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Maryland Insurance Administration MarylandAccident and Health or Sickness Producer Series 20-24 Exam Sample Questions (Q43-Q48):

NEW QUESTION #43

A certificate of insurance in a group accident and health plan is:

- A. Issued to the employer for each insured location
- B. A binding contract between the employee and the insurer
- C. Evidence of the employee's insurance coverage
- D. A binding contract between the employer and the insurer

Answer: C

Explanation:

The certificate (Insurance Article, § 15-1207) provides employees with evidence of coverage under the group plan, not a binding contract (master policy) or employer-specific by location. It summarizes benefits for clarity.

References: Maryland Insurance Article, § 15-1207; MIA group insurance rules.

NEW QUESTION #44

After completing an application for insurance, the insurance producer collects the premiums but deposits the check in the insurance producer's checking account. What crime has been committed?

- A. Fraud
- B. Rebating
- C. Twisting
- D. Replacement

Answer: A

Explanation:

Producers hold premiums in a fiduciary capacity (Insurance Article, § 10-126) and must remit them to the insurer or a trust account. Depositing them into a personal account is fraud-specifically misappropriation-violating state law. Twisting, rebating, and replacement involve different unethical acts, not fund misuse.

References:Maryland Insurance Article, § 10-126; MIA producer conduct regulations.

NEW QUESTION #45

Reasonable and customary charges for health care are based primarily on:

- A. Average charges within a geographic area
- B. Insurance industry studies
- C. National physician surveys
- D. Actuarial tables

Answer: A

Explanation:

Reasonable and customary charges (Insurance Article, § 15-1005) reflect average fees for procedures in a specific geographic area (e.g., 80th percentile), ensuring fair reimbursement. Actuarial tables, studies, and national surveys aren't the primary basis. References:Maryland Insurance Article, § 15-1005; MIA health insurance guidelines.

NEW QUESTION #46

If an insurer pays an individual accident and health insurance claim during a policy's grace period:

- A. A 10% service fee is charged
- B. The deductible is waived
- C. The policy is canceled automatically at the end of the grace period
- D. The amount of unpaid premium may be subtracted from the reimbursement

Answer: D

Explanation:

During the grace period (Insurance Article, § 15-209), insurers can deduct unpaid premiums from claims paid, maintaining coverage without waiving deductibles, charging fees, or auto-canceling.

References:Maryland Insurance Article, § 15-209; MIA policy payment rules.

NEW QUESTION #47

When the insured's willful failure to disclose a material fact at the time of application is discovered by the insurer shortly after the policy is issued:

- A. The insurer must continue the insurance policy in full force
- B. The policy is automatically void
- C. The policy is voidable at the insurer's option
- D. The insurer may cancel the policy only at the expiration or renewal date

Answer: C

Explanation:

A material misrepresentation (Insurance Article, § 12-206) allows the insurer to void the policy within the contestability period (typically 2 years) if willful. It's not automatically void, nor must it continue or wait until renewal; the insurer decides based on materiality.

References: Maryland Insurance Article, § 12-206; MIA misrepresentation rules.

NEW QUESTION #48

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