSENT TO RELEASE OF GENETIC RESULTS

I have read and understand this Notice and Consent Form. I voluntarily consent for myself or the proposed insured to the genetic test(s) for the reason(s) specified above and understand that I have a right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.

I want to receive the results of my genetic test.

I authorize the additional release of the results of my genetic test o the person named below:

Signature of the person to be
authorization)
tested or Parent/Guardian

Name (your additional release
Address

Date