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## Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q65-Q70):

### NEW QUESTION # 65

Under the grace period, an insured submits a \$300 claim for medical expenses. The insurer notes that the insured has a past due premium of \$100, and as a result, the insurer only pays \$200. Which of the following provisions covers this situation?

- A. Payment of claims.
- B. Payment actions.
- C. Misstatement of age.
- D. Unpaid premium.

**Answer: D**

Explanation:

The correct answer is Unpaid premium . In accident and health insurance, the unpaid premium provision permits the insurer to deduct any premium that is due and unpaid from a claim payment when a loss occurs during the grace period. The grace period allows coverage to remain in force for a limited time after the premium due date, giving the insured an opportunity to make the overdue payment without immediate lapse of coverage. However, if a claim is submitted during that period, the insurer has the right to subtract the outstanding premium from the amount otherwise payable.

In this question, the insured submits a \$300 claim , but because \$100 in premium is overdue , the insurer pays only \$200 . That is exactly how the unpaid premium provision operates.

The other choices do not fit. Payment of claims refers to how and to whom claims are paid, not deduction of overdue premium. Misstatement of age applies when an incorrect age affects premium or benefits. Payment actions is not the standard policy provision being tested here. Therefore, the correct answer is A. Unpaid premium .

#### **NEW QUESTION # 66**

With respect to small group health benefit plans, a carrier may discontinue coverage or may refuse to renew such a plan if the employer

- A. has a supplemental plan with a competing carrier.
- B. employs fewer than 15 full-time employees.
- C. falls to pay the premium prior to the end of the grace period.
- D. has filed for bankruptcy in the prior year.

**Answer: C**

Explanation:

Under New York small group health benefit plan rules, carriers generally must renew coverage for an employer group, but there are specific exceptions where a carrier is permitted to discontinue or refuse renewal

. One of the primary permitted reasons is nonpayment of premium -if the employer does not pay required premiums within the policy's allowed timeframes (including any required grace period), the carrier may terminate or nonrenew coverage because the group is no longer meeting the contractual payment obligation.

The other options do not typically qualify as valid statutory reasons for nonrenewal in the small group market.

Merely employing fewer than 15 full-time employees is not a trigger for termination (small group status is based on employer size definitions, but size alone doesn't justify cancellation). Filing for bankruptcy is not, by itself, a standard guaranteed-renewability exception. Having supplemental coverage with another carrier also does not allow a carrier to cancel, because employers may coordinate coverage arrangements. Therefore, the only option that matches an allowed discontinuance/nonrenewal basis is failure to pay premiums before the end of the grace period .

#### **NEW QUESTION # 67**

A policyowner suffers an injury that renders him incapable of performing one or more important job duties. Any decrease in income resulting from his injury would make him eligible for benefits under which provision?

- A. Nondisabling injury.
- B. Partial disability.
- C. Flat amount disability.
- D. Presumptive disability.

**Answer: B**

Explanation:

This situation describes a disability that does not completely prevent the insured from working, but does reduce the insured's ability to perform significant or "material" duties of the occupation , resulting in a loss of income . Under accident and health disability income concepts, that is the definition of partial disability , which pays benefits when the insured can work in a limited capacity (or perform only some duties) and suffers measurable earnings reduction. "Nondisabling injury" is typically a limited benefit that applies when an injury does not create disability as defined by the policy (often paying a small scheduled amount for medical/accidental injuries without inability to work). "Presumptive disability" refers to severe, specified losses (such as loss of sight, hearing, speech, or limbs) that trigger total disability benefits regardless of work capacity. "Flat amount disability" does not match the key clue in the question-eligibility based on decreased income -because partial disability provisions specifically tie benefits to reduced ability to work and corresponding earnings loss.

### NEW QUESTION # 68

The following statement refers to which type of clause? "We have issued the policy in consideration of the representations in your application and payment of the first-term premium."

- A. A concealment clause.
- B. A whole contract clause.
- **C. A consideration clause.**
- D. A contestability clause.

**Answer: C**

Explanation:

The quoted statement describes the consideration clause because it identifies the items of value exchanged between the parties that make the insurance contract valid. In life insurance, the insurer's consideration is the promise to provide coverage under the terms of the policy, and the applicant's consideration is typically the statements or representations made in the application along with the payment of the initial premium. That is exactly what the statement says: the policy is issued in reliance on the application representations and the first premium payment.

This is different from the contestability clause, which explains the insurer's right to challenge the policy during a limited period, usually for material misrepresentation. It is also different from a whole contract clause, which states that the policy and attached application together form the entire contract. A concealment clause is not the standard clause being described here. On licensing exams, whenever a question quotes wording about the policy being issued "in consideration of" the application and premium, the correct answer is the consideration clause.

### NEW QUESTION # 69

The difference between the face value of a life insurance policy and its cash value is the

- A. market value.
- B. term value.
- **C. net amount.**
- D. assumed amount.

**Answer: C**

Explanation:

The correct answer is C. net amount. In life insurance, the difference between a policy's face amount and its cash value is commonly referred to in licensing terminology as the net amount at risk, and exam questions often shorten that phrase to net amount. This represents the portion of the death benefit the insurer is actually risking at a given time because the cash value already belongs to the policyowner and offsets part of the insurer's exposure. As cash value increases over the life of a permanent policy, the insurer's net amount at risk generally decreases. NAIC life insurance regulatory material describes the amount subtracted from the policy's face value to determine the net amount at risk, which is consistent with this concept. (NAIC) The other options are not correct insurance terms for this relationship. Market value applies more to investments or securities. Assumed amount is not the standard term used in life insurance contract analysis.

Term value is also incorrect because term insurance generally does not build cash value. Therefore, the recognized answer is net amount, meaning the policy's net amount at risk. (NAIC)

### NEW QUESTION # 70

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