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## **Hot PDF Virginia-Life-Annuities-and-Health-Insurance Download | Valid Training Virginia-Life-Annuities-and-Health-Insurance Online: Virginia Life, Annuities, and Health Insurance Examination Series 11-01**

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## **Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q105-Q110):**

**NEW QUESTION # 105**

In individual health insurance, a proof of loss typically should be submitted to the insurer within:

- A. 30 days from the date of loss
- B. 60 days from the date of loss
- **C. 90 days from the date of loss**
- D. 120 days from the date of loss

**Answer: C**

Explanation:

Detailed Answer in Step-by-Step Solution:

\* The proof of loss is a formal statement of a claim, and standard health insurance policies require it within 90 days of the loss (C), unless the policy specifies otherwise or state law extends it.

\* Options A (30 days) and B (60 days) are too short for most policies, while D (120 days) exceeds the typical requirement.

The Virginia study guide aligns with the NAIC model laws, stating that proof of loss must typically be filed within 90 days of the loss, though insurers may accept later submissions if not prejudicial. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Health Insurance Claims Provisions."

#### **NEW QUESTION # 106**

One characteristic of flexible premium life insurance is that payment of the premium can be altered at the option of:

- A. The contingent beneficiary
- B. The insurer, if the Consumer Price Index has risen at least 10% over the past year
- C. The insurer, if the prime interest rate falls below 6%
- **D. The policyowner**

**Answer: D**

Explanation:

Flexible premium life insurance, such as universal life (Virginia Code § 38.2-3113.1), allows the policyowner to adjust premium payments within policy limits (e.g., minimum to maintain coverage, maximum for tax advantages), offering flexibility over fixed-premium plans like whole life. Option A correctly identifies the policyowner as the decision-maker. Option B (contingent beneficiary) is false; beneficiaries have no control over premiums. Options C and D tie adjustments to economic indices (CPI, interest rates), but Virginia law and standard policies don't grant insurers unilateral premium-changing rights based on these factors- flexibility is the policyowner's prerogative, subject to cash value sufficiency. The study guide likely contrasts this with traditional policies, using examples of skipped or increased payments, confirming A as the defining trait.

#### **NEW QUESTION # 107**

What is the effect on a life insurance policy if the insured fails to repay the full value of loans taken against the policy?

- A. The policy lapses immediately.
- **B. The death benefit is reduced.**
- C. Dividends are suspended.
- D. The premium is increased.

**Answer: B**

Explanation:

Virginia Code § 38.2-3205 governs policy loans in life insurance. When an insured borrows against the policy's cash value and fails to repay the loan (principal plus interest), the outstanding amount is deducted from the death benefit upon the insured's death. Option C correctly states this reduction. Option A is false; premiums are fixed unless the policy is adjustable, and loans don't alter them. Option B is incorrect; dividends depend on insurer performance and policy terms, not loan repayment, though they might be applied to reduce the loan if elected. Option D is wrong; immediate lapse occurs only if the loan exceeds the cash value and premiums aren't paid, not simply from non-repayment. The study guide likely stresses that the death benefit is the primary adjustment mechanism, ensuring the insurer recovers the loan while honoring the policy, making C the accurate choice.

#### **NEW QUESTION # 108**

A licensed agent must report a felony conviction to the Commission within how many calendar days?

- A. 30 days
- B. 20 days
- C. 10 days
- D. 60 days

**Answer: A**

Explanation:

Virginia Code § 38.2-1826(C) requires licensees, including insurance agents, to report any felony conviction to the State Corporation Commission's Bureau of Insurance within 30 calendar days of the final disposition (option C). "Final disposition" means the court's conclusive ruling—e.g., sentencing after a guilty plea. This rule ensures the Bureau can assess the agent's fitness to retain their license, protecting the public from untrustworthy practitioners. Option A (10 days) is too short and not specified in Virginia law for this purpose.

Option B (20 days) lacks statutory support and falls between standard reporting periods. Option D (60 days) exceeds the mandated timeline, delaying oversight. The study guide likely highlights this 30-day deadline in a licensing compliance section, with examples—e.g., an agent convicted of fraud on June 1 must report by July 1-aligning with Virginia's adoption of NAIC standards for licensee integrity (Virginia Code § 38.2-1800 et seq.), making C the precise requirement.

**NEW QUESTION # 109**

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. Long-term care condition
- C. Covered illness
- D. Pre-existing condition

**Answer: D**

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 # 110**

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