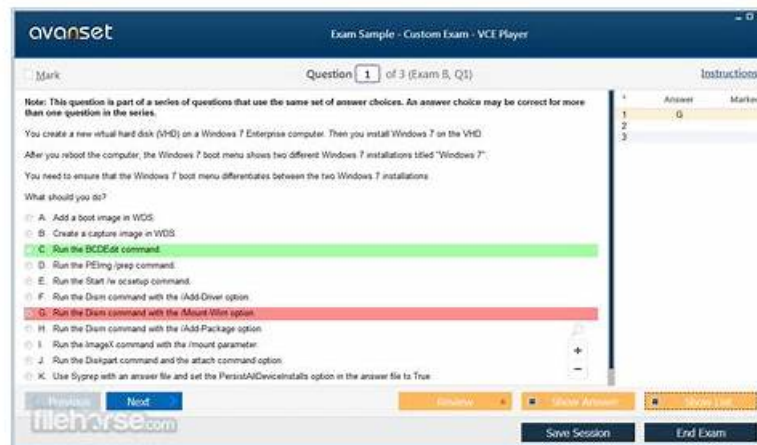


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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q105-Q110):

NEW QUESTION # 105

If an insured under a life insurance policy dies with an outstanding loan balance then the death benefit will

- A. be paid less the amount of the loan but not the interest.
- B. be paid less the amount of the loan interest but not the principal.
- C. be reduced by the amount of the loan and interest owed.
- D. not be paid until the loan is repaid.

Answer: C

Explanation:

The correct answer is A. be reduced by the amount of the loan and interest owed. In permanent life insurance policies that build cash value, the policyowner may borrow against that cash value. However, if the insured dies before the loan is repaid, the insurer does not require the beneficiary to repay the loan first. Instead, the insurer deducts the outstanding loan balance plus any accrued interest from the death proceeds before paying the beneficiary. New York Life's consumer guidance states that the total outstanding loan balance, including accrued loan interest, reduces the life insurance benefit .

This makes the other options incorrect. B is wrong because the death benefit is still paid; it is simply reduced , not withheld until repayment. C is incorrect because both the principal and interest are deducted, not just the principal. D is also incorrect because the insurer deducts the entire indebtedness , not just interest. NAIC policy loan guidance is consistent with this principle by treating the policy loan plus accrued interest as part of the amount offset against policy proceeds at death.

NEW QUESTION # 106

Which of the following groups is NOT eligible for the Healthy New York Program?

- A. Large employers
- B. Working uninsured
- C. Sole proprietors
- D. Small employers

Answer: A

Explanation:

The correct answer is A. Large employers. The Healthy New York Program was designed by New York State to make health insurance more affordable for individuals and small businesses that typically have difficulty obtaining reasonably priced coverage. The program targets small employers , generally those with a limited number of employees, as well as sole proprietors and certain working individuals who are uninsured . By providing subsidized coverage options, the program helps these groups access basic health insurance protection.

Under the program guidelines used in New York Life, Accident and Health licensing materials, eligibility includes small businesses , self-employed individuals , and working uninsured individuals who meet specific income and employment criteria. These groups are considered eligible because they often lack access to affordable group coverage through large employer-sponsored plans. Large employers , however, are not eligible for the Healthy New York Program. Large companies typically have access to standard group health insurance markets and therefore are not the intended beneficiaries of this subsidized program. Because the program specifically focuses on small businesses and uninsured workers, large employers are excluded from eligibility , making option A the correct answer.

NEW QUESTION # 107

Under the grace period, an insured submits a \$300 claim for medical expenses. The insurer notes that the insured has a past due premium of \$100, and as a result, the insurer only pays \$200. Which of the following provisions covers this situation?

- A. Unpaid premium.
- B. Payment of claims.
- C. Misstatement of age.
- D. Payment actions.

Answer: A

Explanation:

The correct answer is Unpaid premium . In accident and health insurance, the unpaid premium provision permits the insurer to deduct any premium that is due and unpaid from a claim payment when a loss occurs during the grace period. The grace period allows coverage to remain in force for a limited time after the premium due date, giving the insured an opportunity to make the overdue payment without immediate lapse of coverage. However, if a claim is submitted during that period, the insurer has the right to subtract the outstanding premium from the amount otherwise payable.

In this question, the insured submits a \$300 claim, but because \$100 in premium is overdue , the insurer pays only \$200 . That is exactly how the unpaid premium provision operates.

The other choices do not fit. Payment of claims refers to how and to whom claims are paid, not deduction of overdue premium. Misstatement of age applies when an incorrect age affects premium or benefits. Payment actions is not the standard policy provision being tested here. Therefore, the correct answer is A. Unpaid premium .

NEW QUESTION # 108

Predicting an individual's future earning potential and determining how much of that amount would be devoted to his dependents incorporates the

- A. human life value approach.
- B. personal needs approach.
- C. loss exposure approach.
- D. salary projection approach.

Answer: A

Explanation:

The correct answer is human life value approach. In life insurance planning, the human life value approach is used to estimate the economic value of an insured person's future earnings to those who depend on that income. It focuses on the idea that an individual's life has an insurable value based on the amount of income he or she is expected to earn in the future and the portion of that income that would have been used to support dependents. This method is commonly applied when determining how much life insurance is needed to replace the financial contribution of a wage earner.

Under this approach, factors such as current earnings, future earning capacity, years until retirement, inflation, taxes, and personal living expenses are considered. The amount available to dependents is then projected to help establish an appropriate death benefit. The other options do not fit this definition. The needs approach centers on the survivors' financial needs after death, not strictly on future income value. "Loss exposure" and "salary projection" are not the standard life insurance need-analysis terms tested for this concept. Therefore, the correct answer is human life value approach.

NEW QUESTION # 109

The insured, who is 59 years of age decides to replace a long-term care policy they had for five years for a new policy. Which of the following is true of the insurer?

- A. The original insurer will reimburse benefit dollars not used under the original policy period.
- B. The replacement insurer will waive probationary periods pertaining to preexisting conditions satisfied under the original policy.
- C. The replacement insurer will not honor previous exclusions that had previously been satisfied under the original policy.
- D. The replacement insurer will impose new probationary period and preexisting condition limitations.

Answer: B

Explanation:

The correct answer is D. The replacement insurer will waive probationary periods pertaining to preexisting conditions satisfied under the original policy. In long-term care insurance replacement rules, an insured should not lose credit for time already served under an existing policy when moving to a new long-term care policy. If the insured has already satisfied a preexisting condition limitation or probationary period under the old policy, the replacing insurer must give credit for that satisfied period instead of starting a new waiting period from the beginning. This protects consumers from being penalized simply because they replaced coverage.

Choice A is incorrect because the original insurer is not required to reimburse unused benefit dollars when a policy is replaced. Choice B is incorrect because the replacement insurer may not simply impose a brand-new probationary or preexisting condition exclusion for periods already satisfied under the old coverage. Choice C is also incorrect because the replacement coverage must recognize prior satisfied waiting periods. Therefore, under long-term care replacement standards, the insurer replacing the policy must waive any probationary periods for preexisting conditions that were already satisfied under the original policy.

NEW QUESTION # 110

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