NY-Life-Accident-and-Health Übungsmaterialien & NY-Life-Accident-and-Health Lernführung: New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 & NY-Life-Accident-and-Health Lernguide

PSI - NY Life, Accident and Health Practice Exam 17-55, (TEST) (LOT) with Complete Solutions

Which policy provision permits the policy owner to take a specified number of days to examine the contract, and allows for cancellation and a full refund if the policy owner rejects the terms or costs? - ANSWER-Free Look

When will a policy pay on a UCR basis? - ANSWER-When particular benefits are not listed on a payment schedule

Which type of rider reimburses health and social service expenses incurred in a convalescent or nursing home facility? - ANSWER-long term care rider

Which of the following is exempted from the incontestability provision in insurance policies? - ANSWER-Fraudulent misstatements

What does first dollar coverage mean? - ANSWER-As soon as covered medical expenses are incurred, the policy begins to pay

What is the waiver of premium provision? - ANSWER-In a long term care contract, the premium is waived after the insured has been confined for a specific period of time

According to the Time Payment of Claims provision, the insurer must make the payment immediately after receiving proof of loss EXCEPT - ANSWER-for claims involving periodic payments

Which is a disadvantage to a flexible premium annuity? - ANSWER-the actual amount of the annuity benefit cannot be determined in advance

When a policy or certificate containing an accelerated benefit provision is applied for or delivered, the producer is responsible for providing that applicant a summary of coverage that includes all of the following EXCEPT - ANSWER-a detailed and comprehensive summary of the accelerated benefit

which one of the following represents an advantage of obtaining a policy loan versus a withdrawal? - ANSWER-the loan is not taxed while a withdrawal is taxed for amounts above the contract cost basis

How does a noncancelable policy differ from a guaranteed renewable policy? - ANSWER-with the non cancelable policy the insurer may increase premiums only based on the terms of the policy

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 NY-Life-Accident-and-Health Prüfungsfragen mit Lösungen (Q93-Q98):

93. Frage
If a long-term care insurance policy or certificate replaces another long-term care policy, what does the replacing policy have to do?

- A. allow a 45-day " free look " period
- B. waive any time periods applicable to preexisting conditions as long as the client agrees in writing to stay on a doctor recommended treatment schedule
- C. waive any preexisting conditions requirements after 30 days and allow for a 45-day " free look " period
- D. waive any time periods applicable to preexisting conditions to the extent that similar exclusions have been satisfied under the original policy

Antwort: D

Begründung:
The correct answer is C. waive any time periods applicable to preexisting conditions to the extent that similar exclusions have been satisfied under the original policy. In long-term care insurance replacement rules, the purpose is to protect the insured from losing credit for coverage already earned under the old policy. When one long-term care policy replaces another, the replacing insurer cannot force the insured to start over on preexisting condition limitation periods that were already satisfied under the original coverage. Instead, the new policy must give credit for that prior time.
This consumer-protection rule prevents unfair duplication of waiting periods and helps ensure continuity of coverage. It applies specifically to similar exclusions or limitation periods that have already been met under the old long-term care policy. The replacement policy must recognize that satisfied time and waive the equivalent remaining portion.
The other choices are incorrect because the key legal requirement in replacement is not centered on a 45-day free-look period or a written agreement about treatment schedules. While free-look rights may exist in certain long-term care policies, that is not the specific replacement obligation being tested here. The required action is to credit previously satisfied preexisting-condition waiting periods , which makes C the correct answer.

94. Frage
What is an insurer ' s liability when it is discovered after an insured dies that the insured ' s age on the policy was misstated?

- A. The insurer must pay the full amount as stated in the policy, as age is not considered a relevant factor.
- B. The insurer is not liable to pay any amount due to the insured ' s misstatement of age.
- C. The insurer must pay a prorated amount of the policy based on the amount of insurance the insured ' s premiums would have bought if purchased at the correct age.
- D. The insurer must pay the full amount of the policy, minus any additional premiums the insurance company would have paid based on the insured ' s actual age.

