

New PA-Life-Accident-and-Health Test Materials, Latest PA-Life-Accident-and-Health Questions

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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 (Q26-Q31):

NEW QUESTION # 26

Falsifying the terms, benefits, advantages, or conditions of an insurance policy is an example of which of the following?

- A. Coercion
- B. Concealment
- C. Forgery
- **D. Misrepresentation**

Answer: D

Explanation:

Under Pennsylvania insurance law, misrepresentation occurs when false or misleading statements are made regarding the terms, benefits, advantages, or conditions of an insurance policy. This includes exaggerating coverage, minimizing exclusions, or providing inaccurate information that influences a consumer's decision to purchase or replace a policy.

Pennsylvania Life, Accident, and Health Insurance regulations strictly prohibit misrepresentation by insurance producers, whether the statements are made intentionally or unintentionally. Such actions undermine consumer trust and violate the duty of honesty and good faith required of licensed producers.

The other options are incorrect. Concealment involves withholding material information rather than falsifying it. Coercion involves forcing or pressuring a person to buy insurance. Forgery involves falsifying documents or signatures, not policy descriptions. Because falsifying policy terms or benefits clearly fits the definition of misrepresentation, option C is the correct answer.

NEW QUESTION # 27

If an insurer determines the insured is totally disabled, the policyowner is relieved of paying the policy premiums as long as the disability continues. This statement describes the

- A. premium suspension clause.
- B. disability income rider.
- C. waiting period exemption.
- **D. waiver of premium rider**

Answer: D

Explanation:

The statement describes the waiver of premium rider, a common optional rider in Pennsylvania Life and Health Insurance policies. This rider relieves the policyowner of paying premiums when the insured becomes totally disabled, as defined in the policy, and remains disabled beyond a specified elimination period.

Pennsylvania-approved study guides explain that once total disability is confirmed, the insurer waives required premiums while keeping the policy fully in force. Coverage continues as if premiums were being paid, preserving cash values and death benefits. If the insured recovers, premium payments resume.

The other options are incorrect. A disability income rider provides monthly income, not premium relief. A waiting period exemption and premium suspension clause are not standard or recognized riders under Pennsylvania insurance regulations. Therefore, the waiver of premium rider is the correct and verified answer based on Pennsylvania Life, Accident, and Health Insurance documentation.

NEW QUESTION # 28

In Pennsylvania, when issuing a Medicare Supplement Policy, which form must be delivered to the applicant?

- A. Statement of Good Health
- B. Company Brochure
- C. Outline of Coverage
- D. Policy Summary

Answer: C

Explanation:

In Pennsylvania, when issuing a Medicare Supplement (Medigap) policy, insurers are required to deliver an Outline of Coverage to the applicant. This document is mandated under both Pennsylvania insurance regulations and Medicare Supplement standardization rules included in Life, Accident, and Health Insurance study guides. The Outline of Coverage provides a clear, standardized summary of the policy's benefits, limitations, exclusions, and cost-sharing provisions.

The purpose of this requirement is to ensure that applicants can easily compare Medicare Supplement policies and understand how the policy works alongside Medicare. The Outline of Coverage must be provided at the time of application or at policy delivery if the policy is issued without an application. A policy summary and company brochure are not sufficient substitutes, and a statement of good health may be required in certain underwriting situations but is not the mandated disclosure document.

Pennsylvania emphasizes consumer transparency and informed decision-making in Medicare-related products, making the Outline of Coverage a critical compliance requirement. Therefore, option A is the correct answer.

NEW QUESTION # 29

All of the following statements about aleatory contracts are true EXCEPT

- A. the insured and insurer contribute equally to the contract.
- B. there are cases where the insurer pays nothing.
- C. they may be interpreted as a form of gambling.
- D. if a loss occurs, the insured's premium is small in relation to the amount the insurer pays.

Answer: A

Explanation:

Aleatory contracts, such as insurance policies, are characterized by an unequal exchange of value. The amount the insured pays in premiums is small in relation to the amount the insurer pays in the event of a loss, which may be much greater. Therefore, the statement that the insured and insurer contribute equally is false.

NEW QUESTION # 30

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

Answer: D

Explanation:

Pennsylvania Long-Term Care insurance policies provide benefits across three recognized levels of care: skilled nursing care, intermediate care, and custodial care. These levels represent increasing degrees of assistance needed by individuals who can no longer perform activities of daily living independently.

Skilled nursing care involves continuous medical supervision provided by licensed nurses and physicians.

Intermediate care requires some medical oversight but not on a continuous basis. Custodial care focuses on non-medical assistance with daily activities such as bathing, dressing, and eating.

These three levels are consistently referenced in Pennsylvania Life, Accident, and Health Insurance licensing materials as the standard framework for long-term care coverage. The other answer choices do not align with Pennsylvania's recognized classification system. Therefore, the correct and verified answer is B. Skilled nursing, Intermediate, and custodial care.

NEW QUESTION # 31

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