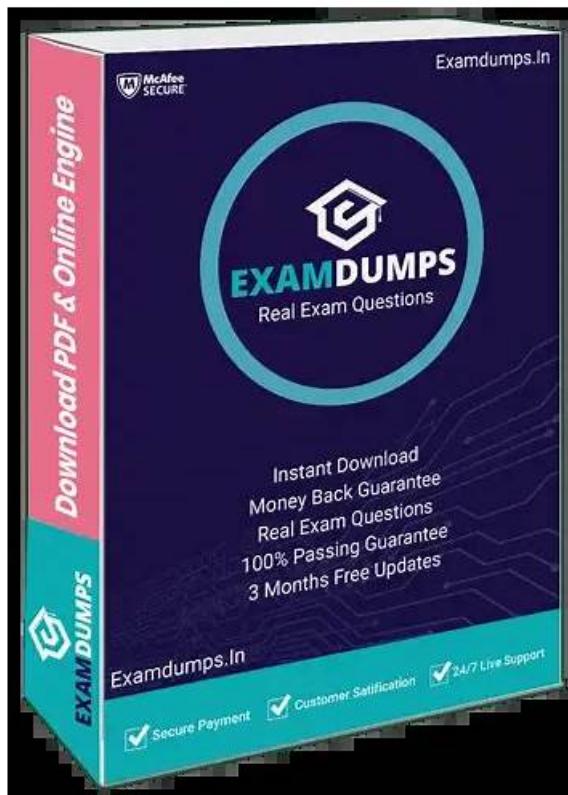


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## Insurance Licensing Oklahoma Life, Accident, and Health or Sickness Producer Exam Sample Questions (Q42-Q47):

### NEW QUESTION # 42

The grace period is a period of time

- A. between the death of the insured individual and the payment of the benefits.
- B. after the premium is received and before the policy is issued.
- C. after the premium is paid and before the policy is issued.
- D. when the policyowner is protected from an unintentional lapse of the policy.

### Answer: D

Explanation:

The grace period in life and health insurance policies, as mandated by Oklahoma law (Title 36 O.S. § 4005 for life, § 4405 for health), is a period (typically 31 days) after a premium due date during which the policy remains in force, protecting the policyowner from an unintentional lapse. If the insured dies during the grace period, the death benefit is payable, minus any overdue premiums.

\* Option A: Incorrect. The period after premium payment but before policy issuance is the underwriting or application phase, not the grace period.

\* Option B: Incorrect. This is similar to Option A and does not describe the grace period.

\* Option C: Incorrect. The time between death and benefit payment is the claim processing period, not the grace period.

\* Option D: Correct. The grace period protects against unintentional policy lapse due to late premium payment.

This question falls under the Prometric content outline section on "Provisions, Options, Exclusions, Riders, Clauses, and Rights," which covers grace period provisions.

:

Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Life and Health Insurance Provisions).

Oklahoma Insurance Department, Title 36 O.S. § 4005, § 4405 (grace period requirements).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

### NEW QUESTION # 43

Which of the following is an Unfair Claims Settlement Practices Act under Oklahoma law?

- A. knowingly misrepresenting to a claimant pertinent facts or policy provisions that relate to coverage.
- B. not maintaining an audit trail of premium history and claim transactions.
- C. failing to interview all involved parties within 45 days of the filing of proof of loss forms.
- D. failing to maintain complete policy notes involving claims.

### Answer: A

Explanation:

The Oklahoma Unfair Claims Settlement Practices Act, under Title 36 O.S. § 1250.5, defines practices that constitute unfair or deceptive acts in the settlement of insurance claims. Knowingly misrepresenting pertinent facts or policy provisions related to coverage to a claimant is explicitly listed as an unfair practice, as it misleads policyholders and undermines fair claim handling.

\* Option A: Correct. Misrepresenting facts or policy provisions is an unfair claims settlement practice under Oklahoma law.

\* Option B: Incorrect. There is no specific 45-day requirement to interview parties in the Act; timelines relate to acknowledging or settling claims.

