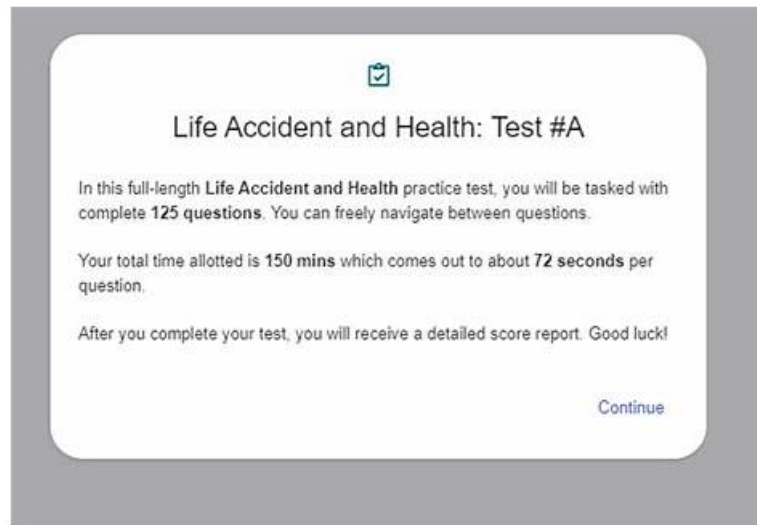


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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q95-Q100):

NEW QUESTION # 95

In Pennsylvania, payment on an Accelerated Death Benefit Rider may NOT be less than what percentage of the total death benefit?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: A

Explanation:

In Pennsylvania, an Accelerated Death Benefit Rider allows a life insurance policyowner to receive a portion of the policy's death benefit early if the insured is diagnosed with a qualifying terminal or catastrophic illness.

Pennsylvania insurance regulations and approved licensing materials clearly state that the accelerated benefit may not be less than 25% of the policy's total death benefit.

This minimum requirement ensures that the rider provides meaningful financial assistance to the insured during periods of severe medical need, such as covering treatment costs, long-term care, or other end-of-life expenses. While insurers may limit the maximum percentage that can be accelerated, they cannot offer a benefit lower than this statutory threshold once acceleration is triggered.

The remaining answer choices—10%, 60%, and 75%—do not reflect Pennsylvania's mandated minimum and are therefore incorrect. Pennsylvania law seeks to balance consumer protection with insurer solvency by enforcing this standard. Consequently, 25% is the correct and verified answer under Pennsylvania Life Insurance regulations.

NEW QUESTION # 96

Which one of the following types of benefits is often excluded from coverage under an HMO plan?

- A. in-patient surgeries
- B. emergency services
- C. physical examinations
- **D. adult routine eye examinations**

Answer: D

Explanation:

Under Pennsylvania Accident and Health Insurance principles, Health Maintenance Organization (HMO) plans are designed to provide comprehensive medical care while controlling costs through managed care networks.

HMOs typically emphasize preventive services, coordinated care, and cost efficiency. As a result, many essential medical services such as physical examinations, emergency services, and inpatient surgeries are generally included as covered benefits, subject to plan rules and network requirements.

However, adult routine eye examinations are often excluded from standard HMO coverage. Pennsylvania-approved insurance study guides clearly distinguish between medical necessity and routine or elective care.

While eye exams related to medical conditions such as glaucoma, eye infections, or injuries may be covered, routine vision care for adults—including standard eye exams for glasses or contact lenses—is usually excluded unless a separate vision rider or supplemental plan is purchased.

The exclusion reflects the classification of routine vision care as non-essential or elective, rather than medically necessary. HMOs focus on medical treatment rather than vision correction services. This exclusion does not typically apply to children, as pediatric vision benefits are often mandated under preventive care standards. Therefore, according to Pennsylvania Life, Accident, and Health Insurance documentation, adult routine eye examinations are the most commonly excluded benefit under HMO plans.

NEW QUESTION # 97

The types of life insurance generally used to cover key employee indemnification are

- A. decreasing term life insurance.
- **B. universal, term, and whole life insurance.**
- C. limited-pay, adjustable, and group life insurance.
- D. joint, permanent and credit life insurance.

Answer: B

Explanation:

Key employee indemnification insurance protects a business against financial loss resulting from the death of a key employee.

Pennsylvania Life Insurance study materials identify term life, whole life, and universal life insurance as the most commonly used policy types for this purpose.

Term life is often selected due to its lower initial cost and ability to match coverage duration with the employee's expected service period. Whole life and universal life provide permanent protection and may accumulate cash value, which can be useful for long-term business planning. The employer is typically the policyowner, premium payer, and beneficiary.

The other answer choices include policy types not typically used or incorrectly grouped for key person insurance. Therefore, the correct and verified answer is B.

NEW QUESTION # 98

Which of the following represents a reduced paid-up nonforfeiture option?

- A. The policy will have a decreased face amount
- B. Further premiums must be paid on the reduced policy.
- C. A full share of expense loading must be included in the premium on the reduced coverage.
- D. The new face amount is the same as the original policy.

Answer: A

Explanation:

In Pennsylvania Life Insurance policies, a reduced paid-up nonforfeiture option allows the policyowner to stop paying premiums while maintaining permanent coverage with a reduced face amount. The existing cash value is used to purchase a fully paid-up policy with no future premium requirements.

Under this option, the death benefit is lower than the original policy, but coverage remains in force for the insured's lifetime. This distinguishes it from extended term insurance, which keeps the same face amount but only for a limited period. Pennsylvania-approved study guides emphasize that reduced paid-up insurance eliminates the need for further premiums.

The other answer choices are incorrect. Further premiums are not required, expense loading is not re-applied, and the new face amount is not the same as the original. Therefore, the defining characteristic of reduced paid-up insurance is a decreased face amount, making option B the correct and verified answer according to Pennsylvania Life, Accident, and Health Insurance documentation.

NEW QUESTION # 99

All of the following factors are used in determining premiums EXCEPT

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

Answer: D

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 # 100

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