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IFSE Institute LLQP Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">• Life Insurance: This section assesses the expertise of insurance professionals, including financial advisors and life insurance agents, in understanding the financial impact of death. It explains how life insurance helps address those financial needs and introduces various life insurance products, along with their features and benefits.

Topic 2	<ul style="list-style-type: none"> Ethics and Professional Practice: This part of the exam focuses on the legal and ethical responsibilities of life insurance professionals. It outlines the legal framework for life insurance in common law provinces and territories and stresses the importance of maintaining professionalism.
Topic 3	<ul style="list-style-type: none"> Accident and Sickness Insurance: Aimed at insurance professionals offering individual and group health insurance, this section emphasizes the importance of financial protection in the case of serious illness or injury.
Topic 4	<ul style="list-style-type: none"> Segregated Funds and Annuities: Targeted at investment advisors and financial planners, this section evaluates their understanding of saving and investment strategies, which are essential for retirement and financial planning.

IFSE Institute Life License Qualification Program (LLQP) Sample Questions (Q210-Q215):

NEW QUESTION # 210

Emeka, a new insurance agent with Sunrise Insurance, meets with her client, Mosi. After analyzing Mosi's needs, Emeka determines that Mosi's current life insurance coverage with Starlight Insurance is more than sufficient. Nevertheless, she persuades Mosi to cancel his existing coverage and buy a new life insurance policy with Sunrise Insurance. She believes this is a good compromise because Mosi will have the coverage he needs, and the new transaction will pay her a commission. Which of the following offences did Emeka commit?

- A. Fronting
- B. Inducing to insure.
- C. Twisting.**
- D. Churning.

Answer: C

Explanation:

Twisting involves persuading a client to replace an existing insurance policy with a new one from a different insurer, often to earn a commission, without a clear benefit to the client. Emeka's action of convincing Mosi to cancel his sufficient coverage with Starlight Insurance to purchase a new policy with Sunrise Insurance, primarily for her commission, constitutes twisting. This practice is generally considered unethical, as it may not be in the best interest of the client and can lead to unnecessary costs and potential coverage gaps.

Churning, on the other hand, usually involves replacing policies within the same company to generate additional commissions, which does not apply here.

NEW QUESTION # 211

A few months ago, Urmish filed a complaint to the Autorite des marches financiers (AMF) about the services he received from his insurance agent, Jaba. The complaint was heard by the discipline committee, and Jaba was found guilty and ordered to pay a \$10,000 fine. Jaba is upset and does not agree with the verdict. She would like to appeal the verdict.

Which of the following statements is CORRECT?

- A. A decision made by the discipline committee may be appealed to the Chambre de la securite financiere (CSF).
- B. A decision made by the discipline committee may be appealed to the Court of Quebec.**
- C. A decision made by the discipline committee cannot be appealed.
- D. A decision made by the discipline committee may be appealed to the AMF.

Answer: B

Explanation:

In the context of Quebec, decisions made by the discipline committee of professional bodies under the authority of the Autorite des marches financiers (AMF) are subject to appeal processes established by Quebec law. The Court of Quebec is the designated body for appeals concerning decisions rendered by disciplinary committees. Specifically, when an insurance agent like Jaba disagrees with the disciplinary action taken by the AMF's discipline committee, the proper channel for appeal is the Court of Quebec, not the AMF, Chambre de la securite financiere (CSF), or any other entity.

The Chambre de la sécurité financière (CSF) itself does not serve as an appellate body for these disciplinary decisions but functions as a regulatory body to oversee the ethical and professional conduct of financial services professionals in Quebec. The AMF, while overseeing the financial markets, also does not handle appeals on behalf of its discipline committee. This appeals process aligns with professional conduct standards and legal recourses as covered under Quebec's framework for insurance professionals. Under LLQP guidelines and relevant regulations, appeals must proceed through established legal channels, such as the Court of Quebec, ensuring that disciplinary decisions are subject to judicial review when contested.

