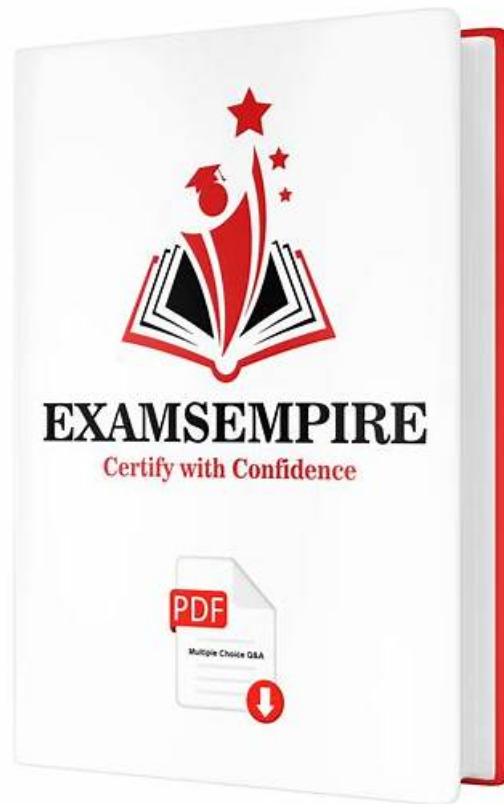


PA-Life-Accident-and-Health Latest Dumps Ebook & PA-Life-Accident-and-Health Exam Lab Questions



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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q15-Q20):

NEW QUESTION # 15

Which is an accurate description of the relationship between the premiums of a whole life policy and the premium payment period?

- A. The shorter the payment period, the higher the annual premium
- B. The longer the payment period, the higher the annual premium.
- C. The payment period is not related to the annual premium.
- D. The shorter the payment period, the lower the annual premium.

Answer: A

Explanation:

Whole life insurance policies in Pennsylvania are designed to provide lifetime coverage with premiums that are based on the length of the premium payment period. When the payment period is shorter, such as in 10- pay or 20-pay whole life policies, the annual premium is higher because the insurer must collect the full cost of lifetime coverage in fewer years.

Pennsylvania-approved insurance study materials explain that limited-pay whole life policies compress premium payments into a shorter time frame while still providing coverage for the insured's entire life. As a result, each premium payment must be larger to accumulate sufficient cash value and cover mortality costs.

Conversely, longer payment periods, such as paying premiums until age 65 or for life, spread the cost over more years, resulting in lower annual premiums.

Therefore, the payment period is directly related to the premium amount, and the shorter the payment period, the higher the annual premium. This makes option C the correct and verified answer.

NEW QUESTION # 16

All of the following are features of a Preferred Provider Organization (PPO) EXCEPT

- A. dependents do not need referrals to see a specialist.
- B. primary care physicians act as gatekeepers.
- C. providers are paid on a fee-for-service basis.
- D. employees have a choice of practitioners.

Answer: A

Explanation:

A Preferred Provider Organization (PPO) offers flexibility in choosing healthcare providers and does not require a primary care physician (PCP) to act as a gatekeeper. PPO members can see specialists and any healthcare provider without needing a referral from a PCP (D). Other features include payment on a fee-for- service basis (C) and a choice of practitioners (A).

NEW QUESTION # 17

Long-term care policies may NOT exclude

- A. treatment caused by participation in criminal activities.
- B. alcoholism and drug addiction.
- C. organic cognitive disorders.
- D. treatment payable by workers' compensation.

Answer: C

Explanation:

Pennsylvania Long-Term Care insurance regulations require that policies may not exclude coverage for organic cognitive disorders, such as Alzheimer's disease or other forms of dementia. These conditions are a primary reason individuals require long-term care services, and excluding them would undermine the fundamental purpose of long-term care insurance.

State regulations ensure that insureds receive coverage for cognitive impairments that result from organic brain disease. While long-term care policies may impose certain limitations, they cannot categorically exclude benefits for these disorders.

The other options may be excluded. Treatment payable under workers' compensation is commonly excluded to prevent duplicate benefits. Alcoholism and drug addiction may be excluded or limited under policy provisions. Injuries or treatment resulting from participation in criminal activities may also be excluded.

Therefore, the correct and verified answer under Pennsylvania Life, Accident, and Health Insurance regulations is B. organic cognitive disorders.

NEW QUESTION # 18

(EXCEPT for fraud, what is the time limit after issue for an insurer to deny an individual health insurance claim based on material misrepresentation in the application for the insurance?)

- A. 180 days
- B. 1 year
- C. 3 years
- D. 5 years

Answer: C

Explanation:

Pennsylvania individual health insurance policies include an incontestability provision. Except in cases of fraud, insurers may deny claims based on material misrepresentation only within the first three years after the policy is issued. After this period, statements made in the application become incontestable, even if they were inaccurate. This rule protects insureds by providing long-term policy certainty and aligns with Pennsylvania statutory insurance standards. Fraud remains the sole exception, allowing denial at any time. The other options do not reflect the legally mandated incontestability timeframe.

NEW QUESTION # 19

[I Intentionally withholding information that should be provided to an insurer is known as

- A. estoppel
- B. misrepresentation.
- C. twisting
- D. concealment.

Answer: D

Explanation:

In Pennsylvania Life, Accident, and Health Insurance law, concealment is defined as the intentional withholding of material information that should be disclosed to an insurer during the application process.

Insurance contracts are based on the principle of utmost good faith, meaning both parties are expected to provide complete and accurate information.

Concealment occurs when an applicant knowingly fails to disclose facts that would affect the insurer's underwriting decision, such as medical history, hazardous occupations, or lifestyle risks. Unlike innocent mistakes, concealment involves deliberate omission and can materially affect the insurer's risk assessment.

The other options are incorrect under Pennsylvania insurance definitions. Twisting involves replacing a policy with another through misrepresentation. Estoppel prevents an insurer from denying coverage due to prior actions or statements. Misrepresentation refers to providing false statements, while concealment specifically involves withholding information.

If concealment is proven, Pennsylvania law allows the insurer to void the policy or deny claims, even after issuance. Therefore, intentionally withholding information that should be provided to an insurer is correctly identified as concealment.

NEW QUESTION # 20

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