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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q71-Q76):

NEW QUESTION # 71

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 # 72

With the majority of companies, within how many days does the free-look provision allow the insured the right to return the life insurance policy for full premium?

- A. 30 days.
- B. 15 days.
- C. 5 days.
- **D. 10 days.**

Answer: D

Explanation:

The free-look provision in life insurance policies allows a policyowner a specific period after receiving the policy to review the contract and decide whether to keep it. During this period, the policyowner may return the policy to the insurer or the agent and receive a full refund of any premium paid, with the contract treated as if it had never been issued. For most life insurance policies, the standard free-look period used by the majority of insurers is 10 days, making B the correct answer.

The purpose of the free-look provision is to protect consumers by giving them time to carefully review the policy provisions, benefits, exclusions, riders, and premium obligations after delivery. If the policyholder finds that the policy does not meet their expectations or financial needs, they can cancel without penalty during the free-look timeframe.

In many licensing materials and insurer training programs, including those aligned with New York Life Accident and Health study outlines, 10 days is the commonly tested free-look period for traditional life insurance policies. Some situations—such as replacement policies or certain senior policies—may allow longer review periods depending on state regulations, but 10 days remains the standard benchmark used in exam questions.

NEW QUESTION # 73

Insurance agents have duties and responsibilities to the insured and the insurer. Which of the following responsibilities does an agent owe the insured during the policy year?

- A. Pay the insured ' s premiums if they are unable to do so.
- B. Notify the insurance department when claims are paid.
- **C. Help the insured file and follow up on claims.**
- D. Work with rating bureaus to establish insurer ratings.

Answer: C

Explanation:

During the policy year, an agent's continuing responsibilities to the insured are commonly described as policyowner service duties. A key part of that service is assisting the insured with the claims process - helping the insured understand what is covered, how to complete claim forms, what documentation is needed, where and when to submit the claim, and following up when additional information is requested. This ongoing service obligation supports timely claim handling and helps the insured access benefits promised under the contract.

The other options do not represent responsibilities an agent owes the insured. Agents do not report paid claims to the Insurance Department as part of normal duties; claim reporting and market conduct oversight are handled through insurer compliance and regulatory processes. Agents also do not work with rating bureaus to establish insurer ratings-insurer ratings are produced by independent rating organizations and based on financial/claims performance, not agent activity. Finally, an agent is not obligated (and generally should not) pay an insured's premiums; doing so can create improper financial arrangements and is outside normal agent duties. Therefore, helping the insured file and follow up on claims is the correct responsibility.

NEW QUESTION # 74

Which type of annuity guarantees a level benefit payment?

- A. Universal.
- B. Variable.
- **C. Fixed.**
- D. Limited Life.

Answer: C

Explanation:

The correct answer is Fixed . A fixed annuity guarantees a level benefit payment because the insurer promises to pay a stated amount or to credit a guaranteed rate of interest, which produces predictable and stable income payments. This makes fixed annuities especially suitable for individuals who want security, stability, and certainty of income , particularly during retirement. In contrast, a variable annuity does not guarantee level payments because its benefits fluctuate based on the performance of the underlying investment accounts, usually separate accounts invested in securities. As investment results rise or fall, the annuity payment amount can increase or decrease. "Universal" is not the standard annuity classification used to describe guaranteed level income payments, and "Limited Life" is not a recognized annuity type for this purpose.

This question tests the distinction between guaranteed income and market-dependent income . In life insurance and annuity licensing materials, fixed annuities are consistently associated with guaranteed principal, guaranteed interest, and predictable benefit payments . Therefore, when asked which type of annuity guarantees a level benefit payment, the correct and expected answer is D. Fixed .

NEW QUESTION # 75

When marketing to groups for health insurance, who should be issued a certificate as proof of coverage?

- A. Sponsor
- B. HMO
- C. Employer
- **D. Employee**

Answer: D

Explanation:

The correct answer is B. Employee. In group health insurance, the master policy is issued to the policyholder or sponsor , which is typically the employer or organization sponsoring the plan. Individual members of the group-usually employees-are not issued the master policy itself. Instead, they receive a certificate of coverage that summarizes the benefits, limitations, and procedures for obtaining benefits under the group plan. This certificate serves as the individual's proof of insurance coverage .

Under group insurance arrangements, each insured participant receives a certificate explaining the coverage provided under the master contract and outlining the essential features of the insurance. (app.achievable.me) The other options are incorrect because

the sponsor or employer receives the master policy, not the certificate of coverage. The HMO or insurer is the entity providing the coverage and issuing the documents, not the party receiving the certificate as proof of coverage. Therefore, when health insurance is marketed to groups, the employee (or covered member) is issued a certificate as evidence of insurance coverage.

NEW QUESTION # 76

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