

NY-Life-Accident-and-Health Valid Brindumps Free, NY-Life-Accident-and-Health Exam Papers

NYS Life, accident, and health insurance Exam Questions with Answers 2024

Which type of life insurance policy is best suited for paying off the outstanding balance of a 30-year mortgage in the event of the insured's death?

✓ 30-year decreasing term.

How many days notice does the ACA require insurers to give before rescinding coverage?

✓ 30

A signed good health statement may be requested by a life producer at the time of

✓ Policy Delivery

Carol purchases a whole life policy that provides a choice of dividend options. This policy is required to include a statement that the dividends are

✓ Not Guaranteed

Tim is confined to a nursing home but doesn't have a terminal illness. Which life insurance rider is designed to help pay for this type of expense?

✓ Long-term care benefit rider

An insured is covered under a group long-term disability policy. Under this type of policy, the definition of disability based on any occupation typically applies

✓ After two years of disability

Sylvia purchased an annuity for \$100,000 from the proceeds of an inheritance. No further payments are permitted and the income stream begins in 15 years. This contract is a(n)

✓ Single premium deferred annuity

Which of these is NOT a factor that influences group health insurance underwriting?

✓ Physical exams of group members

What is the grace period required for an individual accident and health insurance policy with monthly premiums?

✓ 10 days

In regards to technology and the ACA, which of the following statements is correct?

✓ States which operate with an Exchange must offer an internet-based portal

Insurable interest involves what assumption?

✓ One person benefits from another person's continued life

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q11-Q16):

NEW QUESTION # 11

Which of the following is a characteristic of level premium term life insurance?

- A. The cost of insurance is averaged throughout the life of the contract.
- B. It provides for lower benefits.
- C. It matches the level amount of protection on the insured ' s life expectancy.
- D. It can be used for cash value.

Answer: A

Explanation:

The correct answer is The cost of insurance is averaged throughout the life of the contract . Level premium term life insurance provides protection for a specified period-such as 10, 20, or 30 years-while keeping the premium amount the same each year during the term period . Even though the insured's probability of death increases as they age, the premium remains level because the insurer averages the cost of insurance over the entire term of the policy .

In the early years of the policy, the insured is statistically less likely to die, so the premium collected is somewhat higher than the actual cost of protection at that time. In later years, the risk of death increases, but the premium remains unchanged because the earlier excess premiums help offset the higher cost of coverage later in the term. This structure creates stable and predictable premium payments for the policyowner.

The other options are incorrect. Term life insurance does not build cash value , and the benefit amount is not necessarily lower or tied to life expectancy calculations in the manner described. The defining feature is the level premium created by averaging the cost over the policy term .

NEW QUESTION # 12

Which of the following Long Term Disability clauses states that insureds are considered totally disabled when they CANNOT perform the major duties of a gainful occupation for which they are reasonably suited because of education, training, or experience?

- A. Partial disability clause.
- B. Presumptive disability clause.
- C. Regular occupation clause.
- D. Any occupation clause.

Answer: D

Explanation:

The wording in the question-"cannot perform the major duties of a gainful occupation for which they are reasonably suited by education, training, or experience"-matches the any occupation definition of total disability used in many long-term disability (LTD) policies. Under an any occupation clause , an insured is considered totally disabled only if the disability prevents them from working in any gainful job that they could reasonably be expected to do based on their background (education, training, and experience). This is a stricter standard than "own/regular occupation." Option C, the regular (own) occupation clause , defines total disability as the inability to perform the substantial and material duties of the insured's own occupation (the job they were doing when disabled), even if they might be able to work elsewhere. Option A, partial disability , applies when the insured can still perform some duties or work part-time and typically experiences reduced income. Option B, presumptive disability , applies to severe, specified losses (e.g., loss of sight, speech, hearing, or limbs) that automatically qualify as total disability. Therefore, the clause described is the any occupation clause .

NEW QUESTION # 13

The PRIMARY purpose of respite care is to

- A. provide counseling services to the patient ' s primary caregiver.
- B. ensure that the patient gets some skilled care.
- C. provide the patient with social opportunities.
- D. provide temporary relief to the patient ' s primary caregiver.

Answer: D

Explanation:

The correct answer is D. provide temporary relief to the patient ' s primary caregiver. Respite care is a type of supportive service commonly associated with long-term care and home health care programs. Its primary function is to give the primary caregiver -often a family member or unpaid caregiver-a temporary break from the physical and emotional responsibilities of providing ongoing care to a patient who is elderly, chronically ill, or disabled. During respite care, another qualified individual or professional temporarily assumes caregiving duties so the regular caregiver can rest, attend to personal matters, or prevent caregiver burnout.

Respite care may be provided in several settings, including the patient's home, adult day care centers, assisted living facilities, or nursing facilities. The key concept is that the care is short-term and substitute in nature , designed specifically to support the caregiver rather than to provide long-term medical treatment.

The other options are incorrect because the main purpose of respite care is not to guarantee skilled medical treatment, provide social opportunities for the patient, or deliver counseling services. Instead, its primary goal is temporary relief for the caregiver .

NEW QUESTION # 14

Medicaid provides which coverage that Medicare does NOT?

- A. inpatient hospital services
- B. ambulance services
- C. custodial care
- D. inpatient psychiatric care

Answer: C

Explanation:

The correct answer is custodial care . Medicaid is a government health assistance program for individuals who meet certain income and resource requirements , and one of its important features is that it may provide coverage for long-term custodial care , particularly in a nursing home or similar setting for eligible individuals. Custodial care generally refers to assistance with activities of daily living , such as bathing, dressing, eating, and moving about, rather than treatment intended to cure or improve a medical condition.

Medicare, by contrast, is primarily designed to cover acute care and medically necessary services. It does cover services such as ambulance transportation , inpatient hospital services , and certain forms of inpatient psychiatric care , subject to policy limits and eligibility requirements. However, Medicare generally does not pay for ongoing custodial care when that is the only type of care needed.

This distinction is commonly tested in accident and health insurance licensing exams because it highlights the difference between medical insurance for acute or skilled care and public assistance coverage for long-term support needs . Therefore, the service Medicaid provides that Medicare does not is custodial care .

NEW QUESTION # 15

Stranger originated life insurance violates which of the following statutory requirements?

- A. Right of rescission.
- B. Trust ownership.
- C. Commission sharing.
- D. Insurable interest.

Answer: D

Explanation:

Stranger-originated life insurance (STOLI) arrangements violate the fundamental legal requirement of insurable interest . In life insurance, the policyowner must have a legitimate interest in the continued life of the insured at the time the policy is issued. This usually exists when there is a close family relationship or a lawful economic interest, such as a business relationship where the death of the insured would cause financial loss. STOLI attempts to evade this rule by having a third party with no true insurable interest initiate or finance a policy for the purpose of benefiting from the insured's death.

That is why C. Insurable interest is the correct answer. The problem with STOLI is not trust ownership itself, since trusts may be used legally in life insurance planning when properly established. It is also not primarily about rescission rights or commission sharing. The key statutory violation is that the policy is effectively procured by or for someone who lacks a lawful interest in the insured's continued life. New York licensing materials treat this as contrary to public policy and inconsistent with lawful life insurance underwriting standards.

NEW QUESTION # 16

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