

PA-Life-Accident-and-Health Exam Braindumps & PA-Life-Accident-and-Health Test Quiz & PA-Life-Accident-and-Health Practice Material

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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Passing the PA-Life-Accident-and-Health exam requires the ability to manage time effectively. In addition to the Pennsylvania Life, Accident and Health Exam (PA-Life-Accident-and-Health) exam study materials, practice is essential to prepare for and pass the Insurance Licensing PA-Life-Accident-and-Health exam on the first try. It is critical to do self-assessment and learn time management skills. Because the PA-Life-Accident-and-Health test has a restricted time constraint, time management must be exercised to get success. Only with enough practice one can answer real Insurance Licensing PA-Life-Accident-and-Health exam questions in a given amount of time.

Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q84-Q89):

NEW QUESTION # 84

[I Intentionally withholding information that should be provided to an insurer is known as

- A. estoppel
- **B. concealment.**
- C. twisting.
- D. misrepresentation.

Answer: B

Explanation:

In Pennsylvania Life, Accident, and Health Insurance law, concealment is defined as the intentional withholding of material information that should be disclosed to an insurer during the application process.

Insurance contracts are based on the principle of utmost good faith, meaning both parties are expected to provide complete and accurate information.

Concealment occurs when an applicant knowingly fails to disclose facts that would affect the insurer's underwriting decision, such as medical history, hazardous occupations, or lifestyle risks. Unlike innocent mistakes, concealment involves deliberate omission and can materially affect the insurer's risk assessment.

The other options are incorrect under Pennsylvania insurance definitions. Twisting involves replacing a policy with another through misrepresentation. Estoppel prevents an insurer from denying coverage due to prior actions or statements. Misrepresentation refers to providing false statements, while concealment specifically involves withholding information.

If concealment is proven, Pennsylvania law allows the insurer to void the policy or deny claims, even after issuance. Therefore, intentionally withholding information that should be provided to an insurer is correctly identified as concealment.

NEW QUESTION # 85

Managed care is typically provided under all of the following EXCEPT a

- A. point-of-service (POS) plan.
- B. preferred provider network health plan.
- C. health maintenance organization (HMO) plan.
- **D. major medical indemnity plan.**

Answer: D

Explanation:

Under Pennsylvania Accident and Health Insurance principles, managed care is a system designed to control costs and coordinate healthcare services through provider networks, referrals, and utilization management.

Managed care is typically associated with Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Point-of-Service (POS) plans. These plans require insureds to use network providers or face reduced benefits, and they emphasize preventive care and cost containment.

A major medical indemnity plan, however, is not considered a managed care plan. Indemnity plans allow insureds to choose any healthcare provider without network restrictions and reimburse expenses based on covered charges, usually without requiring referrals or primary care coordination. Pennsylvania insurance study materials clearly distinguish indemnity plans from managed care models.

Because major medical indemnity plans lack provider networks and cost management controls, they fall outside the managed care classification. Therefore, major medical indemnity plans are the correct and verified answer according to Pennsylvania Life, Accident, and Health Insurance documentation.

NEW QUESTION # 86

The type of annuity in which all payments cease upon the death of an annuitant is referred to as a

- A. life annuity.
- B. variable annuity.
- C. equity annuity.
- D. terminal annuity.

Answer: A

Explanation:

A life annuity is the type of annuity in which all payments cease upon the death of the annuitant. Under Pennsylvania annuity principles, life annuities are designed to provide income that the annuitant cannot outlive, but they do not guarantee payments beyond the annuitant's lifetime.

Pennsylvania-approved insurance study materials explain that once the annuitant dies, no further payments are made to beneficiaries unless a specific settlement option or rider—such as a period certain or refund provision—was elected. Without such provisions, the insurer retains any remaining value, which is how the longevity risk is managed.

The other options are incorrect. Equity annuities and variable annuities describe investment structures, not payout duration. A terminal annuity is not a recognized annuity classification under Pennsylvania insurance definitions. Therefore, life annuity is the correct and verified answer according to Pennsylvania Life, Accident, and Health Insurance documentation.

NEW QUESTION # 87

Rob, Joe, and Mike are brothers who have a \$60,000 "first-to-die" joint life policy covering all three of their lives. If Joe dies first, the policy

- A. must be awarded to Joe's estate.
- B. must be shared equally by Rob and Joe's wife.
- C. will accumulate with interest until another brother dies and then be awarded to the surviving brother.
- D. will not provide further insurance protection.

Answer: D

Explanation:

In Pennsylvania Life Insurance, a first-to-die joint life policy is designed to pay the death benefit upon the first death among the insured individuals. Once the first insured person dies—in this case, Joe—the policy pays out the stated death benefit of \$60,000 and terminates. No further insurance protection remains for the surviving insureds.

Pennsylvania-approved insurance study materials explain that first-to-die policies are commonly used for business or family financial needs where a lump sum is required immediately upon the first death, such as paying debts or funding buy-sell agreements. After the benefit is paid, the policy ceases to exist.

The remaining brothers, Rob and Mike, would not receive continued coverage, nor would the policy accumulate interest. The proceeds are paid to the named beneficiary, not automatically to Joe's estate unless designated. Therefore, the policy will not provide further insurance protection after Joe's death, making option B the correct and verified answer.

NEW QUESTION # 88

Which term describes an insurer operating in the state in which it is incorporated?

- A. domestic
- B. foreign
- C. resident
- D. participating

Answer: A

Explanation:

In Pennsylvania insurance terminology, an insurer operating in the same state in which it is incorporated is classified as a domestic insurer. Pennsylvania Life, Accident, and Health Insurance study materials clearly define insurer classifications based on the location of incorporation and authorization to do business. A domestic insurer is formed under the laws of Pennsylvania and conducts business within Pennsylvania.

A foreign insurer is incorporated in another state but authorized to operate in Pennsylvania. An alien insurer (not listed as an option) would be incorporated outside the United States. The terms "participating" and "resident" do not describe an insurer's legal status or place of incorporation. Participating refers to a policy that may pay dividends, while resident is a term used for individuals, not insurance companies.

Understanding insurer classifications is essential for licensing exams and regulatory compliance in Pennsylvania. Since the insurer operates in its state of incorporation, the correct and verified answer is domestic.

NEW QUESTION # 89

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