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## Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q34-Q39):

#### NEW QUESTION # 34

When is it appropriate for an individual to purchase term life insurance?

- A. An individual needs an income for retirement
- B. An individual is seeking to build cash value in a policy.
- **C. An individual is seeking temporary protection and lower premiums.**
- D. An individual is using the premiums to offer living benefits for themselves.

**Answer: C**

Explanation:

According to Pennsylvania Life Insurance principles, term life insurance is most appropriate when an individual needs temporary protection at a lower premium cost. Term policies provide pure death benefit protection for a specified period, such as 10, 20, or 30 years, without accumulating cash value. This makes them ideal for covering temporary financial obligations like mortgages, income replacement during working years, or dependent support.

The other options describe objectives better suited for permanent life insurance. Term insurance does not provide living benefits, retirement income, or cash value accumulation. Pennsylvania insurance study materials emphasize that individuals seeking investment growth or lifelong coverage should consider whole life or universal life policies instead.

Term life insurance is commonly chosen by younger families, business owners, or individuals with limited budgets who want maximum coverage for minimal cost. Once the temporary need ends, coverage can expire without further obligation.

Therefore, temporary protection and lower premiums is the correct and verified answer under Pennsylvania Life, Accident, and Health Insurance guidelines.

#### NEW QUESTION # 35

If an insured policyowner has a catastrophic or life threatening illness, how much money is the policyowner entitled to get from his or her viatical settlement provider?

- A. one and one eighth times the face value of the life insurance policy
- B. one and a half times the face value of the life insurance policy
- C. the face value of the life insurance policy
- **D. less than the face value of the life insurance policy**

**Answer: D**

Explanation:

In Pennsylvania, viatical settlement regulations allow a life insurance policyowner who has a catastrophic or life-threatening illness to sell their policy to a viatical settlement provider in exchange for an immediate lump-sum payment. Pennsylvania insurance study materials explain that the amount received is less than the face value of the policy.

The reduced payout reflects several factors, including the provider's assumption of future premium payments, administrative costs, and expected return on investment. The viatical settlement provider becomes the policy beneficiary and collects the full death benefit upon the insured's death.

Options A and B are incorrect because viatical settlements never exceed the face value of the policy. Option D is incorrect because receiving the full face value would eliminate any incentive for the provider.

Therefore, under Pennsylvania Life Insurance rules, the policyowner is entitled to receive less than the face value of the life insurance policy, making option C the correct answer.

#### NEW QUESTION # 36

To prevent an insured from earning a higher income than if he or she were working, disability income policies utilize

- A. waiting periods.
- B. deductibles
- **C. benefit limits.**
- D. coinsurance.

**Answer: C**

Explanation:

Disability income insurance policies include benefit limits to prevent insured individuals from receiving more income while disabled than they would earn if actively working. Pennsylvania Accident and Health Insurance materials explain that benefit limits cap the amount

of monthly disability benefits, usually expressed as a percentage of the insured's pre-disability earnings, commonly around 60%. Waiting periods determine how long the insured must wait before benefits begin, deductibles apply primarily to medical expense policies, and coinsurance relates to shared cost arrangements in health insurance. None of these mechanisms directly address income replacement limits.

Benefit limits are a critical underwriting control designed to reduce moral hazard and discourage malingering.

Pennsylvania-approved study guides emphasize that disability insurance is intended to replace a portion of lost income, not to provide a financial advantage. Therefore, option D is the correct and verified answer

#### NEW QUESTION # 37

Who of the following is required to be licensed as an insurance producer?

- A. An officer or director of an Insurer.
- B. An individual selling a policy for commission.
- C. An insurer administering a group plan.
- D. An underwriter at an insurer.

#### Answer: B

Explanation:

In Pennsylvania, an insurance producer license is required for any individual who sells, solicits, or negotiates insurance policies for compensation, including commissions. Pennsylvania insurance regulations define a producer as someone who is directly involved in the transaction of insurance with the public.

Officers or directors of an insurer are not required to be licensed unless they are personally engaged in selling or soliciting insurance. Insurers administering group plans perform administrative functions and do not act as producers. Underwriters evaluate risk and determine policy terms but do not sell insurance to consumers, so they are also exempt from producer licensing requirements. Pennsylvania-approved licensing materials clearly state that receiving commission in exchange for selling insurance triggers the requirement for licensure. Therefore, the correct and verified answer is option A.

#### NEW QUESTION # 38

Managed care is typically provided under all of the following EXCEPT a

- A. major medical indemnity plan.
- B. point-of-service (POS) plan.
- C. health maintenance organization (HMO) plan.
- D. preferred provider network health plan.

#### Answer: A

Explanation:

Under Pennsylvania Accident and Health Insurance principles, managed care is a system designed to control costs and coordinate healthcare services through provider networks, referrals, and utilization management.

Managed care is typically associated with Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Point-of-Service (POS) plans. These plans require insureds to use network providers or face reduced benefits, and they emphasize preventive care and cost containment.

A major medical indemnity plan, however, is not considered a managed care plan. Indemnity plans allow insureds to choose any healthcare provider without network restrictions and reimburse expenses based on covered charges, usually without requiring referrals or primary care coordination. Pennsylvania insurance study materials clearly distinguish indemnity plans from managed care models.

Because major medical indemnity plans lack provider networks and cost management controls, they fall outside the managed care classification. Therefore, major medical indemnity plans is the correct and verified answer according to Pennsylvania Life, Accident, and Health Insurance documentation.

#### NEW QUESTION # 39

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