

High Pass-Rate Ok-Life-Accident-and-Health-or-Sickness-Producer Latest Test Question & Leader in Certification Exams Materials & Effective Ok-Life-Accident-and-Health-or-Sickness-Producer Study Guides

California Life Accident and Health
Exam Practice 2023 Updated high
score pass!!! With 200+ Questions and
correct verified answers

A
ABC INSURANCE - Answer JOHN IS THE AGENT FOR ABC INSURANCE AND JANE IS THE INSURED. WHO IS THE PRINCIPAL IN THIS AGENCY RELATIONSHIP?
A
ABC INSURANCE
B
JOHN
C
JANE
D
NONE

D
ADMITTED - Answer A(N) _____ INSURER IS AUTHORIZED TO WRITE INSURANCE POLICIES IN A PARTICULAR STATE.
A
DOMESTIC
B
NON-ADMITTED
C
FOREIGN
D
ADMITTED

B
A PERSON WHO NEGOTIATES INSURANCE CONTRACTS ON BEHALF OF AN INSURED - Answer WHICH OF THE FOLLOWING IS CLASSIFIED AS AN INSURANCE BROKER?
A
A PERSON WHO PLACES COVERAGE FOR HIS/HER OWN INSURANCE
B
A PERSON WHO NEGOTIATES INSURANCE CONTRACTS ON BEHALF OF AN INSURED
C
A PERSON IN THE HOME OFFICE WHO DOES NOT SOLICIT OUTSIDE OF THE OFFICE

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Insurance Licensing Oklahoma Life, Accident, and Health or Sickness Producer Exam Sample Questions (Q58-Q63):

NEW QUESTION # 58

Long-Term Care Policies exclude coverage for all of the following EXCEPT

- **A. Alzheimer's disease.**
- B. self-inflicted injuries.
- C. alcoholism or drug addiction.
- D. acts of war while serving in the military.

Answer: A

Explanation:

Long-Term Care (LTC) policies cover services for individuals with chronic conditions or disabilities, such as assistance with activities of daily living. Oklahoma regulations (Title 36 O.S. § 4426.1) allow LTC policies to exclude coverage for conditions like alcoholism or drug addiction, acts of war (especially military service), and self-inflicted injuries, as these are considered high-risk or intentional. However, Alzheimer's disease is a core condition typically covered by LTC policies, as it is a common cause of long-term care needs.

* Option A: Incorrect (excluded). Alcoholism or drug addiction is often excluded unless treatment is completed.

* Option B: Incorrect (excluded). Acts of war, especially in military service, are standard exclusions.

* Option C: Incorrect (excluded). Self-inflicted injuries are excluded as intentional acts.

* Option D: Correct (not excluded). Alzheimer's disease is typically covered by LTC policies.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Long-Term Care Policies).

Oklahoma Insurance Department, Title 36 O.S. § 4426.1 (long-term care insurance regulations).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

NEW QUESTION # 59

Both husband and wife have group health insurance through their employers. Each spouse is covered under both policies. Under the coordination of benefits provision, how will the benefits be paid if the wife incurs a \$400 covered loss?

- **A. The primary insurer will pay as much of the claim as the policy permits, then the secondary insurer will pay the remainder of the claim as its policy permits.**
- B. Only the primary insurer will pay expenses toward the loss under the limits of the plan.
- C. Only the wife's insurer will pay expenses toward the loss.
- D. The husband's insurer will pay as much of the claim as the policy permits, then the wife's insurer will pay the remainder.

Answer: A

Explanation:

The coordination of benefits (COB) provision, as regulated in Oklahoma (O.A.C. 365:10-5-4), prevents overinsurance when an individual is covered by multiple health plans. For spouses, the primary insurer is typically the wife's employer plan for her claims, as it covers her as an employee. The secondary insurer (the husband's plan) pays any remaining covered expenses up to its policy limits, ensuring the total payment does not exceed the loss.

* Option A: Incorrect. Both insurers may pay under COB, not just the wife's insurer.

* Option B: Incorrect. The secondary insurer may also pay if the primary does not cover the full loss.

* Option C: Correct. The primary insurer (wife's plan) pays first, and the secondary insurer (husband's plan) pays the remainder, per

COB rules.

* Option D: Incorrect. The husband's insurer is secondary, not primary, for the wife's claim.

This question aligns with the Prometric content outline under "Provisions, Options, Exclusions, Riders, Clauses, and Rights," which covers coordination of benefits.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: General Knowledge - Accident and Health Insurance).

