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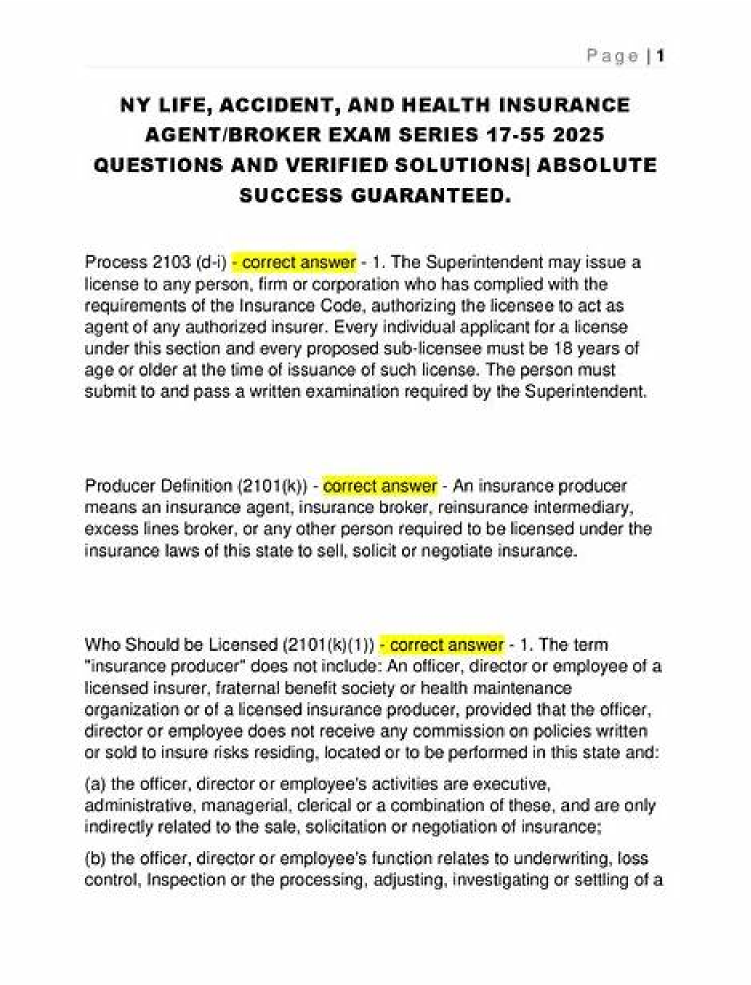

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NY LIFE, ACCIDENT, AND HEALTH INSURANCE AGENT/BROKER EXAM SERIES 17-55 2025 QUESTIONS AND VERIFIED SOLUTIONS| ABSOLUTE SUCCESS GUARANTEED.

Process 2103 (d-i) - correct answer - 1. The Superintendent may issue a license to any person, firm or corporation who has complied with the requirements of the Insurance Code, authorizing the licensee to act as agent of any authorized insurer. Every individual applicant for a license under this section and every proposed sub-licensee must be 18 years of age or older at the time of issuance of such license. The person must submit to and pass a written examination required by the Superintendent.

Producer Definition (2101(k)) - correct answer - An insurance producer means an insurance agent, insurance broker, reinsurance intermediary, excess lines broker, or any other person required to be licensed under the insurance laws of this state to sell, solicit or negotiate insurance.

Who Should be Licensed (2101(k)(1)) - correct answer - 1. The term "insurance producer" does not include: An officer, director or employee of a licensed insurer, fraternal benefit society or health maintenance organization or of a licensed insurance producer, provided that the officer, director or employee does not receive any commission on policies written or sold to insure risks residing, located or to be performed in this state and:

(a) the officer, director or employee's activities are executive, administrative, managerial, clerical or a combination of these, and are only indirectly related to the sale, solicitation or negotiation of insurance;

(b) the officer, director or employee's function relates to underwriting, loss control, Inspection or the processing, adjusting, investigating or settling of a

Many exam candidates feel hampered by the shortage of effective NY-Life-Accident-and-Health practice materials, and the thick books and similar materials causing burden for you. Serving as indispensable choices on your way of achieving success especially during this exam, more than 98 percent of candidates pass the exam with our NY-Life-Accident-and-Health practice materials and all of former candidates made measurable advance and improvement. All NY-Life-Accident-and-Health practice materials fall within the scope of this exam for your information. The content is written promptly and helpfully because we hired the most processional experts in this area to compile the New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 practice materials.

Insurance Licensing NY-Life-Accident-and-Health Exam Syllabus Topics:

Section	Weight	Objectives
General Insurance Principles	15-20%	- Insurance contract fundamentals - Ethical sales practices - Fair claims settlement practices - Underwriting principles - Agent/broker duties and ethics

New York State Regulations	20-25%	- NYS Insurance Law requirements - Consumer protection regulations - Advertising regulations - Licensing requirements and procedures - Fiduciary responsibilities - Replacement and churn rules
Accident and Health Insurance	25-30%	- Dental and vision insurance basics - Medical expense coverage - Long-term care insurance basics - Disability income insurance - Major medical coverage - Health insurance policy types (individual, group, HMOs)
Life Insurance Fundamentals	25-30%	- Policy riders and endorsements - Dividends and nonforfeiture options - Policy reinstatement - Beneficiary designations - Policy types and provisions

100% Pass Quiz 2026 Insurance Licensing NY-Life-Accident-and-Health: New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Updated Intereactive Testing Engine

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q18-Q23):

NEW QUESTION # 18
Medicaid provides which coverage that Medicare does NOT?

