

Exam Vce NY-Life-Accident-and-Health Free - The Best Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 - Latest NY-Life-Accident-and-Health Study Notes

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NY LIFE, ACCIDENT, AND HEALTH INSURANCE AGENT/BROKER EXAM SERIES 17-55 2025 QUESTIONS AND VERIFIED SOLUTIONS| ABSOLUTE SUCCESS GUARANTEED.

Process 2103 (d-i) - correct answer - 1. The Superintendent may issue a license to any person, firm or corporation who has complied with the requirements of the Insurance Code, authorizing the licensee to act as agent of any authorized insurer. Every individual applicant for a license under this section and every proposed sub-licensee must be 18 years of age or older at the time of issuance of such license. The person must submit to and pass a written examination required by the Superintendent.

Producer Definition (2101(k)) - correct answer - An insurance producer means an insurance agent, insurance broker, reinsurance intermediary, excess lines broker, or any other person required to be licensed under the insurance laws of this state to sell, solicit or negotiate insurance.

Who Should be Licensed (2101(k)(1)) - correct answer - 1. The term "insurance producer" does not include: An officer, director or employee of a licensed insurer, fraternal benefit society or health maintenance organization or of a licensed insurance producer, provided that the officer, director or employee does not receive any commission on policies written or sold to insure risks residing, located or to be performed in this state and:

- (a) the officer, director or employee's activities are executive, administrative, managerial, clerical or a combination of these, and are only indirectly related to the sale, solicitation or negotiation of insurance;
- (b) the officer, director or employee's function relates to underwriting, loss control, inspection or the processing, adjusting, investigating or settling of a

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The NY-Life-Accident-and-Health Practice Exam software is specially made for the students so they can feel real-based examination scenarios and feel some pressure on their brains and don't feel excessive issues while giving the final Insurance Licensing exam. There are a lot of customers that are currently using TrainingDump and are satisfied with it. TrainingDump has designed this product after getting positive feedback from professionals and is rated one of the best study materials for the preparation of the Insurance Licensing NY-Life-Accident-and-Health Exam.

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q67-Q72):

NEW QUESTION # 67

What is the purpose of the Accelerated Death Benefit Rider?

- A. To increase the death benefit by a stated percentage.
- B. To decrease the tax liability of the insured 's estate.
- C. To adjust the death benefit to keep up with inflation.
- **D. To provide for the early payment of the death benefit for a terminally ill insured.**

Answer: D

Explanation:

The Accelerated Death Benefit Rider is designed to allow an insured who is terminally ill to receive all or part of the policy's death benefit before death . This rider is intended to help with serious financial needs that can arise at the end of life, such as medical expenses, long-term care costs, hospice care, or other personal obligations. Because the benefit is paid early, the amount ultimately payable to the beneficiary at the insured's death is typically reduced by the amount accelerated, plus any applicable charges. This rider does not increase the death benefit by a stated percentage, so A is incorrect. It is also not primarily intended to reduce estate taxes, making C incorrect. Choice D describes a cost-of-living or inflation-related adjustment feature, not an accelerated death benefit. In licensing materials, the key phrase tied to this rider is early payment of the death benefit due to terminal illness . Therefore, the correct answer is B , because the rider's main purpose is to give the insured access to policy proceeds while still living when specific qualifying conditions are met

NEW QUESTION # 68

At the time of an insured 's death, a per capita distribution of policy proceeds are paid to

- A. the primary beneficiary 's children if the primary has predeceased the insured.
- **B. the named living primary beneficiaries.**
- C. all the primary and contingent beneficiaries in equal installments.
- D. the estate of the deceased beneficiaries.

