

Relevant PA-Life-Accident-and-Health Questions - Valid PA-Life-Accident-and-Health Test Blueprint

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PA Life, Accident, & Health Insurance Exam Questions and their correct answers

Insurance - (Answer) defined as the transfer of PURE risk to the insurance company in consideration for a premium.

Risk is defined as the - (Answer) chance of loss.

Speculative risk - (Answer) has the possibility for gain or loss and is not insurable.

The chance of loss without any chance of gain is called - (Answer) pure risk

A condition that could result in a loss is known as an - (Answer) exposure

The presence of a physical hazard - (Answer) increases the chance of a loss occurring.

A hazard is something that increases - (Answer) the chance of loss.

A peril is - (Answer) defined as a cause of loss, such as fire.

To be insurable, - (Answer) losses must be calculable.

The law of large numbers applies to - (Answer) groups of people, not to individuals.

The law of large numbers - (Answer) allows insurers to predict claims more accurately.

The more people in the group, - (Answer) the more accurate the predictions are.

Insurance laws are not required - (Answer) to be uniform from one state to another.

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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q52-Q57):

NEW QUESTION # 52

Which of the following is a common exclusion from coverages found in accident and health policies?

- A. Coordination of benefits.
- B. **Self-inflicted injuries.**
- C. Emergency room coverages.
- D. Flu and pneumonia shots.

Answer: B

Explanation:

Accident and Health insurance policies issued in Pennsylvania contain standard exclusions intended to prevent coverage for losses that are intentional or not accidental in nature. One of the most common and clearly defined exclusions is self-inflicted injuries. Pennsylvania-approved policy provisions specify that injuries or losses caused intentionally by the insured are excluded from coverage, whether the act was committed while the insured was sane or insane, unless the policy explicitly provides otherwise. This exclusion exists to reduce moral hazard and ensure that insurance remains a mechanism for protection against unforeseen events rather than intentional harm. Accident and Health insurance is designed to cover accidental injuries and sickness, not losses resulting from deliberate actions.

The remaining answer choices do not represent exclusions. Emergency room services are typically covered subject to deductibles or copayments. Flu and pneumonia shots may be covered as preventive services.

Coordination of benefits is a claims-handling provision used when more than one policy applies. Therefore, self-inflicted injuries is the correct and verified answer under Pennsylvania Accident and Health Insurance guidelines.

NEW QUESTION # 53

The accumulated cash value of a whole life insurance policy becomes the

- A. funds used to offset policy administration and conversion expenses
- B. face amount payable upon the insured's death.
- C. amount used to purchase paid up additions to the insured's policy.
- D. **policy loan value upon which the policyowner may borrow.**

Answer: D

Explanation:

In Pennsylvania Life Insurance policies, the accumulated cash value of a whole life insurance policy becomes the policy loan value available to the policyowner. As premiums are paid, cash value grows on a tax-deferred basis, creating a reserve that the policyowner may borrow against at any time, subject to policy terms.

Pennsylvania insurance education materials explain that policy loans are secured by the cash value and do not require credit approval or repayment schedules. However, any outstanding loan balance plus interest will reduce the death benefit if not repaid. The cash value itself does not become the face amount payable at death, nor is it primarily used to offset administrative expenses.

While cash value can sometimes be used to purchase paid-up additions, this requires an active election by the policyowner and is not an automatic function. Therefore, the primary and guaranteed function of accumulated cash value is to serve as the policy loan value, making option B the correct and verified answer.

NEW QUESTION # 54

Statements made on an application that the insured guarantees to be true are

- A. material facts.
- B. estoppel.
- C. waivers.
- D. **warranties.**

Answer: D

Explanation:

In Pennsylvania Life, Accident, and Health Insurance policies, statements made on an insurance application that the insured guarantees to be true are legally classified as warranties. A warranty is a statement or promise that becomes part of the insurance contract and must be strictly true. If a warranty is found to be false, the insurer may have grounds to void the policy, regardless of whether the misstatement was material to the loss.

This differs from representations, which must only be substantially true and material to the risk. Pennsylvania insurance education materials emphasize that warranties impose a higher standard of accuracy on the applicant than representations. Estoppel refers to a legal principle preventing a party from denying a fact due to prior actions, while waivers involve the voluntary relinquishment of a known right by the insurer. Material facts are information that would influence an insurer's underwriting decision, but they are not guaranteed statements by definition.

Because the question specifically states that the insured guarantees the statements to be true, the correct and verified answer is warranties.

NEW QUESTION # 55

Which one of the following types of benefits is often excluded from coverage under an HMO plan?

- A. emergency services
- B. physical examinations
- C. adult routine eye examinations
- D. in-patient surgeries

Answer: C

Explanation:

Under Pennsylvania Accident and Health Insurance principles, Health Maintenance Organization (HMO) plans are designed to provide comprehensive medical care while controlling costs through managed care networks.

HMOs typically emphasize preventive services, coordinated care, and cost efficiency. As a result, many essential medical services such as physical examinations, emergency services, and inpatient surgeries are generally included as covered benefits, subject to plan rules and network requirements.

However, adult routine eye examinations are often excluded from standard HMO coverage. Pennsylvania- approved insurance study guides clearly distinguish between medical necessity and routine or elective care.

While eye exams related to medical conditions such as glaucoma, eye infections, or injuries may be covered, routine vision care for adults-including standard eye exams for glasses or contact lenses-is usually excluded unless a separate vision rider or supplemental plan is purchased.

The exclusion reflects the classification of routine vision care as non-essential or elective, rather than medically necessary. HMOs focus on medical treatment rather than vision correction services. This exclusion does not typically apply to children, as pediatric vision benefits are often mandated under preventive care standards. Therefore, according to Pennsylvania Life, Accident, and Health Insurance documentation, adult routine eye examinations are the most commonly excluded benefit under HMO plans.

NEW QUESTION # 56

The types of life insurance generally used to cover key employee indemnification are

- A. joint, permanent and credit life insurance.
- B. universal, term, and whole life insurance.
- C. decreasing term life insurance.
- D. limited-pay, adjustable, and group life insurance.

Answer: B

Explanation:

Key employee indemnification insurance protects a business against financial loss resulting from the death of a key employee.

Pennsylvania Life Insurance study materials identify term life, whole life, and universal life insurance as the most commonly used policy types for this purpose.

Term life is often selected due to its lower initial cost and ability to match coverage duration with the employee's expected service period. Whole life and universal life provide permanent protection and may accumulate cash value, which can be useful for long-term business planning. The employer is typically the policyowner, premium payer, and beneficiary.

The other answer choices include policy types not typically used or incorrectly grouped for key person insurance. Therefore, the

correct and verified answer isB.

NEW QUESTION # 57

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