Antwort: C

Begründung:
The correct answer is C . In life insurance, when the insured's age has been misstated, the policy is not voided solely because of that error. Instead, the insurer applies the misstatement of age provision , which adjusts the amount payable to the amount of insurance that the premium actually paid would have purchased at the insured's correct age . Since age is one of the most important factors in determining life insurance premiums, an incorrect age means the premium collected may have been too high or too low for the

coverage originally stated.
If the insured understated age, the premiums paid would have purchased less coverage at the correct older age, so the death benefit is reduced proportionately. If the insured overstated age, the premiums paid may have purchased more coverage , and the benefit could be increased accordingly. This adjustment method preserves fairness to both the insurer and the policyowner by matching benefits to the premium that should have applied.
The policy does not become entirely unenforceable, and the insurer does not simply pay the full face amount without adjustment.
Therefore, the proper liability is a prorated amount based on the correct age , making Option C correct

95. Frage
A company may insure an employee with specialized skills under a key employee disability insurance policy.
Which of the following statements is TRUE?

- A. The employee is the applicant.
- B. The employee ' s spouse is the beneficiary.
- C. The employee pays the premium.
- D. The business is the applicant.

Antwort: D

Begründung:
The correct answer is A. The business is the applicant. In key employee disability insurance (also called key person disability income), the purpose of coverage is to protect the business against financial loss if an employee with unique skills, knowledge, or production value becomes disabled. New York's Life, Accident and Health Agent/Broker examination content outline specifically includes "Business disability insurance" and "Key person disability income" as tested topics, confirming that this is a recognized business-use disability coverage concept in the New York licensing curriculum.
Under this arrangement, the business applies for and owns the policy , pays the premiums, and is generally the beneficiary of any benefits payable because the loss being insured is the company's loss, not the employee's family loss. Industry explanations of key person disability insurance are consistent on this point: the key employee is the insured , while the company buys the coverage and makes the premium payments .
That makes the other options incorrect. The employee's spouse is not the beneficiary, the employee usually does not pay the premium, and the employee is not the applicant.

96. Frage
Which is an accurate description of the relationship between the premiums of a whole life policy and the premium payment period?

- A. The shorter the payment period, the higher the annual premium.
- B. The longer the payment period, the higher the annual premium.
- C. The shorter the payment period, the lower the annual premium.
- D. The payment period is not related to the annual premium.

Antwort: A

Begründung:
The correct answer is C. The shorter the payment period, the higher the annual premium. In whole life insurance, the relationship between the premium-paying period and the premium amount is straightforward:
when premiums are compressed into a shorter time span , each premium payment must be higher in order to fully fund the same lifetime coverage and guaranteed policy values. New York State Department of Financial Services consumer guidance explains that a limited payment whole life policy provides lifetime protection but requires premiums for only a limited number of years, and because the premiums are paid over a shorter span of time, the premium payments will be higher than under an ordinary whole life plan.
This is why options such as 10-pay life, 20-pay life, or pay-to-age-65 whole life generally have higher annual premiums than traditional straight life policies, where premiums are spread over a longer period. Therefore, A is false because payment period directly affects premium level. B is the opposite of the correct rule. D is also false because a longer payment period generally allows the cost to be spread out, resulting in a lower annual premium than a shorter-pay version of the same policy.

97. Frage
Which of the following is a basic benefit of Medicare Supplemental insurance?

- A. At-home recovery.
- B. Basic drugs limit of $1,250.
- C. First 3 pints of blood each year.
- D. Preventive care.

Antwort: C

Begründung:
Medicare Supplement insurance (Medigap) is designed to fill gaps in Original Medicare (Parts A and B) by paying certain out-of-pocket expenses that Medicare does not pay in full. A commonly tested basic Medigap benefit is coverage for the first 3 pints of blood each year . Under Original Medicare, a beneficiary may be responsible for the cost of the first three pints of blood in a calendar year (unless replaced or covered under specific circumstances). Medigap policies include this "first three pints" coverage as part of the standardized core benefits, helping reduce the beneficiary's exposure to unexpected hospital or outpatient blood costs.
The other choices are not considered standard "basic" Medigap benefits. "At-home recovery" and certain "preventive care" enhancements have been associated with limited or older plan designs rather than being universally basic. "Basic drugs limit of $1,250" reflects older outpatient prescription concepts that are largely associated with pre-Part D benefit structures and not a core Medigap basic benefit in the way the blood coverage is. Therefore, the correct basic benefit is the first 3 pints of blood each year .

98. Frage
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