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Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q278-Q283):

NEW QUESTION # 278

(Benefit payments under a joint and survivor annuity normally continue until the death of:)

- A. One annuitant
- B. One beneficiary
- C. All beneficiaries
- D. Both annuitants

Answer: D

Explanation:

A joint and survivor annuity is designed to provide income for two people, typically spouses, and payments continue until both annuitants have died. This feature makes it especially suitable for retirement planning when ongoing income is needed for a surviving spouse.

When the first annuitant dies, payments continue to the survivor, often at the same or a reduced level depending on the contract terms. Only after the second annuitant's death do payments cease. Therefore, option A is correct.

Options B, C, and D incorrectly describe other annuity structures. Beneficiaries are generally relevant only if a refund or period-certain option applies. Joint and survivor annuities are a core topic in Virginia annuity education because of their longevity risk protection.

NEW QUESTION # 279

Which contract provides an income benefit until the first of two annuitants dies?

- A. A joint life annuity
- B. A joint and survivor annuity
- C. A temporary annuity
- D. A single life annuity

Answer: A

Explanation:

Virginia Code § 38.2-3100 et seq. governs annuities. A joint life annuity (option C) pays income until the first of two annuitants dies, then ceases-ideal for temporary dual coverage. Option A (joint and survivor annuity) continues payments until the last survivor dies, not stopping at the first death. Option B (temporary annuity) pays for a fixed term (e.g., 10 years), regardless of death, and isn't tied to two lives. Option D (single life annuity) covers one person until their death, not two. The study guide likely defines these with examples-e.

g., a couple receiving \$1,000 monthly until one dies (joint life) versus until both die (joint and survivor)- highlighting C's "first death" cutoff, making it the correct answer.

NEW QUESTION # 280

All of the following have a restricted ability to enter into a contract EXCEPT:

- A. Individuals who are intoxicated

- B. Minors under a certain age
- **C. Individuals who are retired**
- D. Individuals who are mentally ill

Answer: C

Explanation:

Virginia contract law, reflected in Virginia Code § 38.2-102, requires capacity to form an insurance contract.

Option A (intoxicated individuals) lacks capacity if impaired, voiding consent. Option B (mentally ill individuals) may lack comprehension, restricting ability unless adjudicated competent. Option C (minors, typically under 18 per § 38.2-3405) can't contract without guardian consent, except for necessities. Option D (retired individuals) has no legal restriction; retirement is a status, not a capacity limiter-e.g., a 65-year-old retiree can buy insurance freely. The study guide likely covers capacity in a legal basics section, with examples like a drunk person's void policy versus a retiree's valid one, making D the exception.

NEW QUESTION # 281

A health maintenance organization (HMO) must offer emergency health services:

- A. Twenty-four hours a day, six days per week
- **B. Twenty-four hours a day, seven days per week**
- C. Sixteen hours a day, seven days per week
- D. Sixteen hours a day, six days per week

Answer: B

Explanation:

Virginia Code § 38.2-4306 mandates that Health Maintenance Organizations (HMOs) provide comprehensive health services, including emergency care, as a core benefit. Emergency services must be available 24 hours a day, 7 days a week (option D) to ensure immediate access to life-saving treatment, aligning with federal and state standards (e.g., ACA requirements under 42 CFR § 422.113). This reflects the HMO's obligation to cover urgent needs-e.g., a heart attack at 2 a.m.-via in-network facilities or out-of-network reimbursement if necessary. Option A (16 hours, 6 days) and Option B (16 hours, 7 days) fall short of the continuous access requirement, limiting coverage unreasonably. Option C (24 hours, 6 days) excludes one day, contradicting the nonstop mandate. The study guide likely emphasizes this 24/7 rule in an HMO benefits section, with examples like ER visits covered anytime, making D the correct standard. This ensures HMOs meet Virginia's consumer protection goals under § 38.2-4300 et seq., distinguishing them from less comprehensive plans.

NEW QUESTION # 282

When the business of insurance is no longer conducted under an assumed name, an agent must notify:

- **A. The Bureau of Insurance**
- B. The Department of Commerce
- C. The Surety Organization of Virginia
- D. The National Association of Insurance Commissioners

Answer: A

Explanation:

Virginia law requires agents to promptly notify the Bureau of Insurance if they discontinue the use of an assumed name or trade name under which they were licensed.

Exact Extract (Virginia Producer Regulations): "An agent who conducts business under an assumed or fictitious name shall notify the Bureau of Insurance when such name is no longer used." Reference (Virginia Documents / Study Guide):

- Code of Virginia §38.2-1822 (Use of assumed or fictitious names)

NEW QUESTION # 283

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