

# Dumps NY-Life-Accident-and-Health Download & Reliable NY-Life-Accident-and-Health Exam Testking

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## PSI - NY Life, Accident and Health Practice Exam / Research Building And Evidence / latest version 2024-2025.

What is a MIB report? - CORRECT ANSWERS-medical information on an applicant for assessing life or health insurance risk

How do warranties differ from representations? - CORRECT ANSWERS-a warranty is guaranteed to be true, a representation is believed to be true to the best of one's knowledge.

If the insurer wishes to share an applicant's HIV status, the applicant must be given full notice of all of the following EXCEPT - CORRECT ANSWERS-the treatment procedures that are covered by the policy.

Which of the following was specifically designed to address STOLI and IOLI practices? - CORRECT ANSWERS-NCOIL Act

Why is rehabilitation considered worthy of federal help under workers' compensation? - CORRECT ANSWERS-it reduces insurance losses and helps regain the worker's dignity

In a case where an individual's health is insured by both their own policy and their spouse's policy, which policy pays in the event of an illness? - CORRECT ANSWERS-The individual's policy pays first, the spouse's policy pays the remaining up to coverage amount.

What is the purpose of Stranger-originated life insurance (STOLI)? - CORRECT ANSWERS-the policy is originated primarily or solely for the purpose of resale

All of the following are classifications of risk EXCEPT - CORRECT ANSWERS-non-nicotine

What specific new procedures does the USA Patriot Act require of insurance companies? - CORRECT ANSWERS-Establish an anti-money laundering program

What procedure is used by an insurer to protect itself in the event a dispute arises and the applicant and the agent do not recall the changes that were made in a completed application? - CORRECT ANSWERS-The applicant and possibly the agent initial any changes made.

The group conversion option is allowed for all of the following EXCEPT - CORRECT ANSWERS-during the annual benefits enrollment period.

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## **Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q46-Q51):**

### **NEW QUESTION # 46**

Term life insurance differs from permanent life insurance in that MOST often, term life insurance

- A. accumulates a much smaller cash value.
- B. is automatically renewable at the end of the term period.
- **C. remains in force for a specific period of time.**
- D. has a longer premium payment period.

**Answer: C**

Explanation:

Term life insurance is temporary protection designed to provide a death benefit only if death occurs during a stated "term" (such as 10, 20, or 30 years). This is the core distinction from permanent life insurance, which is intended to last for the insured's lifetime (to age 100/121 depending on the policy) as long as required premiums are paid. Term insurance typically offers the largest face amount for the lowest initial premium because it is focused on pure death benefit protection and generally does not build cash value. By contrast, permanent policies (whole life, universal life) combine insurance protection with cash value accumulation and are structured for long-duration coverage. Option A is incorrect because term life usually accumulates no cash value (not "a smaller cash value"). Option B is incorrect because term often has a shorter premium-paying horizon aligned to the term period. Option D is not "most often" true: some term policies are renewable, but renewability depends on contract provisions and is not automatic in all cases.

### **NEW QUESTION # 47**

Upon receipt of notice of claim, the insurance company will furnish to the claimant such forms for filing proof of loss within how many days?

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

**Answer: D**

Explanation:

In Accident and Health insurance policies, the Claims Provisions section outlines the procedures that must be followed when a loss occurs. One of the standard provisions concerns the insurer's responsibility after receiving a notice of claim from the insured or beneficiary. Once the insurer receives this notice, the company must provide the claimant with the necessary claim forms used to submit proof of loss. According to standard policy provisions used in health insurance contracts, the insurer is required to furnish these forms within 15 days after receiving the notice of claim.

These forms allow the claimant to provide detailed information regarding the loss, such as the nature of the injury or illness, dates of treatment, medical provider information, and other documentation required to process the claim. If the insurer fails to provide the forms within the required 15-day period, the claimant may still satisfy the proof-of-loss requirement by submitting a written statement describing the occurrence, character, and extent of the loss within the time allowed by the policy. This rule ensures that claim processing cannot be delayed simply because the insurer did not send the official forms in time.

### **NEW QUESTION # 48**

According to Health Insurance Portability and Accountability Act (HIPAA), when can a group health policy renewal be denied?

- A. Participation or contribution rules have been changed.
- B. The size of the group has increased by more than 10%.
- **C. Participation or contribution rules have been violated.**
- D. There have been too many claims in the previous year.

**Answer: C**

Explanation:

The correct answer is Participation or contribution rules have been violated . Under the Health Insurance Portability and Accountability Act (HIPAA), group health insurance plans are generally subject to guaranteed renewability requirements . This means that insurers must typically renew group coverage at the option of the employer or plan sponsor. However, HIPAA provides a few limited exceptions where renewal may legally be denied.

One of these exceptions occurs when the employer or group policyholder fails to comply with the insurer's participation or employer contribution requirements . Participation rules usually require a minimum percentage of eligible employees to enroll in the plan, while contribution rules require the employer to pay a specified portion of the premium. If the employer fails to meet these requirements or violates the contractual conditions, the insurer may have grounds to deny renewal of the group policy .

The other choices are incorrect. HIPAA does not allow insurers to deny renewal simply because the group had high claims experience , because the group size increased , or because contribution rules were changed . The critical factor is violation of participation or contribution requirements , making Option C the correct answer.

#### NEW QUESTION # 49

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

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

**Answer: A**

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 # 50

What is the primary feature of a Joint Life insurance policy?

- A. It is designed exclusively for estate planning.
- B. It requires separate premiums for each insured.
- C. It insures two or more lives under one policy.
- D. It pays the death benefit after the last insured dies.

**Answer: C**

Explanation:

The correct answer is D. It insures two or more lives under one policy. A Joint Life insurance policy is written to cover more than one person under a single contract, most commonly two people such as spouses or business partners. Its defining characteristic is that multiple insured lives are covered by one policy rather than issuing separate individual policies for each person.

Choice A is incorrect because joint life insurance is not defined by requiring separate premiums for each insured. The premium is generally based on the joint coverage structure of the contract. Choice B describes a survivorship life policy , also called second-to-die insurance , which pays after the last insured dies. A joint life policy, by contrast, is typically associated with payment upon the first death , depending on the contract design. Choice C is also incorrect because although such policies may be used in estate or business planning, they are not designed exclusively for estate planning. Therefore, the primary feature that best describes a Joint Life insurance policy is that it insures two or more lives under one policy .

## NEW QUESTION # 51

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