

PA-Life-Accident-and-Health Real Braindumps - Positive PA-Life-Accident-and-Health Feedback

PA life, accident, and health practice questions

_____ is a factor that would be considered by an insurer when determining whether to accept a group life plan - ANS - Average age

"Maximum benefits" refers to the - ANS - the upper limit of the total lifetime benefits the insurance company will pay

10-year level term life InsPol that has a death benefit of \$2000,000. It is true that: - ANS - The face amount and premium will remain constant over the 10 year period

A master contract and certificate of coverage can be found in which type of policy? - ANS - Group

A medical provider that accepts Medicare assignment must - ANS - accept payment based upon a defined Medicare schedule as payment in full

A propose insured for a health insurance policy was treated for heart disease within the past year. When applying for health insurance, the heart disease treatment - ANS - indicates a preexisting condition

A transaction in which a new life insurance policy is purchased and an existing life insurance policy is surrendered and an existing insurance policy is called - ANS - Replacement

All of the following are examples of a business continuation plan - ANS - key person insurance, cross-purchase agreement, stock redemption plan

All of the following are functions of an insurance clause EXCEPT (States the conditions under which the policy will pay, outlines the kind of benefits provided, primarily describes the free-look period, provides the policy's scope and limits of coverage) - ANS - Primarily describes the free-look period

An individual can enroll in Part C Medicare Advantage Plan at what time? - ANS - When becoming eligible for Medicare (age 65)

Benefit that enables someone to defer the current receipt of income and have it paid at a later date, potentially when at a lower tax bracket. - ANS - Deferred compensation option

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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q85-Q90):

NEW QUESTION # 85

For a contract to be valid, it MUST be for a legal purpose and involve an exchange of

- A. written documentation.
- **B. consideration.**
- C. an implied warranty.
- D. an offer.

Answer: B

Explanation:

For any contract, including insurance contracts governed by Pennsylvania law, to be valid and enforceable, it must meet several essential elements. One of these mandatory elements is consideration, which refers to the exchange of value between the parties. In insurance contracts, the consideration consists of the applicant's premium payment and truthful application statements, and the insurer's promise to pay benefits as specified in the policy.

While an offer and acceptance are also required components, the question specifically asks for an exchange, which is satisfied by consideration. Written documentation is not required for all contracts, and implied warranties are not essential elements. Therefore, the correct and verified answer according to Pennsylvania Life, Accident, and Health Insurance principles is D. consideration.

NEW QUESTION # 86

Who of the following is required to be licensed as an insurance producer?

- A. An officer or director of an Insurer.
- **B. An individual selling a policy for commission.**
- C. An insurer administering a group plan.
- D. An underwriter at an insurer.

Answer: B

Explanation:

In Pennsylvania, an insurance producer license is required for any individual who sells, solicits, or negotiates insurance policies for compensation, including commissions. Pennsylvania insurance regulations define a producer as someone who is directly involved in the transaction of insurance with the public.

Officers or directors of an insurer are not required to be licensed unless they are personally engaged in selling or soliciting insurance. Insurers administering group plans perform administrative functions and do not act as producers. Underwriters evaluate risk and determine policy terms but do not sell insurance to consumers, so they are also exempt from producer licensing requirements. Pennsylvania-approved licensing materials clearly state that receiving commission in exchange for selling insurance triggers the requirement for licensure. Therefore, the correct and verified answer is option A.

NEW QUESTION # 87

The authority of a producer to act on behalf of the insurer is known as

- A. the presumption of agency.
- B. a principal relationship.
- C. producer authority.
- **D. the law of agency.**

Answer: D

Explanation:

The law of agency defines the legal relationship in which a producer has the authority to act on behalf of an insurer. Under Pennsylvania insurance regulations, the insurer is the principal, and the producer is the agent.

This legal framework establishes the responsibilities, duties, and authority of both parties.

Pennsylvania-approved study guides emphasize that the law of agency governs the producer's actions, including solicitation, application handling, premium collection, and representation of the insurer. Acts performed by the producer within the scope of authority are legally binding on the insurer.

The other options are incorrect or incomplete. A principal relationship describes the parties involved but does not define the authority itself. Producer authority is not a legal doctrine. Presumption of agency refers to an implied authority situation but does not encompass the entire legal framework. Therefore, the law of agency is the correct and verified answer based on Pennsylvania Life, Accident, and Health Insurance licensing materials.

NEW QUESTION # 88

Pennsylvania law requires all persons holding a resident producer license to notify the Insurance Department of a telephone number change within how many days?

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

Answer: C

Explanation:

Pennsylvania law requires all resident insurance producers to keep their licensing information current with the Pennsylvania Insurance Department. According to Pennsylvania Life, Accident, and Health Insurance licensing regulations, producers must notify the Department within 30 days of any change to personal information, including a change of telephone number.

This requirement ensures effective communication between the Department and licensees regarding compliance matters, renewals, disciplinary actions, and regulatory updates. Failure to report changes within the required timeframe may result in administrative penalties, fines, or disciplinary action. Pennsylvania places responsibility on the licensee—not the insurer—to ensure that all contact information remains accurate and up to date.

Maintaining current information supports regulatory oversight and consumer protection by ensuring producers can be promptly contacted when necessary. Therefore, option B correctly identifies the required notification timeframe.

NEW QUESTION # 89

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

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

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 # 90

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