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PSI - NY LIFE, ACCIDENT AND HEALTH PRACTICE EXAM 17-55 QUESTIONS WITH CORRECT ANSWERS 2025

Which policy provision permits the policy owner to take a specified number of days to examine the contract, and allows for cancellation and a full refund if the policy owner rejects the terms or costs? -
CORRECT ANSWER -Free Look

When will a policy pay on a UCR basis? - CORRECT ANSWER -
When particular benefits are not listed on a payment schedule

Which type of rider reimburses health and social service expenses incurred in a convalescent or nursing home facility? - CORRECT ANSWER -long term care rider

Which of the following is exempted from the incontestability provision in insurance policies? -
CORRECT ANSWER -Fraudulent misstatements

What does first dollar coverage mean? - CORRECT ANSWER -
As soon as covered medical expenses are incurred, the policy begins to pay

What is the waiver of premium provision? - CORRECT ANSWER -
In a long term care contract, the premium is waived after the insured has been confined for a specific period of time

According to the Time Payment of Claims provision, the insurer must make the payment immediately after receiving proof of loss EXCEPT - CORRECT ANSWER -for claims involving periodic payments

Which is a disadvantage to a flexible premium annuity? - CORRECT ANSWER -
the actual amount of the annuity benefit cannot be determined in advance

When a policy or certificate containing an accelerated benefit provision is applied for or delivered, the producer is responsible for providing that applicant a summary of coverage that includes all of the following EXCEPT - CORRECT ANSWER -a detailed and comprehensive summary of the accelerated benefit

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The emerging Insurance Licensing field creates a space for New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 (NY-Life-Accident-and-Health) certification exam holders to accelerate their careers. Many unfortunate candidates don't get the Insurance Licensing NY-Life-Accident-and-Health certification because they prepare for its New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 (NY-Life-Accident-and-Health) exam questions from a Insurance Licensing NY-Life-Accident-and-Health exam that dumps outdated material. It results in a waste of time and money. You can develop your skills and join the list of experts by earning this New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 (NY-Life-Accident-and-Health) certification exam.

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q71-Q76):

NEW QUESTION # 71

Which type of life insurance policy is written under a single contract for both spouses in which it is payable upon the first death?

- **A. Joint.**
- B. Dual capacity.
- C. Spousal.
- D. Survivorship.

Answer: A

Explanation:

The correct answer is C. Joint. A joint life insurance policy insures two individuals-most commonly spouses-under one single contract , with the death benefit paid when the first insured person dies . This arrangement is commonly referred to as "first-to-die" coverage . Once the death benefit is paid following the first insured's death, the policy typically terminates because the contract has fulfilled its purpose. Joint life policies are often used in family financial planning when funds are needed immediately after the first spouse dies to cover expenses such as income replacement, debts, or final expenses.

This differs from survivorship life insurance , also known as second-to-die insurance , where the policy insures two people but the death benefit is paid only after the second insured dies . Survivorship policies are commonly used for estate planning or wealth transfer strategies. The other options are incorrect because dual capacity is not a standard life insurance policy type, and spousal is not the technical term used in life insurance contracts for a first-to-die policy. Therefore, a life insurance policy covering both spouses under one contract with payment at the first death is known as joint life insurance .

NEW QUESTION # 72

The cost of a long-term care policy is based on all of the following EXCEPT

- **A. personal income.**
- B. level of benefits provided.
- C. age.
- D. health condition.

Answer: A

Explanation:

The correct answer is D. personal income. The premium for a long-term care (LTC) insurance policy is determined primarily by underwriting and policy design factors rather than the applicant's income level.

Insurers evaluate several key elements when calculating the cost of coverage. One major factor is the applicant's age at the time of purchase, because the probability of needing long-term care services increases as a person gets older. Another important factor is the applicant's health condition, since insurers evaluate medical history and current health status to assess the likelihood of future claims.