Oklahoma Insurance Department, O.A.C. 365:10-5-4 (coordination of benefits).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

NEW QUESTION # 60

Under the Fair Credit Reporting Act, a consumer report includes

- A. communication of information among persons related by common ownership.
- **B. communication of information by a consumer reporting agency bearing on a consumer's credit standing, worthiness, or personal characteristics.**
- C. any authorizations or approval of a specific extension of credit, directly or indirectly, by the issuer of a credit card.
- D. any report containing information solely as to transactions between the consumer and the person making the report.

Answer: B

Explanation:

The Fair Credit Reporting Act (FCRA) (15 U.S.C. § 1681) defines a consumer report as information communicated by a consumer reporting agency that bears on a consumer's creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, used to determine eligibility for credit, insurance, or employment. This is relevant in insurance underwriting for consumer reports.

* Option A: Incorrect. Information among related entities is not a consumer report.

* Option B: Incorrect. Transaction reports between the consumer and the reporter are excluded from the FCRA definition.

* Option C: Correct. A consumer report includes information on credit standing and personal characteristics from a reporting agency.

* Option D: Incorrect. Credit card authorizations are not consumer reports under FCRA.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: State- Specific Knowledge - Oklahoma Insurance Statutes).

Fair Credit Reporting Act, 15 U.S.C. § 1681 (definition of consumer report).

Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

NEW QUESTION # 61

An alien insurer is which one of the following?

- A. One formed under the laws of Oklahoma.
- B. One formed under the laws of a state geographically bordering Oklahoma.
- **C. One formed under the laws of a country other than the United States of America.**
- D. One formed under the laws of a state other than Oklahoma.

Answer: C

Explanation:

An alien insurer, as defined in Oklahoma's Insurance Code (Title 36 O.S. § 105), is an insurance company formed under the laws of a country other than the United States. This distinguishes it from domestic insurers (formed in Oklahoma) and foreign insurers (formed in another U.S. state).

* Option A: Incorrect. An insurer formed in Oklahoma is a domestic insurer.

* Option B: Incorrect. An insurer formed in another U.S. state is a foreign insurer.

* Option C: Correct. An alien insurer is formed under the laws of a foreign country.

* Option D: Incorrect. Geographic proximity is irrelevant; the distinction is based on legal formation.

This question is part of the Prometric content outline under "State Insurance Statutes, Rules, and Regulations," which covers insurer classifications.

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Prometric Oklahoma Life, Accident, and Health or Sickness Producer Exam Content Outline (Section: State- Specific Knowledge -

Oklahoma Insurance Statutes).
Oklahoma Insurance Department, Title 36 O.S. § 105 (definitions of insurers).
Standard insurance study guides (e.g., Kaplan, ExamFX) for Oklahoma producer licensing.

NEW QUESTION # 62

A newly hired employee gives his enrollment form to his employer, but due to an administrative error, it is never forwarded to the insurance company. The error is detected 3 months later. What will happen if the clerical error provision is in effect?

- A. The employee will have to wait until the next open enrollment period to enroll in the plan.
- **B. The employee will be allowed to submit an enrollment form and all past due premiums, and will be retroactively insured.**
- C. The employer will be required to pay the past due premiums.
- D. The employee will be allowed to submit a new enrollment form and will be enrolled as of the date the new form is accepted.

Answer: B

Explanation:

The clerical error provision in group health insurance policies is designed to protect employees from losing coverage due to administrative mistakes made by the employer or insurer. According to Oklahoma insurance regulations and standard group health insurance practices, if a clerical error results in an employee not being enrolled, the provision allows the error to be corrected by retroactively enrolling the employee, provided any past due premiums are paid. This ensures the employee is insured as if the error had not occurred, covering any claims that would have been eligible during the period of the error.

The Oklahoma Life, Accident, and Health or Sickness Producer Study Guide specifies that under the clerical error provision, "an employee who was eligible for coverage but was not enrolled due to an administrative error can be retroactively enrolled upon correction of the error, with coverage effective from the original eligibility date, provided all required premiums are paid." This aligns with option C, which states the employee will be allowed to submit an enrollment form and all past due premiums, and will be retroactively insured.

References:

Oklahoma Life, Accident, and Health or Sickness Producer Study Guide, Section on Group Health Insurance Provisions.
Oklahoma Insurance Department Regulations, Title 36, Article 36 (Insurance).

NEW QUESTION # 63

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