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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q86-Q91):

NEW QUESTION # 86

If the premium is not paid at the time of application, a Statement of Good Health MUST be signed by the policyowner at the time of

- A. policy delivery.
- B. the medical examination.

- C. application.
- D. underwriter review.

Answer: A

Explanation:

The correct answer is policy delivery . In life insurance underwriting and policy issuance procedures, when the initial premium is not collected at the time of the application , the policy does not immediately become effective. Because there may be a period of time between the application date and the delivery of the policy, the insurer requires confirmation that the applicant's health status has not changed during that time.

To address this, the policyowner must sign a Statement of Good Health at the time the policy is delivered.

This statement verifies that the insured's health condition remains substantially the same as it was at the time of application and that no significant illness, injury, or medical treatment has occurred since the application was submitted. The purpose is to ensure that the risk evaluated by the insurer during underwriting is still accurate before coverage becomes effective.

If the applicant had paid the first premium at the time of application and received a conditional receipt, this additional statement might not be required. However, when the premium is unpaid, the Statement of Good Health must be completed at policy delivery , making Choice C correct.

NEW QUESTION # 87

Upon receipt of notice of claim, the insurance company will furnish to the claimant such forms for filing proof of loss within how many days?

- A. 0
- B. 1
- **C. 2**
- D. 3

Answer: C

Explanation:

In Accident and Health insurance policies, the Claims Provisions section outlines the procedures that must be followed when a loss occurs. One of the standard provisions concerns the insurer's responsibility after receiving a notice of claim from the insured or beneficiary. Once the insurer receives this notice, the company must provide the claimant with the necessary claim forms used to submit proof of loss . According to standard policy provisions used in health insurance contracts, the insurer is required to furnish these forms within 15 days after receiving the notice of claim.

These forms allow the claimant to provide detailed information regarding the loss, such as the nature of the injury or illness, dates of treatment, medical provider information, and other documentation required to process the claim. If the insurer fails to provide the forms within the required 15-day period , the claimant may still satisfy the proof-of-loss requirement by submitting a written statement describing the occurrence, character, and extent of the loss within the time allowed by the policy. This rule ensures that claim processing cannot be delayed simply because the insurer did not send the official forms in time.

NEW QUESTION # 88

If a mother and child are without life insurance, what is the MAXIMUM amount of insurance the mother can purchase on the life of her dependent 5-year-old daughter?

- A. \$50,000
- **B. \$25,000**
- C. \$10,000
- D. There is no limit

Answer: B

Explanation:

The correct answer is \$25,000 . Under New York Insurance Law § 3207(b) , life insurance may be written on the life of a minor under age 14 years and 6 months by a person who has an insurable interest in that child or on whom the child depends for support. However, the amount that may be issued is limited. For a minor over age 4 years and 6 months , the maximum is \$25,000 or 50% of the life insurance in force on the life of the person effecting the insurance, whichever is greater .

Here, the daughter is 5 years old , so she falls into the "over 4 years and 6 months" category. The mother and child are both described as without life insurance , so there is no insurance in force on the mother's life to create a larger 50% comparison amount.

That leaves the statutory base maximum of \$25,000 .

The other answers are incorrect because \$10,000 is below the permitted maximum, \$50,000 exceeds the statutory limit in this fact pattern, and there is definitely not "no limit" under New York law.

NEW QUESTION # 89

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

Answer: C

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 # 90

In reference to life insurance in contract law, a person MOST likely will have an insurable interest in insuring a person ' s life if

- A. any type of distant family relationship exists with the insured party.
- B. the interest exists at the time of application.
- C. the interest exists at the time of death.
- D. any type of business relationship exists between the insured party and the beneficiary.

Answer: B

Explanation:

The correct answer is B. the interest exists at the time of application. In life insurance contract law, the principle of insurable interest requires that the policyowner must have a legitimate financial or emotional interest in the continued life of the insured. This requirement is designed to prevent wagering on human life and to ensure that insurance is purchased for protection rather than speculation. For life insurance policies, the insurable interest must exist at the time the policy is applied for or issued , but it does not need to exist at the time of the insured's death .

Examples of insurable interest include relationships where financial loss would occur if the insured dies, such as spouses, parents and children, business partners, or employers insuring key employees . The other options are incorrect because A states that insurable interest must exist at death, which is not required in life insurance. C is incorrect because a distant family relationship alone may not create a clear financial or legal insurable interest. D is also incorrect because not every business relationship automatically establishes insurable interest; the relationship must involve a genuine potential financial loss. Therefore, the key requirement is that insurable interest must exist when the policy is applied for .

NEW QUESTION # 91

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