The level of benefits provided is also a significant pricing factor. Policy features such as the daily benefit amount, benefit period, elimination period, inflation protection, and optional riders all affect the overall premium cost. Higher benefit levels and broader coverage typically result in higher premiums.

However, personal income is not used to determine the cost of a long-term care insurance policy. While income may influence whether an individual can afford a policy or qualifies for certain financial assistance programs, it is not a rating factor used to calculate LTC premiums. Therefore, the correct answer is personal income.

NEW QUESTION # 73

A policyowner may choose to have his/her life insurance policy dividends do all of the following EXCEPT

- A. be paid to the policyowner in cash.
- **B. accumulate without interest.**
- C. purchase additional insurance protection.
- D. reduce the policy premium.

Answer: B

Explanation:

The correct answer is B. accumulate without interest. In participating life insurance policies, dividends are not guaranteed, but when paid they may usually be applied in several standard ways. Common dividend options include taking the dividend in cash, using it to reduce the next premium, leaving it with the insurer to accumulate at interest, or using it to purchase paid-up additions, which increase the policy's death benefit and cash value. These are traditional dividend options tested in life insurance licensing materials. The key word in this question is "without interest." If dividends are left with the insurer to accumulate, they normally accumulate at interest, not without interest. Therefore, that choice is the exception. Option A is a valid use of dividends because they can offset premium payments. Option C is also valid because the insurer may pay dividends directly to the policyowner in cash. Option D is valid because dividends can buy additional insurance protection, usually in the form of paid-up additions. For that reason, the only incorrect dividend use listed is accumulate without interest.

NEW QUESTION # 74

Which of the following is a common exclusion from coverages found in accident and health policies?

- A. emergency room coverages
- B. chiropractic services
- **C. self-inflicted injuries**
- D. coordination of benefits

Answer: C

Explanation:

Accident and health (A & H) policies pay benefits only for losses caused by covered injuries or sickness, and they also list specific exclusions -situations for which the insurer will not pay. A very common exclusion across A & H contracts is intentionally self-inflicted injury. The reasoning is that insurance is intended to protect against fortuitous (accidental, unintended) loss, not losses deliberately caused by the insured.

Therefore, injuries resulting from intentional self-harm are typically excluded from coverage, and claims arising from such acts are not payable under standard policy language.

The other options do not represent common exclusions. Emergency room coverage is generally a covered service under major medical plans (though subject to copays, deductibles, medical-necessity rules, and network provisions). Coordination of benefits is not an exclusion-it is a claims provision used when an insured has more than one health plan to determine which plan is primary and how benefits are coordinated.

Chiropractic services may be covered or limited depending on plan design, but they are not universally excluded in the same way as intentional self-inflicted injury.

NEW QUESTION # 75

A Medicare Supplement policy must NOT contain benefits which

- A. charge additional premiums.
- B. cover more than Medicare coverage.
- C. are covered by Workers Compensation.
- **D. duplicate Medicare benefits.**

Answer: D

Explanation:

A Medicare Supplement policy (Medigap) is designed specifically to fill the gaps in coverage left by Medicare Parts A and B.

These policies are standardized and regulated to ensure that they supplement, rather than replace or duplicate, Medicare benefits.

The purpose of Medigap coverage is to help pay for certain out-of-pocket expenses, such as deductibles, copayments, coinsurance, and other costs that original Medicare does not fully cover. Because of this purpose, Medicare Supplement policies are not allowed to duplicate benefits that Medicare already provides. If a benefit were duplicated, it would violate the fundamental principle that Medigap policies are intended only to supplement existing Medicare coverage, not provide overlapping payments for

the same services.

Option A is incorrect because insurers may charge premiums for the coverage provided under the policy.

Option C is incorrect because Medigap plans may include benefits that help pay expenses beyond Medicare's basic coverage limits (such as additional hospital days). Option D is incorrect because Workers' Compensation operates separately and is not the defining restriction placed on Medigap benefits. Therefore, Medicare Supplement policies must not duplicate Medicare benefits.

NEW QUESTION # 76

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