

# PA-Life-Accident-and-Health Exam Prep & PA-Life-Accident-and-Health Study Materials & PA-Life-Accident-and-Health Actual Test

## PSI: LIFE, ACCIDENT, AND HEALTH PRACTICE EXAM QUESTIONS AND ANSWERS 100% PASS

Under the misstatement of age or gender provision, what happens if it is determined at death that the insured's age or gender was misstated on a life insurance policy application? - Correct Answer ✓✓-Benefits are adjusted to an amount that the premium would have purchased at the correct age or gender.

Which of the following must be given to the insurer within 20 days after occurrence or commencement of any loss covered by the policy, or as thereafter as is reasonably possible? - Correct Answer ✓✓-Notice of claim.

When will a policy pay on a UCR basis? - Correct Answer ✓✓-When particular benefits are not listed on a payment schedule.

All of the following are non-forfeiture options EXCEPT - Correct Answer ✓✓-Cash dividend option.

What happens when the lifetime maximum benefit limit has been reached? - Correct Answer ✓✓-The insured will pay all of the remaining medical costs for as long as the policy is in force.

Whose responsibility is it to make sure that the company is notified of a death claim at the earliest possible opportunity (in most cases)? - Correct Answer ✓✓-The producer.

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>> New PA-Life-Accident-and-Health Test Topics <<

**PA-Life-Accident-and-Health Reliable Test Pattern, Updated PA-Life-**

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Insurance Licensing exam simulation software is the best offline method to boost preparation for the Insurance Licensing PA-Life-Accident-and-Health examination. The software creates a PA-Life-Accident-and-Health real practice test-like scenario where aspirants face actual PA-Life-Accident-and-Health exam questions. This feature creates awareness among users about Pennsylvania Life, Accident and Health Exam exam pattern and syllabus. With the desktop Insurance Licensing PA-Life-Accident-and-Health Practice Exam software, you can practice for the test offline via any Windows-based computer.

### Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q161-Q166):

#### NEW QUESTION # 161

An Insurance licensee must do all of the following in order to renew an insurance license EXCEPT

- A. hold active insurer appointment(s).
- B. complete the continuing education requirements, if applicable.
- C. pay the required renewal fee.
- D. submit to the department a completed renewal form.

**Answer: C**

Explanation:

Under Pennsylvania insurance regulations, an insurance licensee must meet several requirements to renew a license. These include paying the required renewal fee, submitting a completed renewal application to the Department of Insurance, and completing any applicable continuing education requirements.

However, holding active insurer appointments is not required to renew an insurance license. A license allows an individual to act as an insurance producer, while appointments authorize the producer to sell products on behalf of a specific insurer. A license may remain active even if the licensee is not currently appointed by an insurer.

The Pennsylvania Insurance Department distinguishes clearly between licensure and appointment status.

Therefore, the requirement that does not apply to license renewal is holding active insurer appointments. The correct and verified answer is A.

#### NEW QUESTION # 162

In Pennsylvania, a provision that protects a policyowner from a misrepresentation caused by an innocent mistake on the application after 2 years is

- A. an elimination provision.
- B. a nonforfeiture provision.
- C. an Incontestability provision.
- D. a negligence provision.

**Answer: C**

Explanation:

In Pennsylvania, the Incontestability provision protects a policyowner from policy cancellation due to misrepresentations made innocently on the application after a specified period, typically two years. This provision is mandatory in life and health insurance policies under Pennsylvania insurance regulations and is designed to provide long-term security to policyowners.

Once the policy has been in force for two years, the insurer may no longer contest the policy based on application misstatements unless fraud was committed. Innocent errors, omissions, or misunderstandings cannot be used to void coverage after this period.

This protection ensures that beneficiaries and insured individuals are not unfairly denied benefits after years of premium payments.

The other options are incorrect. A negligence provision is not a standard insurance clause. A nonforfeiture provision deals with policy values when a policy lapses. An elimination provision refers to waiting periods before benefits begin. Therefore, according to Pennsylvania Life, Accident, and Health Insurance licensing materials, the correct and verified answer is Incontestability provision, option C.

#### NEW QUESTION # 163

If a producer misleads or fails to adequately disclose the title and true nature of a policy offered to a potential insured, it may be considered

- A. defamation.
- **B. misrepresentation.**
- C. coercion.
- D. false advertising.

**Answer: B**

Explanation:

Misrepresentation occurs when a producer provides false, misleading, or incomplete information about an insurance policy that induces a potential insured to purchase coverage. Under Pennsylvania insurance law and producer conduct standards, failing to adequately disclose the true nature, benefits, limitations, or title of a policy constitutes misrepresentation.

Coercion involves using threats or intimidation to force a purchase, while defamation relates to false statements that harm the reputation of another insurer or producer. False advertising refers to misleading promotional materials but does not necessarily involve direct communication with a specific applicant.

Misrepresentation specifically addresses the failure to properly explain or truthfully present a policy during the sales process.

Pennsylvania Life, Accident, and Health Insurance study guides highlight misrepresentation as a serious violation that may result in fines, license suspension, or revocation. Because the producer misled the applicant or failed to disclose essential policy details, the correct and verified answer is option D.

#### **NEW QUESTION # 164**

Which of the following statements BEST describes a disability elimination period?

- A. A qualifying period.
- **B. A time deductible rather than a dollar deductible.**
- C. A benefit or utilization period.
- D. A dollar deductible rather than a time deductible.

**Answer: B**

Explanation:

In Pennsylvania Disability Insurance policies, the elimination period refers to the length of time an insured must be disabled before benefits become payable. This period functions as a time-based deductible, rather than a monetary deductible. Common elimination periods include 30, 60, 90, or 180 days.

Pennsylvania insurance study guides emphasize that the elimination period helps control premium costs.

Longer elimination periods result in lower premiums because the insurer assumes less immediate risk. During the elimination period, no benefits are paid, even though the disability has begun.

Option B is partially descriptive but incomplete, as "qualifying period" does not fully explain the deductible nature. Option C is incorrect because elimination periods are not dollar-based. Option D refers to benefit or utilization periods, which describe how long benefits are paid, not when they begin.

Therefore, the best and most accurate description of a disability elimination period is a time deductible rather than a dollar deductible, making option A the correct answer.

#### **NEW QUESTION # 165**

(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 # 166

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