

NY-Life-Accident-and-Health Valid Test Testking, NY-Life-Accident-and-Health Valid Test Tutorial

PSI - NY Life, Accident and Health Practice Exam 17-55 (75 Questions - Actual Test 150 Questions) with 100% Correct Answers

Which policy provision permits the policy owner to take a specified number of days to examine the contract, and allows for cancellation and a full refund if the policy owner rejects the terms or costs? - ANSWER-Free Look

When will a policy pay on a UCR basis? - ANSWER-When particular benefits are not listed on a payment schedule

Which type of rider reimburses health and social service expenses incurred in a convalescent or nursing home facility? - ANSWER-long term care rider

Which of the following is exempted from the incontestability provision in insurance policies? - ANSWER-Fraudulent misstatements

What does first dollar coverage mean? - ANSWER-As soon as covered medical expenses are incurred, the policy begins to pay

What is the waiver of premium provision? - ANSWER-In a long term care contract, the premium is waived after the insured has been confined for a specific period of time

According to the Time Payment of Claims provision, the insurer must make the payment immediately after receiving proof of loss EXCEPT - ANSWER-for claims involving periodic payments

Which is a disadvantage to a flexible premium annuity? - ANSWER-the actual amount of the annuity benefit cannot be determined in advance

When a policy or certificate containing an accelerated benefit provision is applied for or delivered, the producer is responsible for providing that applicant a summary of coverage that includes all of the following EXCEPT - ANSWER-a detailed and comprehensive summary of the accelerated benefit

which one of the following represents an advantage of obtaining a policy loan versus a withdrawal? - ANSWER-the loan is not taxed while a withdrawal is taxed for amounts above the contract cost basis

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q109-Q114):

NEW QUESTION # 109

What information must be included in the statement accompanying an insurance claim payment made by an insurer?

- A. The coverage under which the payment is being made
- B. A list of all claimants involved
- C. The agent ' s name and address
- D. The reinsurance carrier involved

Answer: A

Explanation:

When an insurer issues a claim payment, New York claims-handling standards require that the payment be accompanied by an explanation that clearly identifies what the payment represents . A key required item is the coverage under which the payment is being made , so the claimant (or insured) can understand the basis for the payment and how it relates to the policy's benefits. This helps avoid confusion when a policy includes multiple coverages, benefit limits, deductibles, copayments/coinsurance, or when only part of a claim is payable. Stating the applicable coverage (for example, hospital confinement, major medical, disability income, accidental death, etc.) supports transparency and aligns with fair claims settlement practices by showing that the insurer is paying according to the policy provisions.

The other options are not required elements of the payment statement. Insurers are not required to list all claimants, disclose reinsurance arrangements (which are typically not visible to policyholders), or include the agent's name and address as part of the claim payment explanation. The essential requirement tested here is identifying the coverage supporting the payment.

NEW QUESTION # 110

Which of the following Long Term Disability clauses states that insureds are considered totally disabled when they CANNOT perform the major duties of a gainful occupation for which they are reasonably suited because of education, training, or experience?

- A. Partial disability clause.
- B. Regular occupation clause.
- C. Any occupation clause.
- D. Presumptive disability clause.

Answer: C

Explanation:

The wording in the question-"cannot perform the major duties of a gainful occupation for which they are reasonably suited by education, training, or experience"-matches the any occupation definition of total disability used in many long-term disability (LTD) policies. Under an any occupation clause , an insured is considered totally disabled only if the disability prevents them from working in any gainful job that they could reasonably be expected to do based on their background (education, training, and experience). This is a stricter standard than "own/regular occupation." Option C, the regular (own) occupation clause , defines total disability as the inability to perform the substantial and material duties of the insured's own occupation (the job they were doing when disabled), even if they might be able to work elsewhere. Option A, partial disability , applies when the insured can still perform some duties or work part-time and typically experiences reduced income. Option B, presumptive disability , applies to severe, specified losses (e.g., loss of sight, speech, hearing, or limbs) that automatically qualify as total disability. Therefore, the clause described is the any occupation clause .

NEW QUESTION # 111

An insured individual who has been diagnosed with osteoporosis needs therapy in her home. Which type of long-term care benefit

would be MOST appropriate for her?

- A. Intermediate care.
- **B. Home health care.**
- C. Skilled nursing care.
- D. Adult day care.

Answer: B

Explanation:

The correct answer is Home health care . Long-term care coverage is designed to provide services for individuals who need ongoing assistance because of chronic illness, disability, or conditions that limit their ability to function independently. When the question specifically states that the insured needs therapy in her home , the most appropriate long-term care benefit is home health care , because this benefit is intended for medical or therapeutic services delivered in the insured's residence.

Home health care can include services such as physical therapy, occupational therapy, speech therapy, part- time nursing care, and assistance with daily functioning , depending on policy terms and the insured's condition. For a person with osteoporosis , in-home therapy may help improve mobility, reduce the risk of falls, and support recovery or maintenance without requiring confinement in a facility.

The other options are less appropriate. Skilled nursing care and intermediate care generally refer to facility- based services, while adult day care provides daytime supervision or assistance outside the home. Since the question emphasizes therapy in the home , the benefit that best fits is C. Home health care .

NEW QUESTION # 112

The cost of a long-term care policy is based on all of the following EXCEPT

- **A. personal income.**
- B. level of benefits provided.
- C. health condition.
- D. age.

Answer: A

Explanation:

The correct answer is D. personal income. The premium for a long-term care (LTC) insurance policy is determined primarily by underwriting and policy design factors rather than the applicant's income level.

Insurers evaluate several key elements when calculating the cost of coverage. One major factor is the applicant's age at the time of purchase, because the probability of needing long-term care services increases as a person gets older. Another important factor is the applicant's health condition, since insurers evaluate medical history and current health status to assess the likelihood of future claims.

The level of benefits provided is also a significant pricing factor. Policy features such as the daily benefit amount, benefit period, elimination period, inflation protection, and optional riders all affect the overall premium cost. Higher benefit levels and broader coverage typically result in higher premiums.

However, personal income is not used to determine the cost of a long-term care insurance policy. While income may influence whether an individual can afford a policy or qualifies for certain financial assistance programs, it is not a rating factor used to calculate LTC premiums. Therefore, the correct answer is personal income.

NEW QUESTION # 113

A 65-year-old employee who works for an employer with 24 employees is disabled on the job. The employee has fully recovered and returned to work. Which health coverage is primary?

- A. his employer ' s group plan
- B. Medicaid
- C. an individual plan
- **D. workers ' compensation**

Answer: D

Explanation:

When an injury or illness is work-related ("on the job") , the primary payer for medical expenses and related benefits is workers'

compensation. Workers' compensation laws are designed to provide benefits for occupational injuries and diseases, including payment for necessary medical treatment and, when applicable, lost-time/indemnity benefits. This priority applies regardless of the employee's age and is not determined by the size of the employer's group plan (the "24 employees" detail is often relevant to certain coordination rules such as Medicare secondary payer, but it does not override workers' compensation responsibility for job-related injuries). The fact that the employee has recovered and returned to work does not change which coverage is primary for the injury event-medical bills connected to that occupational injury are still handled first under workers' compensation. Medicaid is needs-based coverage and would not be primary when another legally responsible payer exists. Likewise, an individual plan or the employer's group plan typically coordinates benefits only after workers' compensation for occupational claims.

NEW QUESTION # 114

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