



**STATE OF CONNECTICUT**  
**INSURANCE DEPARTMENT**

Bulletin No. PF-16  
July 25, 1986

**TO: ALL INSURANCE COMPANIES, FRATERNAL BENEFIT SOCIETIES,  
NON-PROFIT HOSPITAL OR MEDICAL SERVICE CORPORATIONS AND  
HEALTH CARE CENTERS**

**SUBJECT: ALL APPLICATIONS - AIDS**

No applications may be used in this State which inquire as to the condition of Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC) or Aids related conditions unless the inquiry is worded in substantially the same format as shown below.

**Question: To the best of your knowledge and belief:**

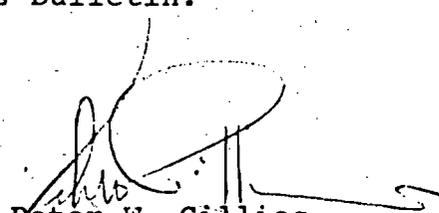
Have you ever had, been told you had or have you ever been treated for Acquired Immune Deficiency Syndrome (AIDS), Aids Related Complex (ARC) or Aids related conditions?

No inquiry relating to the testing for this condition may be used.

Any approval given by this Department to applications that are not in conformity with the above is herein withdrawn.

A company may request a hearing on the withdrawal of a previously approved application. If such hearing is desired, a formal request must be made. The affected application form number should be included in the request.

Please acknowledge receipt of this Bulletin.

  
Peter W. Gillies  
Insurance Commissioner

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