

100% Pass Quiz Insurance Licensing Ok-Life-Accident-and-Health-or-Sickness-Producer Marvelous Exam Preview

NC Insurance Licensing Exam Questions and Answers 100% Pass

P is a producer who notices 5 questions on a life application were not answered. What actions should P take?

Set up a meeting with the applicant to answer the remaining questions

Which of the following does Social Security NOT provide benefits for?

Dismemberment

An Accident/Health policyholder has ____ days to return the policy and receive a full refund on premiums

10

Under a Renewable Term policy,

the renewable premium is calculated on the basis of the insured's attained age

Which of the following BEST describes a short-term medical expense policy?

Nonrenewable

W is a 39-year old female who just purchased an annuity to provide income for life starting at age 60.

All of these would be acceptable annuity choices EXCEPT a(n)

Immediate annuity

How are Roth IRA distributions normally taxed?

Distributions are received tax-free

An insurance applicant was recently denied insurance coverage. The applicant is requesting access from the insurer to recorded personal information regarding this decision. Under the Information and Privacy Protection Act, the insurer MUST make the information available within ____ business days

30

What is a warranty?

Is a statement guaranteed to be true

S is a life insurance policyowner and enters into a written agreement to receive immediate cash in exchange for the sale and transfer of her life insurance policy. This agreement is referred to as a(n)

Viatical Settlement

How is the Life and Health Insurance Guaranty Associated funded?

from member companies

Quarterly premium payments increase the annual cost of insurance because

interest to the insurer is decreased while the administrative costs are increased

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Insurance Licensing Oklahoma Life, Accident, and Health or Sickness Producer Exam Sample Questions (Q154-Q159):

NEW QUESTION # 154

In Oklahoma, a foreign insurer is one formed under the laws of

- A. another state or government of the United States.
- B. Oklahoma or under the laws of a state geographically bordering Oklahoma.
- C. a country other than the United States.
- D. Oklahoma.

Answer: A

Explanation:

In Oklahoma's Insurance Code (Title 36 O.S. § 105), a foreign insurer is defined as an insurance company formed under the laws of another U.S. state or territory. This distinguishes it from a domestic insurer (formed in Oklahoma) and an alien insurer (formed in a foreign country).

* Option A: Incorrect. An insurer formed in Oklahoma is a domestic insurer.

* Option B: Incorrect. An insurer from a foreign country is an alien insurer.

* Option C: Correct. A foreign insurer is formed under the laws of another U.S. state or government.

* Option D: Incorrect. Geographic proximity is irrelevant; the definition is based on legal formation.

This question aligns with the Prometric content outline under "State Insurance Statutes, Rules, and Regulations," which covers insurer classifications.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: State-Specific Knowledge - Oklahoma Insurance Statutes).

Oklahoma Insurance Department, Title 36 O.S. § 105 (definitions of insurers).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

NEW QUESTION # 155

An insured individual who just turned 67 years old is still working and is a member of the group health insurance plan provided by his employer, which has 18 insured employees. In this case, Medicare will MOST likely

- A. not cover any claims to protect against overinsurance.
- B. require the individual to cancel his group insurance.
- C. act as a secondary insurer and pay claims not completely covered by the group health insurance.
- D. act as the primary insurer and pay claims up to the limit of the policy.

Answer: C

Explanation:

For individuals aged 65 or older who are still working and covered by an employer's group health plan, Medicare's role depends on the employer's size. For employers with fewer than 20 employees (as in this case with 18 employees), Medicare is typically the primary payer, and the group health plan is secondary.

However, if the individual is actively working and enrolled in the group plan, the group plan is primary, and Medicare acts as the secondary payer, covering claims not fully paid by the group plan, as per Medicare Secondary Payer (MSP) rules.

* Option A: Incorrect. The group health plan is primary for active employees, not Medicare.

* Option B: Correct. Medicare acts as the secondary insurer, paying claims not fully covered by the group plan.

* Option C: Incorrect. Medicare does cover claims as a secondary payer, not denying them to prevent overinsurance.

