

# Reliable NY-Life-Accident-and-Health Test Bootcamp, NY-Life-Accident-and-Health Test Lab Questions

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## PSI - NY Life, Accident and Health Practice Exam 17- 55 Questions With 100% Correct Verified Answers

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?  
- Free Look

When will a policy pay on a UCR basis? - 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? - long term care rider

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

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

What is the waiver of premium provision? - 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 - for claims involving periodic payments

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

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## **Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q19-Q24):**

### **NEW QUESTION # 19**

The insured, who is 59 years of age decides to replace a long-term care policy they had for five years for a new policy. Which of the following is true of the insurer?

- A. The replacement insurer will impose new probationary period and preexisting condition limitations.
- **B. The replacement insurer will waive probationary periods pertaining to preexisting conditions satisfied under the original policy.**
- C. The original insurer will reimburse benefit dollars not used under the original policy period.
- D. The replacement insurer will not honor previous exclusions that had previously been satisfied under the original policy.

**Answer: B**

Explanation:

The correct answer is D. The replacement insurer will waive probationary periods pertaining to preexisting conditions satisfied under the original policy. In long-term care insurance replacement rules, an insured should not lose credit for time already served under an existing policy when moving to a new long-term care policy. If the insured has already satisfied a preexisting condition limitation or probationary period under the old policy, the replacing insurer must give credit for that satisfied period instead of starting a new waiting period from the beginning. This protects consumers from being penalized simply because they replaced coverage. Choice A is incorrect because the original insurer is not required to reimburse unused benefit dollars when a policy is replaced. Choice B is incorrect because the replacement insurer may not simply impose a brand-new probationary or preexisting condition exclusion for periods already satisfied under the old coverage. Choice C is also incorrect because the replacement coverage must recognize prior satisfied waiting periods. Therefore, under long-term care replacement standards, the insurer replacing the policy must waive any probationary periods for preexisting conditions that were already satisfied under the original policy.

### **NEW QUESTION # 20**

An annuitant dies during the accumulation period. What happens to the cash value in the annuity?

- A. The company keeps the cash value.
- **B. The cash value is paid to the beneficiary.**
- C. The cash value is paid to the IRS.
- D. The cash value is paid into the estate.

**Answer: B**

Explanation:

During the accumulation period of an annuity, the contract owner is building value through premium payments and interest/earnings. If the annuitant dies before annuitization begins, the annuity does not simply disappear and the insurer does not "keep" the funds. Instead, the contract's value is paid out as a death benefit, which is generally based on the annuity's cash value (account value), subject to the contract's terms (for example, adjustments for surrender charges may or may not apply depending on the product). The payment is made to the named beneficiary on the contract, which is why beneficiary designation is important for annuities just as it is for life insurance. Option B would apply only if there is no living beneficiary (or no valid beneficiary designation), in which case proceeds may be paid to the owner's estate. Option C is incorrect because the IRS is not the recipient of the cash value; taxes may be due on taxable gains, but proceeds are payable to beneficiaries/estate. Therefore, the correct answer is that the cash value is paid to the beneficiary.

### **NEW QUESTION # 21**

The cause of a loss is called

- A. a risk.

- B. an exposure.
- **C. a peril.**
- D. a hazard.

**Answer: C**

Explanation:

In insurance terminology, the cause of a loss is known as a peril . A peril is the specific event or cause that results in damage, injury, or financial loss. Common examples of perils include fire, theft, accident, illness, disability, or death . In life and health insurance, the insured event—such as death in life insurance or sickness and accidental injury in health insurance—is considered the peril that triggers the insurer's obligation to pay benefits under the policy. Insurance policies are designed to provide financial protection against losses that result from covered perils.

It is important to distinguish a peril from other related insurance concepts. A hazard is a condition or situation that increases the likelihood or severity of a loss caused by a peril. Hazards are typically categorized as physical hazards (such as icy roads or faulty wiring), moral hazards (dishonesty or fraudulent behavior), and morale hazards (carelessness because of insurance coverage). An exposure refers to the possibility of loss, while risk refers to the uncertainty regarding the occurrence of a loss. Therefore, the term that specifically describes the direct cause of a loss is a peril .

### NEW QUESTION # 22

On or after January 1, 2014, employers with no more than 25 full time equivalent employees (FTEs) with average annual wages of less than \$50,000 may be eligible for a tax credit of up to how much of the premiums paid by the employer?

- A. 25%
- B. 10%
- C. 70%
- **D. 50%**

**Answer: D**

Explanation:

Beginning January 1, 2014 , the Affordable Care Act (ACA) expanded the Small Employer Health Insurance Tax Credit to encourage small employers to offer health coverage. Under the post-2014 rules referenced in licensing materials, an eligible small employer with no more than 25 full-time equivalent (FTE) employees and average annual wages under \$50,000 may qualify for a credit of up to 50% of the employer's premium contribution (with a lower maximum generally applying to eligible tax-exempt employers). The credit is designed to offset part of the cost of providing group health insurance, and eligibility and the credit amount depend on meeting the size and wage thresholds and contributing toward employee premiums.

The maximum percentage is important: 50% is the "up to" cap used for small employers under the ACA framework on or after 2014, making option C correct. The other options are distractors because they understate or overstate the statutory maximum credit percentage available to qualifying small employers during that period.

### NEW QUESTION # 23

Penalties that may be levied by the Department of Insurance for committing insurance fraud do NOT include

- A. fines.
- B. license revocation.
- **C. probation.**
- D. license suspension.

**Answer: C**

Explanation:

The correct answer is D. probation. In New York insurance regulation, the Department's enforcement powers for insurance-law violations and fraud-related misconduct commonly include civil fines and license disciplinary action , such as suspension or revocation of an insurance producer's license. New York Insurance Law § 2110 specifically authorizes the Superintendent to refuse to renew, suspend, or revoke a producer's license, and DFS disciplinary action records show those sanctions being imposed in practice.

In addition, New York's fraud enforcement materials explain that civil monetary penalties may be imposed for fraudulent insurance acts. DFS's fraud division report states that Insurance Law § 403 authorizes the Department to levy civil penalties against individuals who commit fraudulent insurance acts.

By contrast, probation is not one of the standard penalties listed in this New York insurance-licensing/fraud context for the Department's administrative sanctions on producers in the exam material framework. The tested distinction is that the Department may impose fines, suspension, and revocation, but not probation as the answer choice here. Therefore, the option that is not included is probation

## NEW QUESTION # 24

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