NEW QUESTION # 212

Coraline is a landscape gardener who owns a disability insurance (DI) policy. The policy will pay her a \$3,000 monthly benefit after a 90-day waiting period. She is diagnosed with cancer, and because she has to undergo months of chemotherapy, she will be unable to work. She calls Robin, her insurance agent, to inform him of her diagnosis. She would like to know more information about the claims process.

Which of the following statements is CORRECT?

- A. Coraline must contact her agent by phone within 30 days of learning about her diagnosis.
- B. The payment of the initial benefit to Coraline must occur within 30 days after the end of the waiting period.
- C. Coraline has 30 days to provide the insurer with all of the information required to process the claim
- D. **The insurer must pay Coraline the benefit amount within 30 days after receipt of the proof of loss.**

Answer: D

Explanation:

Disability insurance policies generally stipulate that the insurer must pay benefits within a specific timeframe following receipt of the proof of loss, typically within 30 days. This aligns with LLQP guidelines and common insurance practices, which require that insurers act promptly upon receiving all necessary documentation related to a claim. Coraline must provide her proof of loss, after which the insurer is obligated to start the payment process. The waiting period dictates when benefits start, but the insurer must pay within the specified period after receiving the required proof.

NEW QUESTION # 213

David, a respected career life insurance agent in his city, has a lot of older clients because he has been selling insurance for 35 years. One such senior, Craig Wilson, is 79 years old with a \$150,000 universal life policy that he purchased in his 40s. Craig has several medical issues and may not live too much longer. Craig wants to create a bucket list in his final days but he has no savings to do the things he wants. So he contacts David to see if there is someone who can give him \$50,000 now in exchange for the \$150,000 insurance payout at his death. David knows a wealthy businessman who would purchase this policy as Craig wishes. What practice is David engaging in?

- A. This is referred to as "anti-selection."
- B. This is referred to as "churning."
- C. This is referred to as "tied selling."
- D. **This is referred to as "trafficking."**

Answer: D

Explanation:

Comprehensive and Detailed in Depth Explanation with Exact Extract from Documents and Guides:

The IFSE Ethics and Professional Practice Course (Common Law) defines "trafficking" (or "policy trafficking") as the unethical practice of arranging the sale or transfer of an insurance policy to a third party, typically for less than its face value, often involving vulnerable clients like seniors. Here, David is facilitating Craig selling his \$150,000 policy for \$50,000 to a businessman, which fits this definition. Churning (A) involves replacing policies to earn commissions, anti-selection (B) refers to adverse risk selection by clients, and tied selling (C) links product purchases. Trafficking violates ethical standards and insurable interest principles, making C correct.

References:

IFSE Ethics and Professional Practice Course (Common Law), Module 1: Ethics and Professionalism, Section on "Unethical Practices - Trafficking."

NEW QUESTION # 214

Juliette owns a medium-sized business with approximately 100 employees. Three years ago, she set up a small group benefits plan.

Her employees, however, are unhappy with the coverages offered under the plan.

Moreover, for tax purposes, the group plan shares the cost of disability premiums with the employees—an expense they do not welcome. What should Juliette's agent tell her?

- A. The existing group plan is the most cost-effective and tax-free way to provide these benefits.
- B. She should instead opt for an EHT, which affords more flexibility with no tax implications for her employees.
- C. Her existing group plan is the best solution, because a group of that size would not be able to take advantage of other "grouped" alternatives.
- D. She should instead opt for a PHSP, which provides more flexible and tax-free disability benefits.

Answer: D

Explanation:

Comprehensive and Detailed Explanation:

A Private Health Services Plan (PHSP) offers flexible, tax-free benefits (employer-paid premiums are deductible, benefits non-taxable), addressing employee dissatisfaction and tax concerns (Chapter 8:Group Plan Specifics).

Option A: Incorrect; EHT (Employer Health Tax) isn't insurance.

Option B: Correct; PHSP fits needs.

Option C-D: Incorrect; group plan isn't optimal or tax-free for employees.

Reference: LLQP Accident and Sickness Insurance Manual, Chapter 8:Group Plan Specifics.

NEW QUESTION # 215

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