

# Insurance Licensing PA-Life-Accident-and-Health Pass4sure Pass Guide, PA-Life-Accident-and-Health Prepaway Dumps

PSI LIFE, ACCIDENT, AND HEALTH PRACTICE EXAM 2023 NEW  
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1. Under the misstatement of age or gender provision, what happens if it is determined at death that the insured's age or gender was misstated on a life insurance policy application?: Benefits are adjusted to an amount that the premium would have purchased at the correct age or gender.
2. Which of the following must be given to the insurer within 20 days after occurrence or commencement of any loss covered by the policy, or as thereafter as is reasonably possible?: Notice of claim.
3. When will a policy pay on a UCR basis?: When particular benefits are not listed on a payment schedule.
4. All of the following are non-forfeiture options EXCEPT: Cash dividend op-

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## Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q41-Q46):

### NEW QUESTION # 41

A group sponsor is considering a life insurance plan for its members. Which underwriting characteristic is most likely to influence the decision to proceed with the plan?

- A. Higher premiums for older members
- B. No individual medical exams required
- C. Customized coverage for each member
- D. Mandatory probationary periods

**Answer: B**

Explanation:

When a group sponsor considers offering a group life insurance plan, one of the most influential underwriting characteristics is that individual medical examinations are generally not required. Pennsylvania Life Insurance guidelines explain that group underwriting focuses on the overall characteristics of the group rather than the health status of individual members.

This simplified underwriting approach makes group life insurance attractive to employers and associations because it reduces administrative burden, speeds up enrollment, and allows broader access to coverage. The risk is spread across a large pool, enabling insurers to issue coverage without individual medical evaluations.

The other options are inconsistent with group insurance principles. Group plans are standardized, not customized for each member. Premiums are usually based on group characteristics rather than individual age-related pricing. Mandatory probationary periods may exist but are not the primary factor influencing the decision to proceed with a plan. Therefore, no individual medical exams required is the correct and verified answer based on Pennsylvania Life, Accident, and Health Insurance study materials.

### NEW QUESTION # 42

All of the following statements about Health Maintenance Organizations (HMOs) are true EXCEPT

- A. Members pay higher monthly fees when out-of-network providers are utilized.
- B. Members receive care from providers in the HMO network.
- C. Members pay fixed monthly fees to the HMO.
- D. Out-of-pocket expenses are limited as long as the network is utilized.

**Answer: A**

Explanation:

HMOs typically require members to use a network of designated providers and do not cover out-of-network care except in emergencies. Members pay fixed monthly fees for access to the HMO's network of providers.

While out-of-pocket expenses are limited within the network, utilizing out-of-network providers generally results in the services not being covered at all, rather than higher monthly fees. Therefore, statement D is incorrect.

### NEW QUESTION # 43

All of the following factors are used in determining premiums EXCEPT

- A. interest
- B. liquidity.
- C. mortality.
- D. expense.

**Answer: B**

Explanation:

Insurance premiums are calculated based on three primary factors: mortality, interest, and expenses. These elements are consistently emphasized in Pennsylvania Life, Accident, and Health Insurance licensing materials. Mortality reflects the likelihood of death or loss, interest represents anticipated investment earnings, and expenses account for administrative and operational costs.

Liquidity refers to how quickly assets can be converted into cash and is not used in determining insurance premiums. While liquidity is important in financial planning and asset management, it does not directly impact premium calculations. Therefore, the factor not used in determining premiums is liquidity, making option A the correct and verified answer.

#### NEW QUESTION # 44

An individual who is NOT acceptable by an insurer at standard rates because of health, habits, or occupation is called a

- A. preferred risk.
- B. rating risk.
- C. substandard risk.
- D. standard risk.

**Answer: C**

Explanation:

Under Pennsylvania Life, Accident, and Health Insurance classifications, an individual who is not acceptable at standard premium rates due to health conditions, hazardous habits, or dangerous occupations is classified as a substandard risk. Insurers may still issue coverage to such individuals but often with higher premiums, policy ratings, exclusions, or modified benefits to compensate for the increased risk.

Standard risks qualify for average premiums, while preferred risks receive lower-than-average rates due to superior health and lifestyle factors. The term "rating risk" is not a recognized underwriting classification under Pennsylvania insurance guidelines.

Substandard risks are commonly addressed through rated policies, flat extra premiums, or limited coverage options.

Pennsylvania-approved insurance study guides stress the importance of understanding risk classifications for underwriting and exam purposes. Since the individual is specifically described as unacceptable at standard rates, the correct and verified classification is substandard risk, making option A the correct answer.

#### NEW QUESTION # 45

An incomplete application submitted to an insurer is

- A. returned to the submitting producer for completion.
- B. declined after 30 days if no response for completion is received.
- C. automatically rated by the underwriter
- D. automatically declined by the Insurer.

**Answer: A**

Explanation:

In Pennsylvania insurance practice, an application must be complete before underwriting can occur. If an application is submitted with missing or incomplete information, it is returned to the submitting producer for completion. Pennsylvania-approved insurance study materials emphasize that underwriting decisions must be based on full disclosure and accurate data.

An incomplete application cannot be automatically rated or declined because doing so would violate fair underwriting standards. There is also no statutory requirement to automatically decline an application after a specific period due to incompleteness. The responsibility lies with the producer to obtain the missing information from the applicant and resubmit the application. Therefore, returning the application for completion is the only compliant and verified procedure.

#### NEW QUESTION # 46

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