* Option D: Incorrect. Medicare does not require cancellation of group insurance; individuals can maintain both.

This question aligns with the Prometric content outline under "Medicare," which covers Medicare's coordination with group health

plans.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Medicare).

Oklahoma Insurance Department, Title 36 O.S. § 6217 (Medicare supplement insurance).

Medicare Secondary Payer Rules, 42 CFR § 411.100 et seq.

NEW QUESTION # 156

The type of annuity in which all payments cease upon the death of an annuitant is referred to as a

- A. refund annuity.
- **B. life annuity.**
- C. terminal annuity.
- D. finite annuity.

Answer: B

Explanation:

A life annuity (or straight life annuity) pays periodic payments to the annuitant until their death, at which point all payments cease, with no further benefits to beneficiaries. This contrasts with other annuity types, such as refund or joint-life annuities, which may continue payments or provide refunds.

* Option A: Incorrect. "Terminal annuity" is not a standard insurance term.

* Option B: Incorrect. "Finite annuity" is not a recognized annuity type.

* Option C: Incorrect. A refund annuity provides a refund or continued payments to a beneficiary if the annuitant dies early.

* Option D: Correct. A life annuity ceases payments upon the annuitant's death.

This question falls under the Prometric content outline section on "Life Products," which covers annuities and their features.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Life Insurance).

Oklahoma Insurance Department, Title 36 O.S. § 4002 (definitions of life insurance products, including annuities).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

NEW QUESTION # 157

In broad terms, the types of support and services generally associated with Long-Term Care policies are provided at which three levels of care?

- **A. Skilled nursing, intermediate, and custodial care.**
- B. Functional, rehabilitational, and medical care.
- C. Home-based, assisted living, and medical care.
- D. Professional, social, and economic care.

Answer: A

Explanation:

Long-Term Care (LTC) insurance policies cover services for individuals who need assistance with activities of daily living (ADLs) or have severe cognitive impairments. The three primary levels of care in LTC policies are skilled nursing care (intensive medical care by licensed professionals), intermediate care (less intensive medical care with some nursing support), and custodial care (non-medical assistance with ADLs, such as bathing or dressing). These levels are standard in Oklahoma's LTC regulations and align with federal guidelines.

* Option A: Incorrect. Professional, social, and economic care are not standard LTC levels.

* Option B: Incorrect. While home-based and assisted living are settings for LTC, they are not levels of care; medical care is too vague.

* Option C: Incorrect. Functional and rehabilitational care are not standard LTC categories; medical care is not specific enough.

* Option D: Correct. Skilled nursing, intermediate, and custodial care are the recognized levels of care in LTC policies.

This question falls under the Prometric content outline section on "Long-Term Care (LTC) Policies," which includes knowledge of LTC services and coverage.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Long-Term Care Policies).

Oklahoma Insurance Department, Title 36 O.S. § 4426.1 (long-term care insurance regulations).
Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

NEW QUESTION # 158

The insured is dissatisfied with the handling of a claim. How long does the insured have to bring a lawsuit against the insurer?

- A. 5 years
- B. 1 year
- C. 3 years
- D. 7 years

Answer: A

Explanation:

Under Oklahoma's statute of limitations for insurance contracts (Title 12 O.S. § 95), an insured has 5 years to bring a lawsuit against an insurer for breach of contract, such as dissatisfaction with claim handling, unless the policy specifies a shorter period (minimum 1 year per Title 36 O.S. § 3617).

* Option A: Incorrect. 1 year is the minimum allowed by policy terms, not the general statute.

* Option B: Incorrect. 3 years applies to some torts, not insurance contracts.

* Option C: Correct. The statute of limitations is 5 years for insurance contract disputes.

* Option D: Incorrect. 7 years exceeds the standard limitation period.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: State- Specific Knowledge - Oklahoma Insurance Statutes).

Oklahoma Insurance Department, Title 12 O.S. § 95 (statute of limitations); Title 36 O.S. § 3617 (policy limitations).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

NEW QUESTION # 159

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