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PSI: LIFE, ACCIDENT, AND HEALTH PRACTICE EXAM QUESTIONS AND ANSWERS 100% PASS

Under the misstatement of age or gender provision, what happens if it is determined at death that the insured's age or gender was misstated on a life insurance policy application? - Correct Answer ✓✓-Benefits are adjusted to an amount that the premium would have purchased at the correct age or gender.

Which of the following must be given to the insurer within 20 days after occurrence or commencement of any loss covered by the policy, or as thereafter as is reasonably possible? - Correct Answer ✓✓-Notice of claim.

When will a policy pay on a UCR basis? - Correct Answer ✓✓-When particular benefits are not listed on a payment schedule.

All of the following are non-forfeiture options EXCEPT - Correct Answer ✓✓-Cash dividend option.

What happens when the lifetime maximum benefit limit has been reached? - Correct Answer ✓✓-The insured will pay all of the remaining medical costs for as long as the policy is in force.

Whose responsibility is it to make sure that the company is notified of a death claim at the earliest possible opportunity (in most cases)? - Correct Answer ✓✓-The producer.

The Exam4Free is a leading platform that has been assisting the Insurance Licensing PA-Life-Accident-and-Health exam candidates for many years. Over this long time period countless PA-Life-Accident-and-Health exam candidates have passed their Insurance Licensing PA-Life-Accident-and-Health Exam. They got success in Pennsylvania Life, Accident and Health Exam exam with flying colors and did a job in top world companies.

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understanding with simple and quick-to-understand language. The Insurance Licensing PA-Life-Accident-and-Health exam dumps are the best choice to make. The common problem Insurance Licensing PA-Life-Accident-and-Health Exam applicants face is seeking updated and real Insurance Licensing PA-Life-Accident-and-Health practice test questions to prepare successfully for the cherished Pennsylvania Life, Accident and Health Exam PA-Life-Accident-and-Health certification exam.

Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q60-Q65):

NEW QUESTION # 60

When an insurer has the right to terminate a health insurance policy for specific reasons other than the insured's health, the plan is described as

- A. flexibly renewable.
- B. condition dependent.
- **C. conditionally renewable.**
- D. guaranteed renewable.

Answer: C

Explanation:

Under Pennsylvania Health Insurance provisions, a policy described as conditionally renewable allows the insurer to terminate or refuse renewal of the policy for specific reasons other than the insured's health status.

These permitted reasons are clearly stated in the policy and may include factors such as the insured reaching a certain age, changes in occupation, nonpayment of premiums, or termination of a particular class of insureds.

Pennsylvania insurance study materials emphasize that the key feature of a conditionally renewable policy is that termination cannot be based on deterioration of the insured's health alone.

This differs significantly from other renewal types. A guaranteed renewable policy ensures the insurer cannot cancel coverage as long as premiums are paid, although premiums may increase for an entire class. A flexibly renewable policy allows the insurer to change premiums or benefits on renewal with proper notice. A condition dependent policy is not a recognized renewal classification in Pennsylvania insurance law.

Therefore, when an insurer retains the right to terminate coverage for reasons specified in the contract, excluding health-related causes, the policy is correctly classified as conditionally renewable under Pennsylvania Life, Accident, and Health Insurance regulations.

NEW QUESTION # 61

The Pennsylvania Insurance Department has both the right and the duty to complete which task in regards to licensed insurers?

- A. modify statute law to accompany contract conditions
- B. modify Insurance contract conditions
- C. provide financial rehabilitation
- **D. make periodic financial audits and market conduct examinations**

Answer: D

Explanation:

The Pennsylvania Insurance Department has both the right and the duty to conduct periodic financial audits and market conduct examinations of licensed insurers operating within the Commonwealth. This responsibility is central to the Department's role in protecting policyholders, maintaining insurer solvency, and ensuring compliance with Pennsylvania insurance laws and regulations. Financial audits evaluate an insurer's financial condition, reserves, capital adequacy, and overall solvency.

Market conduct examinations assess business practices such as claims handling, underwriting procedures, advertising, and policyowner service. Pennsylvania insurance study guides emphasize that these examinations help prevent unfair trade practices and ensure insurers meet contractual and statutory obligations.

The Department does not have authority to modify statute law or insurance contract conditions, as those functions belong to the Pennsylvania Legislature and contractual parties respectively. Additionally, while the Department may oversee rehabilitation or liquidation proceedings, it does not directly provide financial rehabilitation.

Thus, the only correct and verified duty listed under Pennsylvania Life, Accident, and Health Insurance regulations is the authority to make periodic financial audits and market conduct examinations of licensed insurers.

NEW QUESTION # 62

The Commissioner may take disciplinary action against a licensee for any of the following reasons EXCEPT:

- A. Making untrue statements in the license application
- B. Violating any insurance law
- C. Committing unfair trade practices
- D. Being convicted of a summary offense

Answer: D

Explanation:

Under Pennsylvania insurance law, the Insurance Commissioner has broad authority to take disciplinary action against licensees for serious violations related to honesty, competence, and compliance with insurance regulations. Grounds for discipline include committing unfair trade practices, violating insurance laws, and making untrue or misleading statements on a license application. These actions directly impact consumer protection and the integrity of the insurance industry.

However, being convicted of a summary offense alone is generally not sufficient grounds for disciplinary action unless it relates directly to insurance activities, fraud, or moral turpitude. Summary offenses are minor violations under Pennsylvania law, such as traffic infractions, and do not typically reflect on a licensee's professional fitness. Pennsylvania-approved insurance education materials clarify that disciplinary actions focus on offenses that demonstrate untrustworthiness or harm to the public. Therefore, option A is the correct exception.

NEW QUESTION # 63

All of the following statements apply to the child coverage in a family policy EXCEPT

- A. children are covered until reaching a specified age.
- B. child coverage is term insurance.
- C. child coverage is convertible to whole life coverage.
- D. coverage applies only to children born before the policy is issued.

Answer: D

Explanation:

Child coverage in a family policy typically includes all children of the insured, whether born before or after the policy is issued. This coverage is usually term insurance (A), which provides protection for a specified period (B) and can be converted to whole life insurance upon reaching the age limit specified in the policy (C).

NEW QUESTION # 64

An Insurance producer may NOT withdraw funds from a premium trust account to

- A. pay claims to an insured.
- B. return premiums to an insured.
- C. pay premium to insurers.
- D. return deposits to insureds.

Answer: A

Explanation:

In Pennsylvania, insurance producers who collect premiums must deposit those funds into a premium trust account. These accounts are regulated to protect consumer funds and ensure proper handling of premiums.

Pennsylvania insurance regulations clearly define how funds in a trust account may be used.

Permissible uses of trust account funds include paying premiums to insurers, returning unearned premiums or deposits to insureds, and holding funds temporarily until they are properly allocated. However, producers are strictly prohibited from paying claims directly to insureds from a premium trust account.

Claim payments are the responsibility of the insurance company, not the producer. Allowing producers to pay claims would expose consumers to financial risk and violate fiduciary standards. Such an action could result in serious penalties, including license suspension or revocation.

Because paying claims to an insured is not an authorized use of a premium trust account, option B is the correct and verified answer.

NEW QUESTION # 65

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