

# 100% Pass 2026 Virginia Insurance Authoritative Virginia-Life-Annuities-and-Health-Insurance: Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Dumps Questions

## Virginia Life, Health and Annuities Exam

Insurance - ANS -transfer of risk

Risk - ANS -uncertainty/possibility of a loss

Two types of risk - ANS -Pure and Speculative

Speculative Risk - ANS -chance of loss or gain; not insurable

Pure Risk - ANS -chance of loss only; can be insured

Exposure - ANS -risks for which the insurance company would be liable

Peril - ANS -cause of loss

Hazard (there are 3 types) - ANS -something that causes an increase in the chance of loss

Physical Hazard - ANS -the hazard can be seen

Moral Hazard - ANS -a belief that intentionally causing a loss is acceptable

Morale Hazard - ANS -carelessness

Methods of Handling Risk (STARR) - ANS -Sharing, Transfer, Avoidance, Reduction, Retention

Contract (policy) - ANS -an agreement between the insured and the insurer

1st party - ANS -Insured (customer)

2nd party - ANS -insurer, insurance company

Law of Large Numbers - ANS -larger the group; the more accurate losses can be predicted

Characteristics of risks that can be insured (CANHAM) - ANS -Calculable, affordable, non-catastrophic, homogeneous, accidental, measurable

Adverse Selection - ANS -risks that have a greater than average chance of loss

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### Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q76-Q81):

#### NEW QUESTION # 76

In a deferred annuity, which contract feature begins at a high level, often 5%-10%, and then diminishes until it disappears after a specified number of years?

- A. The guaranteed interest rate
- B. The expense charge
- C. The front end sales load
- **D. The surrender charge**

**Answer: D**

Explanation:

Virginia Code § 38.2-3100 et seq. governs deferred annuities, where a surrender charge (option A) is a penalty for early withdrawal, starting high (e.g., 7-10%) and declining over a surrender period (e.g., 7-10 years) until it reaches zero. Option B (front-end sales load) is a one-time fee deducted upfront, not diminishing over time. Option C (guaranteed interest rate) is a fixed return (e.g., 2%), stable or adjustable, not disappearing. Option D (expense charge) covers ongoing costs (e.g., mortality and expense fees), typically level, not phased out. The study guide likely illustrates this with a table-e.g., 10% year 1, 9% year 2, 0% year 10-emphasizing surrender charges as a liquidity deterrent, making A the matching feature.

#### NEW QUESTION # 77

When may a person insured under a group term insurance policy exercise the conversion option?

- A. Anytime while insurable and still a member of the insured group
- B. Anytime after the group contract has existed for five years
- **C. Within 31 days after the person has terminated employment**
- D. Never, because group life insurance does not have a conversion privilege

**Answer: C**

Explanation:

Virginia Code § 38.2-3330 mandates a conversion privilege in group term life policies, allowing insureds to convert to an individual policy without evidence of insurability within 31 days after losing group eligibility (e.g., employment termination). Option C matches this precisely. Option A is false; conversion is a legal requirement. Option B is incorrect; conversion applies post-eligibility, not during active membership while still insurable. Option D (five years) is arbitrary and unsupported by law. The study guide likely details this 31-day window with examples-e.g., an employee converting to whole life after layoffs-emphasizing its protective role, making C the correct timing.

#### NEW QUESTION # 78

The unwritten authority of an agent to perform incidental acts necessary to fulfill the purpose of the agency agreement is:

- A. Mandated authority
- **B. Implied authority**
- C. Nonexistent
- D. Express authority

**Answer: B**

Explanation:

The concept of agency authority is foundational in Virginia insurance law, derived from general agency principles and reflected in Title 38.2, Chapter 18. Express authority is explicitly granted in the agency agreement (e.g., soliciting and binding coverage), per Virginia Code § 38.2-1800 et seq. Implied authority, however, is not written but assumed to be necessary for carrying out express duties-such as scheduling client meetings or collecting initial premiums-unless restricted by the insurer. "Mandated authority" (option B) is not a recognized term in Virginia insurance regulations or study materials. Option C (express authority) is incorrect because it's explicitly stated, not unwritten. Option D (nonexistent) denies the presence of authority, which contradicts the question's premise. The Virginia Life, Annuities, and Health Insurance study guide likely highlights implied authority as a key concept for agents' day-to-day operations, making A the correct answer.

#### NEW QUESTION # 79

A health maintenance organization (HMO) member receives all preventive and routine medical care from the:

- A. Provider association
- B. Medical director
- **C. Primary care physician**
- D. Routine care physician

**Answer: C**

Explanation:

Virginia Code § 38.2-4303 defines the HMO model, where the primary care physician (PCP, option A) acts as the gatekeeper, delivering preventive (e.g., vaccines) and routine care (e.g., checkups), and coordinating referrals. Option B (medical director) oversees HMO operations, not direct care. Option C (routine care physician) isn't a standard term; the PCP fills this role. Option D (provider association) might imply a network, but care comes from the individual PCP, not a collective. The study guide likely explains the PCP's central role with examples-e.g., a member seeing their PCP for a flu shot-highlighting HMO cost-control via this structure, making A the correct provider.

#### NEW QUESTION # 80

What is a condition for which medical advice or treatment was recommended by or received from a provider of health care service within six months preceding the effective date of an individual long-term care policy?

- A. Pre-determined risk
- **B. Pre-existing condition**
- C. Covered illness
- D. Long-term care condition

**Answer: B**

Explanation:

Virginia Code § 38.2-5205 mandates that long-term care (LTC) policies define pre-existing conditions, typically as conditions for which medical advice or treatment was recommended or received within six months before the policy's effective date. Option B (pre-existing condition) matches this definition exactly, as it identifies prior health issues that may affect coverage (e.g., exclusions or waiting periods). Option A (covered illness) is vague and implies a condition already insured, not necessarily pre-existing. Option C (long-term care condition) isn't a standard term; LTC policies cover specific needs (e.g., ADLs), not a category tied to this timeframe. Option D (pre-determined risk) suggests underwriting factors, not a specific medical history definition. The study guide likely details this six-month lookback as a common LTC standard, with examples like a recent stroke diagnosis, emphasizing disclosure requirements and potential coverage limits, confirming B as the answer.

#### NEW QUESTION # 81

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