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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q51-Q56):

NEW QUESTION # 51
The insured ' s long-term care insurance policy will refund a portion of the premium if they die during the term of the policy. This is because the policy has a

- A. cash surrender value option.
- B. return of premium benefit.
- C. reduced paid-up option.
- D. waiver of premium benefit.

Answer: B

Explanation:
The correct answer is return of premium benefit . In long-term care insurance, a return of premium rider or benefit provides that if the insured dies while the policy is in force, some or all of the premiums paid may be refunded, usually to a beneficiary or the insured's estate, depending on the terms of the contract. This feature is designed to reduce the concern that the insured may pay premiums for many years and never use the policy' s long-term care benefits.
This benefit is different from a waiver of premium , which suspends premium payments after the insured qualifies for benefits under the policy, typically after a waiting period. It is also different from a reduced paid- up option , which allows coverage to continue at a reduced benefit level without further premium payments, and from a cash surrender value option , which generally applies when the policy is voluntarily surrendered rather than when the insured dies.
Because the question specifically states that a portion of the premium is refunded upon death during the term of the policy , the policy feature being described is the return of premium benefit . Therefore, Option B is correct.

NEW QUESTION # 52
An annuity that guarantees a given number of income payments, whether or not the annuitant is alive to receive them, is referred to as

- A. a guaranteed survivor annuity.
- B. an assured life annuity.
- C. an Irrevocable endowed annuity.
- D. a life annuity certain.

Answer: D

Explanation:
The correct answer is A. a life annuity certain. A life annuity certain combines two features: it provides income for the life of the annuitant , but it also guarantees that payments will continue for at least a specified minimum period or number of payments, even if the annuitant dies before all of those guaranteed payments have been made. In that case, the remaining guaranteed payments are paid to the designated beneficiary or recipient for the rest of the certain period. This is why the question emphasizes that the payments continue whether or not the annuitant is alive to receive them .
This distinguishes it from a straight life annuity, which stops payments at the annuitant's death and provides no further benefits. The other choices are not the standard insurance term used for this annuity arrangement.
Assured life annuity , guaranteed survivor annuity , and irrevocable endowed annuity are not the recognized licensing terms that match this definition. In annuity terminology used in life insurance studies, the correct name for an annuity that guarantees a stated number of payments while still being based on life income is a life annuity certain .

NEW QUESTION # 53
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 but not the interest.
- C. not be paid until the loan is repaid.
- D. be paid less the amount of the loan interest but not the principal.

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 # 54
According to Health Insurance Portability and Accountability Act (HIPAA), when can a group health policy renewal be denied?

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

Answer: B

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 # 55
Multiple policies that are rated for different communities and have substantially similar benefits as determined by the superintendent will be required to:

- A. refile rates
- B. pool experience
- C. change benefits
- D. merge plans

Answer: B

Explanation:
The correct answer is pool experience . Under New York insurance rating rules , when an insurer has multiple policies that are community rated in different communities but provide substantially similar benefits , the Superintendent may require the insurer to pool the experience of those policies. Pooling experience means combining the claims and loss experience of the similar policies for rating purposes rather than allowing the insurer to separate them in a way that could distort rates or create unfair differences among insured groups.
This requirement supports the regulatory goal of fair and consistent community rating . Community rating is intended to prevent insurers from charging significantly different premiums to similarly situated insureds based on claims experience or selective grouping. If substantially similar plans were kept artificially separate, it could undermine the integrity of the rating system. By requiring pooled experience, New York helps ensure that premiums more accurately reflect the combined risk of comparable policy forms.
The other options are incorrect because the regulation does not automatically require insurers to merge plans , change benefits , or refile rates as the principal action in this circumstance. The specific regulatory requirement tested here is to pool experience .

NEW QUESTION # 56
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