

Insurance Licensing NY-Life-Accident-and-Health Questions - Shortcut To Success 2026

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 (Q119-Q124):

NEW QUESTION # 119

When marketing to groups for health insurance, who should be issued a certificate as proof of coverage?

- A. Employer
- B. HMO
- C. Employee
- D. Sponsor

Answer: C

Explanation:

The correct answer is B. Employee. In group health insurance, the master policy is issued to the policyholder or sponsor, which is typically the employer or organization sponsoring the plan. Individual members of the group-usually employees-are not issued the master policy itself. Instead, they receive a certificate of coverage that summarizes the benefits, limitations, and procedures for obtaining benefits under the group plan. This certificate serves as the individual's proof of insurance coverage.

Under group insurance arrangements, each insured participant receives a certificate explaining the coverage provided under the master contract and outlining the essential features of the insurance. (app.achievable.me) The other options are incorrect because the sponsor or employer receives the master policy, not the certificate of coverage. The HMO or insurer is the entity providing the coverage and issuing the documents, not the party receiving the certificate as proof of coverage. Therefore, when health insurance is marketed to groups, the employee (or covered member) is issued a certificate as evidence of insurance coverage.

NEW QUESTION # 120

A policyowner may choose to have his/her life insurance policy dividends do all of the following EXCEPT

- A. be paid to the policyowner in cash.
- B. reduce the policy premium
- C. accumulate without interest.
- D. purchase additional insurance protection.

Answer: C

Explanation:

The correct answer is B. accumulate without interest. In participating life insurance policies, dividends are not guaranteed, but when paid they may usually be applied in several standard ways. Common dividend options include taking the dividend in cash, using it to reduce the next premium, leaving it with the insurer to accumulate at interest, or using it to purchase paid-up additions, which increase the policy's death benefit and cash value. These are traditional dividend options tested in life insurance licensing materials. The key word in this question is "without interest." If dividends are left with the insurer to accumulate, they normally accumulate at interest, not without interest. Therefore, that choice is the exception. Option A is a valid use of dividends because they can offset premium payments. Option C is also valid because the insurer may pay dividends directly to the policyowner in cash. Option D is valid because dividends can buy additional insurance protection, usually in the form of paid-up additions. For that reason, the only incorrect dividend use listed is accumulate without interest.

NEW QUESTION # 121

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

Answer: A

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 # 122

Long-term care policies MUST cover which of the following conditions?

- A. Alcoholism or drug addiction.
- B. Acts of war while serving in the military.
- C. Self-inflicted injuries.
- D. Alzheimer's disease.

Answer: D

Explanation:

Long-term care (LTC) insurance is intended to cover services needed when an insured cannot perform activities of daily living (ADLs) or suffers a cognitive impairment that requires substantial supervision for health and safety. A core regulatory and policy design principle is that LTC benefits must be available for qualifying impairments regardless of whether the cause is physical or cognitive. Alzheimer's disease is a leading cause of cognitive impairment and is specifically recognized in LTC training materials as a condition LTC policies must cover when it results in the required level of functional or cognitive limitation. In practice, Alzheimer's often triggers eligibility through the cognitive impairment standard, even when the insured can still perform some ADLs, because supervision is needed to protect the individual from threats to health and safety.

The other options are commonly associated with policy exclusions rather than required coverage. LTC policies frequently exclude losses related to war or acts of war, and they may exclude intentionally self-inflicted injuries. Alcoholism or drug addiction is not treated as a mandatory covered condition in the same way; coverage depends on policy terms and is often limited or excluded. Therefore, the condition LTC policies must cover is Alzheimer's disease.

NEW QUESTION # 123

An insured individual purchases a disability policy with a waiver of premium rider on January 1. The individual is disabled on June 1. On July 1, he receives proof of permanent and total disability, and submits a claim. He begins receiving benefits on July 15. When are his premiums waived?

- A. January 1
- B. July 15
- C. June 1
- D. July 1

Answer: C

Explanation:

A waiver of premium rider on a disability policy is designed to keep coverage in force by waiving required premium payments once the insured becomes totally disabled, subject to the policy's conditions (such as required proof and any waiting/elimination period stated in the rider). The key concept tested is that waiver is tied to the date the disability begins, not the date proof is submitted or the date benefit checks start. Proof of disability (submitted July 1) is the administrative step that allows the insurer to approve the waiver, but the waiver itself applies because the insured has been disabled since June 1. In standard disability provisions, if premiums are paid while the claim is being evaluated (or during any waiting period), those premiums are typically refunded once the waiver is approved, because the rider treats premiums as waived back to the disability start date (or back to the end of any stated waiting period, depending on the contract). Since June 1 is the onset of total disability, that is when the premium waiver is considered effective for purposes of this question.

NEW QUESTION # 124

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