

# Virginia-Life-Annuities-and-Health-Insurance New Braindumps & Reliable Virginia-Life-Annuities-and-Health-Insurance Cram Materials

## VA State Life, Annuities, and Health exam, 2nd part only, Questions with accurate answers. Graded A

The Commission may examine every insurer authorized to transact business in Virginia as often as deemed necessary, but at least once every... - ✓✓... 5 years.

Notice of a hearing for a cease and desist order must include the time and place of the hearing and give at least \_\_\_\_\_ in advance. - ✓✓10 days

Any person who knowingly or willfully violates the Insurance Code of this state will be subject to a penalty up to \_\_\_\_\_ for each violation. - ✓✓\$5,000

Any person who violates the Insurance Code without knowledge or intent may be subject to a penalty of not more than \_\_\_\_\_ for each violation. - ✓✓\$1,000

A series of similar violations resulting from the same act will be limited to a total penalty of not more than \_\_\_\_\_. - ✓✓\$10,000

Applicant must apply for and obtain a license within \_\_\_\_\_ of passing the state preclicensing exam. - ✓✓6 months (183 calendar days)

Each applicant for an insurance consultant's license must submit a nonrefundable application processing fee of \_\_\_\_\_ at the time of initial application. - ✓✓\$50

Any individual or business entity conducting the business of insurance under an assumed or fictitious name must notify the Bureau of Insurance either at the time of application for licensure or within \_\_\_\_\_ calendar days from the date the assumed or fictitious name is adopted. - ✓✓30

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### Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q77-Q82):

#### NEW QUESTION # 77

Responsibilities of the life insurance agent in the process of underwriting include all of the following EXCEPT:

- A. Notifying the insurer of any material information not in the application
- B. Seeking any additional information requested by the insurer
- C. Gathering complete information for the application
- D. Determining the final rate classification

**Answer: D**

Explanation:

Detailed Answer in Step-by-Step Solution:

\* Agents assist underwriting by collecting application data (A), obtaining additional info (C), and reporting material facts (D), but determining the final rate classification (B) is the insurer's underwriter's role, not the agent's.

\* Rate classification involves risk assessment, which is beyond an agent's authority.

The Virginia study guide specifies that agents facilitate underwriting by providing accurate information, while the insurer's underwriters set rates based on that data. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Underwriting Process."

#### NEW QUESTION # 78

Since HMOs negotiate provider networks in advance of care, HMO members:

- A. Have a limited choice of care providers
- B. Are encouraged to carry individual health insurance coverage
- C. Waive the right to re-enroll in an insurance company indemnity plan
- D. Pay the entire cost for all use of non-HMO providers, regardless of circumstances

**Answer: A**

Explanation:

Detailed Answer in Step-by-Step Solution:

\* HMOs limit members to a pre-negotiated network of providers (B), restricting choice to control costs.

\* Non-network care (A) may be covered in emergencies, not always fully out-of-pocket. Options C (waive re-enrollment) and D (individual coverage) are not HMO features.

The Virginia study guide describes HMOs as managed care plans with a restricted provider network, emphasizing cost control through limited choice. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Managed Care Plans."

#### NEW QUESTION # 79

Which of the following is required to hold an appointment with the insurance company it represents?

- A. An insured
- B. A consultant
- C. An employee of the insurer
- D. An agent

**Answer: D**

Explanation:

Virginia Code § 38.2-1833 defines an "appointment" as a formal authorization by an insurer for a licensed agent to act on its behalf in transacting insurance. An insured (option A) is the policyholder or beneficiary and has no role in representing the insurer. An employee of the insurer (option B) may work internally but isn't automatically appointed to sell insurance unless they hold an agent's license and an appointment, which isn't implied here. A consultant (option C), under Virginia Code § 38.2-1837, advises on insurance but doesn't transact it unless also licensed and appointed as an agent, making this a less direct fit. Only an agent (option D), licensed under Virginia Code § 38.2-1819 and appointed per § 38.2-1833, is required to hold an appointment to represent an insurer. The study guide emphasizes that appointments link licensed agents to specific insurers, solidifying D as the correct choice.

### NEW QUESTION # 80

All of the following are common features found in health maintenance organizations (HMOs) EXCEPT:

- A. Discounts on local health spa memberships
- B. Wellness programs
- C. Outpatient medical services
- D. Twenty-four hour access to emergency care

**Answer: A**

Explanation:

Virginia Code § 38.2-4306 mandates HMO benefits, focusing on comprehensive care. Option A (wellness programs) is common, promoting prevention (e.g., smoking cessation). Option C (24-hour emergency care) is required, ensuring access via PCP coordination or direct ER services. Option D (outpatient services) is standard, covering clinic visits. Option B (discounts on local health spa memberships) isn't a typical HMO feature; while some plans offer wellness incentives, spa discounts are ancillary, not a core benefit under Virginia law or NAIC HMO models. The study guide likely lists HMO staples (A, C, D) with examples-e.g., annual checkups (D)-contrasting them with optional perks like B, making it the exception.

### NEW QUESTION # 81

A licensee is NOT required by Virginia law to keep which of the following records?

- A. Premium quotations of unissued policies
- B. Files of insurance applications on current policies issued
- C. Policy renewal notices
- D. Accounting records of premium payments

**Answer: A**

Explanation:

Virginia Code § 38.2-1809 mandates that licensees maintain specific records for regulatory oversight and consumer protection. Option A (accounting records of premium payments) is required to track funds received and remitted, ensuring financial accountability (e.g., premiums collected for a \$1,000 policy). Option B (files of insurance applications on current policies) must be kept as part of the contract and for audit purposes, per 38.2-1810. Option C (policy renewal notices) is required to document communication with policyholders about ongoing coverage, ensuring transparency. Option D (premium quotations of unissued policies) is not mandated; while agents may provide quotes (e.g., \$500 annually for a term policy), these are preliminary offers, not binding until a policy is issued, and Virginia law doesn't require retaining them unless they result in a transaction. The study guide likely details recordkeeping in a compliance chapter, contrasting required records (A, B, C) with optional ones like quotes (D), using examples-e.g., keeping a paid policy's file but not a rejected quote-making D the item not required. This reflects Virginia's focus on executed contracts over prospective ones.

### NEW QUESTION # 82

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