Answer: B

Explanation:

The correct answer is the named living primary beneficiaries . In life insurance beneficiary designations, per capita means "by the head," or equally among the living members of the named class or group . When policy proceeds are distributed per capita, each living beneficiary at the same beneficiary level receives an equal share of the death benefit. If one of the named primary beneficiaries dies before the insured, that deceased beneficiary's share is not passed to that beneficiary's estate or descendants unless the policy specifically provides otherwise. Instead, the proceeds are divided equally among the remaining living primary beneficiaries . This is what distinguishes per capita from per stirpes . Under per stirpes, the share of a deceased beneficiary would pass down to that beneficiary's descendants. But under per capita, only the surviving named beneficiaries in the class receive the proceeds. The other options are incorrect because a deceased beneficiary's estate does not automatically receive the share, the children of a deceased primary beneficiary are not paid under per capita unless specifically named, and contingent beneficiaries are paid only if no primary beneficiaries survive. Therefore, D is correct.

NEW QUESTION # 69

An insurer monitors the care an insured is receiving in the hospital to be sure that everything is proceeding according to schedule. This BEST describes

- **A. concurrent review.**
- B. benefit checking.

- C. claims adjudication.
- D. precertification authorization.

Answer: A

Explanation:

This situation describes concurrent review, a type of utilization management performed while the insured is actively receiving care, such as during an inpatient hospital stay. In concurrent review, the insurer (or its utilization review organization) monitors the ongoing treatment plan to confirm that services remain medically necessary, appropriate in intensity, and consistent with expected treatment timelines (for example, whether continued hospitalization is justified or whether discharge planning is appropriate). This differs from precertification (prior authorization), which occurs before a service is provided to approve planned hospitalization, procedures, or certain high-cost services. It also differs from claims adjudication, which is the process of evaluating a submitted claim after services are rendered to determine payable benefits under the policy (applying deductibles, coinsurance, exclusions, and coverage limits).

"Benefit checking" is not the standard term used for this managed care function. Because the question emphasizes monitoring care "in the hospital" and ensuring it proceeds according to schedule during the stay, the best match is concurrent review.

NEW QUESTION # 70

Who is the beneficiary of a key person insurance policy?

- A. Business partner.
- B. Employee.
- C. Insured's spouse.
- **D. Employer.**

Answer: D

Explanation:

The correct answer is Employer. In a key person insurance policy, the business purchases life insurance on the life of an employee, owner, or executive whose services are considered especially valuable to the company. In this arrangement, the business is the policyowner, pays the premiums, and is also named as the beneficiary. If the key person dies, the death benefit is paid to the employer to help offset the financial loss that may result from the death of that important individual.

The purpose of key person insurance is to protect the business against losses such as reduced revenues, replacement and training costs, disruption of operations, loss of credit, or the expense of finding a suitable successor. The policy is not intended primarily to provide personal family protection for the insured employee; that would normally be handled by an individually owned life insurance policy.

The other choices are incorrect because the employee, the insured's spouse, or a business partner would not ordinarily be the beneficiary unless the policy were structured differently from a standard key person arrangement. In the typical and tested form of key person insurance, the employer is the beneficiary.

NEW QUESTION # 71

Which premium payment mode typically results in the lowest overall cost for a life insurance policy?

- **A. Annually**
- B. Quarterly
- C. Semi-Annually
- D. Monthly

Answer: A

Explanation:

The correct answer is D. Annually. Life insurance premiums may be paid using several payment modes, including monthly, quarterly, semi-annually, or annually. Although the total annual premium for a policy is based on the insurer's underwriting calculations, insurers typically apply modal factors when premiums are paid more frequently than once per year. These modal factors slightly increase the cost to cover administrative expenses and the loss of investment income that the insurer would otherwise receive if the premium were paid in one lump sum.

Because of these additional charges, paying premiums monthly, quarterly, or semi-annually usually results in a higher total cost over the course of the year compared to paying the full premium at once. When the premium is paid annually, the policyowner generally avoids these additional modal charges, making it the least expensive payment mode overall.

For this reason, insurance licensing materials and life insurance training commonly explain that while more frequent payment modes

may be more convenient for budgeting purposes, annual premium payments provide the lowest total cost for the policyholder over time.

NEW QUESTION # 72

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