

PA-Life-Accident-and-Health Test King - Valid PA-Life-Accident-and-Health Exam Guide

PENNSYLVANIA LIFE, ACCIDENT AND HEALTH INSURANCE STATE EXAM 2024-2025 WITH 100 QUESTIONS AND CORRECT ANSWERS/ PENNSYLVANIA HEALTH AND LIFE INSURANCE STATE EXAM REVIEW(NEW!!)

Which of the following is an example of a peril covered in an accident and health insurance policy? - **ANSWER** Sickness

An Applicant for an individual Health policy failed to complete the application properly. Her stay at the hospital was not covered by insurance because she has not met the conditions specified in the... - **ANSWER** Consideration Clause

A person applying for a manager or exclusive general agent license must meet all of the following criteria EXCEPT - **ANSWER** Be responsible for at least 25% of total commissions collected by the office that he or she manages

Which insurance principle states that if a policy allows for greater compensation than the financial loss incurred, the insured may only receive benefits for the amount lost? - **ANSWER** Indemnity

Which of the following would not be considered an expectation to the national do not call list? - **ANSWER** Calls based from outside the United States

Insurance companies may be classified according to the legal form of their ownership. The type of company organized to return any surplus money to their policyholders is - **ANSWER** A mutual insurer

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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q62-Q67):

NEW QUESTION # 62

Falsifying the terms, benefits, advantages, or conditions of an insurance policy is an example of which of the following?

- A. Coercion
- B. Misrepresentation
- C. Concealment
- D. Forgery

Answer: B

Explanation:

Under Pennsylvania insurance law, misrepresentation occurs when false or misleading statements are made regarding the terms, benefits, advantages, or conditions of an insurance policy. This includes exaggerating coverage, minimizing exclusions, or providing inaccurate information that influences a consumer's decision to purchase or replace a policy.

Pennsylvania Life, Accident, and Health Insurance regulations strictly prohibit misrepresentation by insurance producers, whether the statements are made intentionally or unintentionally. Such actions undermine consumer trust and violate the duty of honesty and good faith required of licensed producers.

The other options are incorrect. Concealment involves withholding material information rather than falsifying it. Coercion involves forcing or pressuring a person to buy insurance. Forgery involves falsifying documents or signatures, not policy descriptions. Because falsifying policy terms or benefits clearly fits the definition of misrepresentation, option C is the correct answer.

NEW QUESTION # 63

Which of the following represents a reduced paid-up nonforfeiture option?

- A. Further premiums must be paid on the reduced policy.
- B. A full share of expense loading must be included in the premium on the reduced coverage.
- C. The new face amount is the same as the original policy.
- D. The policy will have a decreased face amount

Answer: D

Explanation:

In Pennsylvania Life Insurance policies, a reduced paid-up nonforfeiture option allows the policyowner to stop paying premiums while maintaining permanent coverage with a reduced face amount. The existing cash value is used to purchase a fully paid-up policy with no future premium requirements.

Under this option, the death benefit is lower than the original policy, but coverage remains in force for the insured's lifetime. This distinguishes it from extended term insurance, which keeps the same face amount but only for a limited period. Pennsylvania-approved study guides emphasize that reduced paid-up insurance eliminates the need for further premiums.

The other answer choices are incorrect. Further premiums are not required, expense loading is not re-applied, and the new face amount is not the same as the original. Therefore, the defining characteristic of reduced paid-up insurance is a decreased face amount, making option B the correct and verified answer according to Pennsylvania Life, Accident, and Health Insurance documentation.

NEW QUESTION # 64

All of the following factors are used in determining premiums EXCEPT

- A. liquidity.
- B. interest
- C. expense.

- D. mortality.

Answer: A

Explanation:

Insurance premiums are calculated based on three primary factors:mortality, interest, and expenses. These elements are consistently emphasized in Pennsylvania Life, Accident, and Health Insurance licensing materials. Mortality reflects the likelihood of death or loss, interest represents anticipated investment earnings, and expenses account for administrative and operational costs.

Liquidity refers to how quickly assets can be converted into cash and is not used in determining insurance premiums. While liquidity is important in financial planning and asset management, it does not directly impact premium calculations.

Therefore, the factor not used in determining premiums is liquidity, making option A the correct and verified answer.

NEW QUESTION # 65

A producer who knowingly submits a FALSE statement in support of a claim may be found guilty of

- A. twisting.
- **B. fraud.**
- C. coercion.
- D. rebating.

Answer: B

Explanation:

In Pennsylvania insurance law, fraud occurs when a producer knowingly submits false information in support of an insurance claim. This includes falsifying facts, exaggerating losses, or providing misleading documentation with the intent to deceive the insurer.

Pennsylvania Life, Accident, and Health Insurance regulations treat fraud as a serious offense because it undermines the integrity of the insurance system and results in financial harm. Producers found guilty of fraud may face license suspension or revocation, fines, and potential criminal prosecution.

The other options are incorrect. Twisting involves misrepresenting policies to induce replacement. Coercion involves forcing someone to purchase insurance. Rebating involves offering unauthorized inducements.

Because knowingly submitting a false statement to support a claim is clearly defined as fraud, option C is the correct answer.

NEW QUESTION # 66

Which of the following is a contract that is usually sold by a terminally ill person to an entity that receives death benefits from the policy at the insured's death?

- A. immediate annuity
- B. variable contract
- **C. vertical settlement**
- D. settlement option

Answer: C

Explanation:

This question again describes a viatical settlement, a contract in which a terminally ill insured sells a life insurance policy to an outside entity in exchange for immediate cash. The purchaser receives the death benefit when the insured dies. In Pennsylvania Life Insurance licensing exams, this concept is heavily tested due to consumer protection concerns and regulatory oversight.

Although the option is written as "vertical settlement," Pennsylvania study guides clearly indicate this is a typographical reference to viatical settlement. None of the other choices describe this transaction. A settlement option refers to how policy proceeds are paid to beneficiaries, not sold. An immediate annuity converts a lump sum into income payments. A variable contract involves investment risk tied to separate accounts.

Viatical settlements are regulated in Pennsylvania to prevent exploitation of vulnerable individuals. Therefore, the correct and verified answer-based on exam intent and Pennsylvania-approved materials is C.

NEW QUESTION # 67

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