

# Fast Download Exam PA-Life-Accident-and-Health Prep - First-Grade PA-Life-Accident-and-Health Exam Tool Guarantee Purchasing Safety

## PSI Life, Accident, Health Practice Exam Questions & Answers

Which is an ACCURATE statement regarding benefits of Medicare supplement and Medicare select plans?

- 1  
The insurer is able to cancel, or deny renewal of an existing policy, based solely on the health of the insured.
  - 2  
There is no restriction for benefits after the coverage has been in effect for six months when involving a preexisting condition.
  - 3  
The coverage for a loss from an illness or disease is treated differently than for a loss resulting from an injury due to an accident.
  - 4  
The coverage for a spouse cannot be terminated for any reason, including for nonpayment of premiums. - 2
- There is no restriction for benefits after the coverage has been in effect for six months when involving a preexisting condition.

How is the insurance commissioner chosen?

- 1  
Elected by the people.
  - 2  
Appointed by the Governor
  - 3  
Selected by a vote in the House and the Senate.
  - 4  
Randomly selected from a list of qualified candidates. - 1
- Elected by the people.

An insurance agent is a person who transacts all of the following types of insurance EXCEPT:

- 1  
annuities.
  - 2  
homeowners.
  - 3  
auto insurance.
  - 4  
life insurance. - 4
- life insurance.

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## Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q78-Q83):

### NEW QUESTION # 78

When an insurer has the right to terminate a health insurance policy for specific reasons other than the insured's health, the plan is described as

- A. flexibly renewable.
- B. condition dependent.
- C. guaranteed renewable.
- D. conditionally renewable.

**Answer: D**

Explanation:

Under Pennsylvania Health Insurance provisions, a policy described as conditionally renewable allows the insurer to terminate or refuse renewal of the policy for specific reasons other than the insured's health status.

These permitted reasons are clearly stated in the policy and may include factors such as the insured reaching a certain age, changes in occupation, nonpayment of premiums, or termination of a particular class of insureds.

Pennsylvania insurance study materials emphasize that the key feature of a conditionally renewable policy is that termination cannot be based on deterioration of the insured's health alone.

This differs significantly from other renewal types. A guaranteed renewable policy ensures the insurer cannot cancel coverage as long as premiums are paid, although premiums may increase for an entire class. A flexibly renewable policy allows the insurer to change premiums or benefits on renewal with proper notice. A condition dependent policy is not a recognized renewal classification in Pennsylvania insurance law.

Therefore, when an insurer retains the right to terminate coverage for reasons specified in the contract, excluding health-related causes, the policy is correctly classified as conditionally renewable under Pennsylvania Life, Accident, and Health Insurance regulations.

### NEW QUESTION # 79

Medicare Part B pays what percent of approved charges for physician and surgeon services?

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

**Answer: B**

Explanation:

Medicare Part B covers physician services, outpatient care, preventive services, and certain medical supplies.

According to Pennsylvania Life and Health Insurance licensing materials, Medicare Part B pays 80% of Medicare-approved charges for covered physician and surgeon services after the insured meets the annual deductible.

The remaining 20% is the responsibility of the beneficiary and is commonly referred to as coinsurance. Many Medicare beneficiaries purchase Medicare Supplement (Medigap) policies to help cover this coinsurance and other out-of-pocket costs.

The other answer choices are incorrect percentages and do not align with Medicare benefit standards tested on the Pennsylvania insurance licensing exam. Therefore, the correct and verified answer is B. 80.

### NEW QUESTION # 80

The authority of a producer to act on behalf of the insurer is known as

- A. producer authority.
- B. a principal relationship.
- C. the presumption of agency.

- **D. the law of agency.**

**Answer: D**

Explanation:

The law of agency defines the legal relationship in which a producer has the authority to act on behalf of an insurer. Under Pennsylvania insurance regulations, the insurer is the principal, and the producer is the agent.

This legal framework establishes the responsibilities, duties, and authority of both parties.

Pennsylvania-approved study guides emphasize that the law of agency governs the producer's actions, including solicitation, application handling, premium collection, and representation of the insurer. Acts performed by the producer within the scope of authority are legally binding on the insurer.

The other options are incorrect or incomplete. A principal relationship describes the parties involved but does not define the authority itself. Producer authority is not a legal doctrine. Presumption of agency refers to an implied authority situation but does not encompass the entire legal framework. Therefore, the law of agency is the correct and verified answer based on Pennsylvania Life, Accident, and Health Insurance licensing materials.

### NEW QUESTION # 81

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

**Answer: A**

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 # 82

Backdating on a life insurance policy is the practice of

- A. excluding medical coverage for preexisting medical conditions.
- B. accepting the premium after the expiration of the grace period.
- **C. making the policy effective on an earlier date than the present.**
- D. reinstating a lapsed policy.

**Answer: C**

Explanation:

Backdating in a Pennsylvania life insurance policy refers to the practice of assigning an effective date earlier than the actual application or issue date of the policy. This is permitted under Pennsylvania insurance regulations primarily to allow the insured to qualify for a lower premium based on a younger insurance age.

Insurers typically allow backdating up to six months, provided the policyowner pays the required back premiums from the backdated effective date to the current date.

Backdating does not reinstate a lapsed policy, accept late premiums beyond the grace period, or exclude coverage for preexisting conditions. Those activities are governed by separate provisions such as reinstatement clauses, grace period rules, and preexisting condition limitations found mainly in health insurance policies. Pennsylvania life insurance study materials emphasize that backdating is strictly regulated and must be requested by the applicant, not imposed by the insurer. Its sole purpose is age-based premium adjustment, making option A the correct answer.

### NEW QUESTION # 83

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