

NY-Life-Accident-and-Health Valid Exam Preparation & Valid Dumps NY-Life-Accident-and-Health Ppt

Pre-Final Exam - New York Life, Accident and Health

What happens when an initial offer is answered with a counteroffer? - ANSInitial offer is void

According to the Affordable Care Act (ACA), dependent children may remain on their parent's plan until what age? - ANSAge 26

The premiums paid by an employer for his employee's group life insurance are usually considered to be - ANStax-deductible to the employer

A family group accident and health insurance policy must continue coverage for each unmarried child at least until age - ANS19

A life insurance beneficiary died after receiving only six payments under the policy's life income settlement option. What happens with the remaining balance of the death proceeds? - ANSKept by the insurance company

When an individual is planning to protect his family with life insurance, one method of doing so is called needs analysis. What exactly does needs analysis involve? - ANSIdentifies the needs of an individual and the individual's dependents

A retired couple would like to maximize the income derived from their combined life savings and have it payable until they both die. Which annuity would be their best choice? - ANSJoint and survivor annuity

Major medical plans typically exclude coverage for which of the following benefits? - ANSCustodial care

Which of the following BEST describes a "partial disability"? - ANSUnable to perform one or more job duties

Under an adjustable life insurance policy, which of the following may NOT be changed without further underwriting? - ANSThe person insured

An agent's license in New York must be renewed every - ANSTwo years

A policyowner pays the first annual premium for a \$50,000 life insurance policy and dies one month after the policy effective date. Which of these statements is normally true? - ANSBeneficiary receives \$50,000 income tax-free

According to the Affordable Care Act (ACA), the proportion of premium revenues spent on clinical services and quality improvements is called the - ANSMedical Loss Ratio

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q50-Q55):

NEW QUESTION # 50

Which of the following services must be provided by a health benefit plan issued on or after January 1, 2014?

- A. Long-term care services.
- B. Adult dental care services.
- C. Preventive health services.
- D. Adult eye care services.

Answer: C

Explanation:

The correct answer is D. Preventive health services. Health benefit plans issued on or after January 1, 2014 became subject to the Affordable Care Act's essential health benefit and preventive-service requirements for non-grandfathered coverage in the individual and small-group markets. Those rules require coverage for specified preventive services without cost-sharing when provided in accordance with federal guidelines. New York's post-2014 marketplace coverage materials likewise explain that plans must include the ACA's required essential health benefits, which include preventive and wellness services.

The other options are not the mandatory general requirement described in this question. Adult eye care and adult dental care are not universally required as core benefits in the same way preventive services are; the ACA's pediatric services category specifically includes pediatric vision and dental, not broad adult routine vision or dental as mandatory across all such plans. Long-term care services are also not one of the essential health benefits that every post-2014 health benefit plan must provide. Therefore, among the choices given, the service that must be provided is preventive health services

NEW QUESTION # 51

The Health Insurance Portability and Accountability Act (HIPAA) ensures that qualified individuals who change jobs will have access to group health insurance with their new employer without

- A. having to meet a new deductible.
- B. any change in the level of benefits they receive.
- C. having to satisfy a new preexisting condition period.
- D. having any increase in premium costs.

Answer: C

Explanation:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted to improve the portability and continuity of health insurance coverage for employees and their dependents when they change or lose jobs. One of the key protections provided by HIPAA is that individuals moving from one group health plan to another may receive credit for prior continuous health coverage. This means that the time a person was previously insured under a group health plan is applied toward any preexisting condition exclusion period under the new employer's plan.

As a result, qualified individuals who maintain continuous coverage generally do not have to satisfy a new preexisting condition waiting period when enrolling in a new group health insurance plan. This provision prevents employees from losing coverage for medical conditions that existed before joining the new plan.

However, HIPAA does not guarantee that premiums will remain the same, nor does it prevent changes in deductibles or benefit levels, since these factors depend on the design of the employer's health plan. The primary objective of HIPAA is portability of coverage and protection against new preexisting condition exclusions when changing employment.

NEW QUESTION # 52

Which of the following is required of a covered entity subject to New York ' s cybersecurity regulation?

- A. Ensure that all nonpublic information is properly disclosed
- **B. Conduct a risk assessment of its information system**
- C. Eliminate known threats to its information system
- D. Publicly describe the protection of its information system

Answer: B

Explanation:

The correct answer is Conduct a risk assessment of its information system . Under New York's Cybersecurity Regulation (23 NYCRR 500) issued by the New York Department of Financial Services (NYDFS), covered entities such as insurance companies, producers, and other regulated financial institutions are required to establish and maintain a comprehensive cybersecurity program designed to protect consumers' nonpublic information and the integrity of the institution's information systems.

One of the core requirements of this regulation is that the covered entity must perform a periodic risk assessment . This assessment identifies internal and external cybersecurity risks that could threaten the confidentiality, integrity, or availability of information systems. The results of the risk assessment help the organization design appropriate cybersecurity policies, controls, and procedures, including access controls, data protection strategies, and incident response planning.

The other options are incorrect because the regulation does not require entities to eliminate every possible threat, publicly disclose system protections, or ensure disclosure of nonpublic information. Instead, the regulation emphasizes risk identification, monitoring, and management , making Option B the correct answer.

NEW QUESTION # 53

Which of the following CORRECTLY identifies the favorable income tax treatment afforded to annuities?

- **A. Gains are taxed only on distribution.**
- B. Annual earnings are partially income tax deductible.
- C. The entire distribution is taxed at the owner ' s rate of taxation.
- D. Annual earnings are partially income tax exempt.

Answer: A

Explanation:

The correct answer is C. Gains are taxed only on distribution. One of the major advantages of annuities is their tax-deferred growth . During the accumulation phase , the interest, dividends, or investment gains generated inside the annuity contract are not taxed annually . Instead, taxation is deferred until the policyholder begins taking withdrawals or receiving annuity payments. At that time, the portion of the payment representing earnings or gains becomes taxable as ordinary income. This tax deferral allows the funds inside the annuity to grow more efficiently because earnings can continue to compound without being reduced by yearly taxation. The other options are incorrect. A is incorrect because annuity earnings are not tax deductible each year. B is also incorrect because earnings are not partially tax-exempt; rather, they are tax-deferred until distribution. D is incorrect because not all distributions are fully taxable. When annuity payments begin, part of each payment represents a return of the owner ' s principal (cost basis) and is not taxed, while only the earnings portion is subject to income tax. Therefore, the favorable tax treatment of annuities is that taxation on gains occurs only when distributions are taken

NEW QUESTION # 54

Which approach considers the future needs of the survivors in determining amounts of life insurance?

- A. Living Benefits Approach.
- **B. Needs Approach.**
- C. Cost Comparison Approach.
- D. Human Life Value Approach.

Answer: B

Explanation:

The Needs Approach is a method used to determine the appropriate amount of life insurance by analyzing the financial needs of the insured's survivors after the insured's death . This approach focuses on calculating how much money dependents will require to

maintain financial stability and meet future obligations. Under this method, several categories of needs are considered, including immediate expenses (such as funeral costs, medical bills, and estate settlement costs), ongoing living expenses for surviving family members, debt repayment (such as mortgages, loans, or credit obligations), and future financial goals like children's education or spousal retirement needs. The total of these financial requirements is calculated, and any existing assets or resources available to the family are subtracted to determine the amount of life insurance needed .

In contrast, the Human Life Value Approach focuses on the insured's

NEW QUESTION # 55

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