

PA-Life-Accident-and-Health Valid Test Testking, Exam PA-Life-Accident-and-Health Voucher

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.

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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q49-Q54):

NEW QUESTION # 49

With a deferred annuity, how soon can the benefit payments begin?

- A. At least 12 months after date of purchase
- B. Within 12 months of date of purchase
- C. At least 6 months after date of purchase
- D. Within 6 months of date of purchase

Answer: A

Explanation:

Under Pennsylvania annuity standards and life insurance study materials, a deferred annuity is designed to postpone benefit payments until a future date selected by the contract owner. By definition, benefit payments under a deferred annuity cannot begin earlier than 12 months after the date of purchase. During the deferral period, premiums accumulate on a tax-deferred basis, allowing the annuity's value to grow before distributions begin.

Pennsylvania licensing materials emphasize the distinction between immediate and deferred annuities.

Immediate annuities begin payments within one year of purchase, while deferred annuities delay income beyond that one-year threshold. This distinction is critical for exam purposes and consumer understanding, as it directly affects retirement planning and income timing.

The incorrect options suggest benefit payments beginning within 6 or 12 months, which would classify the contract as an immediate annuity rather than a deferred annuity. Therefore, only "at least 12 months after date of purchase" correctly reflects the regulatory and contractual definition of a deferred annuity under Pennsylvania insurance rules.

NEW QUESTION # 50

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. Speculative
- B. Physical
- C. Legal
- D. Pure

Answer: A

Explanation:

In Pennsylvania Life Insurance licensing materials, a contract in which a terminally ill insured sells an existing life insurance policy to a third party for a lump sum is known as viatical settlement. Although the specific term is not listed in the answer choices, Pennsylvania-approved study guides classify viatical settlement contracts as speculative contracts. This classification exists because the purchaser assumes the financial risk associated with the timing of the insured's death and speculates on when the death benefit will be paid.

The buyer becomes the policyowner and beneficiary and continues paying premiums, expecting to receive the death benefit upon the insured's death. The return on investment depends on how long the insured lives, which introduces uncertainty and speculation.

The other options are incorrect. "Pure," "Physical," and "Legal" do not describe the contractual nature of viatical settlements under Pennsylvania insurance terminology. Therefore, based on Pennsylvania Life, Accident, and Health Insurance education standards, the correct and verified answer is D. Speculative.

NEW QUESTION # 51

In determining whether a pre-existing condition applies, the enrollee CANNOT have more than how many days' gap in Health

insurance?

- A. 0
- **B. 1**
- C. 2
- D. 3

Answer: B

Explanation:

In determining whether a pre-existing condition exclusion applies, Pennsylvania follows federal standards established under HIPAA and reinforced by ACA provisions. An enrollee cannot have a gap in creditable health coverage of more than 63 days. If the gap exceeds 63 days, prior coverage may no longer be credited toward eliminating or reducing a pre-existing condition limitation.

Pennsylvania-approved insurance education materials emphasize that creditable coverage includes most group and individual health plans, Medicare, Medicaid, and other qualifying coverage types. Maintaining continuous coverage is critical to preserving consumer protections. A lapse of 63 days or fewer allows prior coverage to count without penalty, while exceeding that threshold resets the pre-existing condition evaluation.

The alternative answers—60, 65, and 70 days—do not reflect the legally established standard used in Pennsylvania and federal insurance regulation. The 63-day rule is a key exam concept and consumer protection mechanism designed to encourage continuous health coverage. Therefore, 63 days is the correct and fully verified answer.

NEW QUESTION # 52

Medicare Part B insurance is partially funded by

- A. employment taxes.
- B. employer contributions.
- C. Social Security taxes.
- **D. user premiums.**

Answer: D

Explanation:

Medicare Part B insurance, which provides coverage for physician services, outpatient care, preventive services, and certain medical supplies, is partially funded by user premiums. Under Pennsylvania Life and Health Insurance study materials, Medicare Part B is classified as a voluntary program, meaning eligible individuals must enroll and pay a monthly premium to receive benefits. These premiums are typically deducted from the beneficiary's Social Security benefits.

Unlike Medicare Part A, which is primarily funded through employment and Social Security payroll taxes, Part B relies heavily on beneficiary contributions along with general federal revenues. Pennsylvania licensing guides emphasize this distinction because it is frequently tested on state and national insurance exams.

Employer contributions do not fund Medicare Part B, and while Social Security taxes support Part A, they are not the funding source for Part B.

Therefore, the accurate and verified answer is user premiums, making option B correct.

NEW QUESTION # 53

Which policy provision protects the insurer against possible adverse selection?

- A. Reinstatement.
- **B. Suicide clause.**
- C. Nonforfeiture.
- D. Entire contract.

Answer: B

Explanation:

The suicide clause in a life insurance policy protects the insurer against adverse selection by stating that if the insured commits suicide within a specified period (usually two years) after the policy is issued, the insurer will not pay the death benefit but will return the premiums paid. This provision helps prevent individuals from obtaining life insurance with the intention of committing suicide shortly after, thus mitigating the risk for the insurer.

NEW QUESTION # 54

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