\* Option C: Incorrect. Maintaining an audit trail is a best practice but not explicitly an unfair claims settlement practice.

\* Option D: Incorrect. Incomplete policy notes are not specifically cited as an unfair practice under the Act.

This question aligns with the Prometric content outline under "State Insurance Statutes, Rules, and Regulations," which covers unfair claims practices.

:

Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: State- Specific Knowledge - Oklahoma Insurance Statutes).

Oklahoma Insurance Department, Title 36 O.S. § 1250.5 (Unfair Claims Settlement Practices Act).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

#### NEW QUESTION # 44

An insured receives a notice from the insurer that the policy has been cancelled in the middle of the term. Which of the following policies did the insured MOST likely have?

- A. Term
- B. Conditionally renewable.
- C. **Cancelable**.
- D. Optionally renewable.

**Answer: C**

Explanation:

A cancelable health insurance policy allows the insurer to cancel the policy at any time during the term with proper notice, typically for reasons like non-payment or fraud, as permitted under Oklahoma's regulations (Title 36 O.S. § 4405). Other policy types, like optionally renewable (insurer can refuse renewal at term end), conditionally renewable (renewal subject to conditions), or term (fixed duration), do not typically allow mid-term cancellation.

- \* Option A: Incorrect. Optionally renewable policies can be non-renewed at term end, not cancelled mid-term.
- \* Option B: Incorrect. Term policies (life or health) run for a fixed period and are not typically cancelled mid-term.
- \* Option C: Incorrect. Conditionally renewable policies restrict renewal, not mid-term cancellation.
- \* Option D: Correct. A cancelable policy allows mid-term cancellation by the insurer.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Accident and Health Insurance).

Oklahoma Insurance Department, Title 36 O.S. § 4405 (health insurance provisions).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

#### NEW QUESTION # 45

The type of insurance used to indemnify a firm for the loss of earnings brought about by the death or disability of an officer or other significant employee is

- A. employee welfare.
- B. business overhead.
- C. **key person**.
- D. business continuation life.

**Answer: C**

Explanation:

Key person insurance is a life or disability insurance policy purchased by a business to protect against financial loss due to the death or disability of a critical employee or officer (e.g., a CEO or top salesperson).

The business is the policyowner and beneficiary, receiving the death benefit or disability payments to offset lost earnings or replacement costs.

- \* Option A: Incorrect. Business continuation life typically refers to buy-sell agreements, not key person coverage.
- \* Option B: Incorrect. Business overhead insurance covers ongoing business expenses during an owner's disability, not key employees.
- \* Option C: Correct. Key person insurance indemnifies a firm for losses due to a key employee's death or disability.
- \* Option D: Incorrect. Employee welfare plans focus on employee benefits, not indemnifying the firm for losses.

This question aligns with the Prometric content outline under "Life Products," which covers business insurance products.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Life Insurance).

Oklahoma Insurance Department, Title 36 O.S. § 4002 (life insurance products).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

#### NEW QUESTION # 46

Which one of the following types of benefits is often excluded from coverage under an HMO plan?

- A. Out-of-area emergency services.
- **B. Adult routine eye examinations.**
- C. In-patient surgeries.
- D. Physical examinations.

**Answer: B**

Explanation:

Health Maintenance Organizations (HMOs) focus on preventive and essential medical care within a network.

Adult routine eye examinations are often excluded from HMO coverage, as they are considered non-essential or covered under separate vision plans. Other services like emergency care, physical exams, and surgeries are typically covered, as per Oklahoma's managed care regulations (Title 36 O.S. § 652 et seq.).

\* Option A: Incorrect. Out-of-area emergency services are generally covered by HMOs.

\* Option B: Correct. Adult routine eye examinations are often excluded or require separate coverage.

\* Option C: Incorrect. Physical examinations are typically covered as preventive care.

\* Option D: Incorrect. In-patient surgeries are covered as essential medical services.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Health Providers and Products).

Oklahoma Insurance Department, Title 36 O.S. § 652 et seq. (managed care plans).

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## NEW QUESTION # 47

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