- A. inpatient psychiatric care
- B. ambulance services
- C. custodial care
- D. inpatient hospital services

Answer: C

Explanation:
The correct answer is custodial care . Medicaid is a government health assistance program for individuals who meet certain income and resource requirements , and one of its important features is that it may provide coverage for long-term custodial care , particularly in a nursing home or similar setting for eligible individuals. Custodial care generally refers to assistance with activities of daily living , such as bathing, dressing, eating, and moving about, rather than treatment intended to cure or improve a medical condition.
Medicare, by contrast, is primarily designed to cover acute care and medically necessary services. It does cover services such as ambulance transportation , inpatient hospital services , and certain forms of inpatient psychiatric care , subject to policy limits and eligibility requirements. However, Medicare generally does not pay for ongoing custodial care when that is the only type of care needed.
This distinction is commonly tested in accident and health insurance licensing exams because it highlights the difference between medical insurance for acute or skilled care and public assistance coverage for long-term support needs . Therefore, the service Medicaid provides that Medicare does not is custodial care .

NEW QUESTION # 19
Which of the following Long Term Disability clauses states that insureds are considered totally disabled when they CANNOT perform the major duties of a gainful occupation for which they are reasonably suited because of education, training, or experience?

- A. Presumptive disability clause.
- B. Any occupation clause.
- C. Partial disability clause.
- D. Regular occupation clause.

Answer: B

Explanation:
The wording in the question-"cannot perform the major duties of a gainful occupation for which they are reasonably suited by education, training, or experience"-matches the any occupation definition of total disability used in many long-term disability (LTD) policies. Under an any occupation clause , an insured is considered totally disabled only if the disability prevents them from working in any gainful job that they could reasonably be expected to do based on their background (education, training, and experience).
This is a stricter standard than "own/regular occupation." Option C, the regular (own) occupation clause , defines total disability as the inability to perform the substantial and material duties of the insured's own occupation (the job they were doing when disabled), even if they might be able to work elsewhere. Option A, partial disability , applies when the insured can still perform some duties or work part-time and typically experiences reduced income. Option B, presumptive disability , applies to severe, specified losses (e.g., loss of sight, speech, hearing, or limbs) that automatically qualify as total disability. Therefore, the clause described is the any occupation clause .

NEW QUESTION # 20
A whole life policy is replaced with an annuity without incurring a tax penalty. This is referred to as

- A. a Transfer of Value.
- B. a Cross-Purchase Plan.
- C. a 1035 Exchange.
- D. an Endowment Contract.

Answer: C

Explanation:
The correct answer is D. a 1035 Exchange . Under federal tax rules commonly tested in life insurance licensing materials, a Section 1035 exchange allows certain insurance products to be replaced with other qualifying insurance products without immediate taxation on any gain in the original contract. This means that if a policyowner exchanges a life insurance policy for a permitted replacement contract, the transaction may occur on a tax-deferred basis rather than being treated as a taxable surrender.
In exam terminology, a 1035 exchange is important because it preserves the policyowner's accumulated values while avoiding current tax consequences that would normally apply if the contract were simply cashed out. The other choices do not fit this tax-free replacement concept. A cross-purchase plan is a business continuation arrangement, an endowment contract is a type of life insurance contract, and transfer of value refers to a rule that can affect the tax treatment of death benefits after a policy transfer.
Therefore, the recognized term for replacing a whole life policy with another qualifying contract without current tax liability is a 1035 Exchange .

NEW QUESTION # 21
A company may insure an employee with specialized skills under a key employee disability insurance policy.
Which of the following statements is TRUE?

- A. The employee ' s spouse is the beneficiary.
- B. The employee pays the premium.
- C. The employee is the applicant.
- D. The business is the applicant.

Answer: D

Explanation:
The correct answer is A. The business is the applicant. In key employee disability insurance (also called key person disability

income), the purpose of coverage is to protect the business against financial loss if an employee with unique skills, knowledge, or production value becomes disabled. New York's Life, Accident and Health Agent/Broker examination content outline specifically includes "Business disability insurance" and "Key person disability income" as tested topics, confirming that this is a recognized business-use disability coverage concept in the New York licensing curriculum.
Under this arrangement, the business applies for and owns the policy , pays the premiums, and is generally the beneficiary of any benefits payable because the loss being insured is the company's loss, not the employee's family loss. Industry explanations of key person disability insurance are consistent on this point: the key employee is the insured , while the company buys the coverage and makes the premium payments .
That makes the other options incorrect. The employee's spouse is not the beneficiary, the employee usually does not pay the premium, and the employee is not the applicant.

NEW QUESTION # 22
Mortality is based on a large risk pool of

- A. family history and hobbies.
- B. income and time.
- C. people and time.
- D. geographic area and time.

Answer: C

Explanation:
The correct answer is people and time . In insurance, mortality refers to the statistical measurement of death within a defined population. Insurers rely on mortality tables , which are developed using large pools of data that track the probability of death among groups of people over specific periods of time. These tables allow insurance companies to estimate the likelihood that individuals within certain age groups will die within a given year. The concept is based on the law of large numbers , meaning that when a very large group of people is observed over time, patterns of mortality become predictable and can be used to calculate insurance premiums.
Life insurance companies analyze mortality data across large populations and extended time periods to determine appropriate premium rates and to ensure that they maintain sufficient reserves to pay future claims.
By spreading risk across many policyholders, insurers can accurately project expected losses and maintain financial stability.
The other options are incorrect because mortality statistics are not primarily based on income, geographic area alone, or personal characteristics such as hobbies or family history. The essential foundation of mortality calculations is large groups of people observed over time .

NEW QUESTION # 23
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