

Pass Guaranteed Quiz Insurance Licensing - NY-Life-Accident-and-Health - Updated New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Latest Test Sample

NY Life, Accident, and Health Insurance Agent/Broker Exam Series 17-55 | 75 QUESTIONS | GRADE A+ Attained

1. 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? - Free Look
2. When will a policy pay on a UCR basis? - When particular benefits are not listed on a payment schedule
3. Which type of rider reimburses health and social service expenses incurred in a convalescent or nursing home facility? - Long term care rider
4. Which of the following is exempted from the incontestability provision in insurance policies? - Fraudulent misstatements
5. What does first dollar coverage mean? - As soon as covered medical expenses are incurred, the policy begins to pay
6. What is the waiver of premium provision? - In a long term care contract, the premium is waived after the insured has been confined for a specific period of time
7. According to the Time Payment of Claims provision, the insurer must make the payment immediately after receiving proof of loss EXCEPT - for claims involving periodic payments
8. Which is a disadvantage to a flexible premium annuity? - The actual amount of the annuity benefit cannot be determined in advance
9. 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

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For the convenience of the Exams candidates, the difficult portions of the syllabus have been explained with the help of experts to be simplified. One remarkable feature of NY-Life-Accident-and-Health actual dumps questions and answers is their similarity with the real exam scenario. They not only give you understanding of the NY-Life-Accident-and-Health Exams but also impart you an opportunity to master it. To enhance further your exam ability and strengthen your learning, you can benefit yourself getting practice Insurance Licensing real dumps.

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It is important to cover New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 (NY-Life-Accident-and-Health) exam topics and check if you need to practice them. If you are talking about the Insurance Licensing NY-Life-Accident-and-Health certification exam, you need to practice and overcome mistakes. If you do not practice for it, chances are that you might get confused while appearing for the NY-Life-Accident-and-Health Exam. When you get the test study material, it comes with the Insurance Licensing NY-Life-Accident-and-Health practice exams (desktop & web-based) to solve.

Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q46-Q51):

NEW QUESTION # 46

Upon receipt of notice of claim, the insurance company will furnish to the claimant such forms for filing proof of loss within how many days?

- A. 0
- B. 1
- C. 2
- **D. 3**

Answer: D

Explanation:

In Accident and Health insurance policies, the Claims Provisions section outlines the procedures that must be followed when a loss occurs. One of the standard provisions concerns the insurer's responsibility after receiving a notice of claim from the insured or beneficiary. Once the insurer receives this notice, the company must provide the claimant with the necessary claim forms used to submit proof of loss. According to standard policy provisions used in health insurance contracts, the insurer is required to furnish these forms within 15 days after receiving the notice of claim.

These forms allow the claimant to provide detailed information regarding the loss, such as the nature of the injury or illness, dates of treatment, medical provider information, and other documentation required to process the claim. If the insurer fails to provide the forms within the required 15-day period, the claimant may still satisfy the proof-of-loss requirement by submitting a written statement describing the occurrence, character, and extent of the loss within the time allowed by the policy. This rule ensures that claim processing cannot be delayed simply because the insurer did not send the official forms in time.

NEW QUESTION # 47

Which of the following services must be provided by a health benefit plan issued on or after January 1, 2014?

- A. Adult eye care services.
- B. Long-term care services.
- C. Adult dental care services.
- **D. Preventive health services.**

Answer: D

Explanation:

The correct answer is D. Preventive health services. Health benefit plans issued on or after January 1, 2014 became subject to the Affordable Care Act's essential health benefit and preventive-service requirements for non-grandfathered coverage in the individual and small-group markets. Those rules require coverage for specified preventive services without cost-sharing when provided in accordance with federal guidelines. New York's post-2014 marketplace coverage materials likewise explain that plans must include the ACA's required essential health benefits, which include preventive and wellness services.

The other options are not the mandatory general requirement described in this question. Adult eye care and adult dental care are not universally required as core benefits in the same way preventive services are; the ACA's pediatric services category specifically includes pediatric vision and dental, not broad adult routine vision or dental as mandatory across all such plans. Long-term care services are also not one of the essential health benefits that every post-2014 health benefit plan must provide. Therefore, among the choices given, the service that must be provided is preventive health services.

NEW QUESTION # 48

Which statement is NOT a characteristic of a Group Life Insurance Plan?

- **A. Individual underwriting**
- B. Probationary periods.
- C. Certificate of Insurance.
- D. A master contract.

Answer: A

Explanation:

The correct answer is C. Individual underwriting. A Group Life Insurance Plan is designed to provide coverage to a number of people under a single policy, usually employees of an employer or members of an association. One of its key characteristics is that the insurer issues a master contract to the policyholder, such as the employer, while each covered member receives a certificate of insurance as evidence of coverage.

Group plans may also include probationary periods, especially for new employees, to require a certain length of service before coverage becomes effective.

What group life insurance generally does not involve is individual underwriting for each member. Unlike individual life insurance, where each applicant's health history, occupation, and personal risk factors are carefully evaluated, group life insurance is commonly written on a group basis. Eligibility is determined by membership in the group rather than detailed medical underwriting of each person, especially for amounts within the plan's basic coverage limits. Therefore, the statement that is not a characteristic of a Group Life Insurance Plan is individual underwriting.

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NEW QUESTION # 49

Which of the following products is designed to pay benefits that can provide a stream of retirement income to the purchaser?

- **A. annuity contract**
- B. variable life insurance
- C. modified endowment contract
- D. tax-deferred growth

Answer: A

Explanation:

An annuity contract is a financial product specifically designed to provide a steady stream of income, typically during retirement. Annuities are issued by insurance companies and are commonly used as part of retirement planning. The purchaser (annuitant or owner) contributes funds either through a lump-sum payment or periodic premiums during the accumulation phase, where the money grows on a tax-deferred basis. Later, during the annuitization phase, the accumulated value is converted into a series of regular payments that may last for a specified period or for the lifetime of the annuitant.

These payments can be structured in several ways, such as life-only, life with period certain, joint and survivor, or fixed period payments, allowing flexibility depending on the annuitant's retirement needs.

Option B, tax-deferred growth, is a feature of certain financial products, not a product itself. Option C, variable life insurance, is primarily designed to provide a death benefit with an investment component rather than retirement income. Option D, modified endowment contract (MEC), is a tax classification for certain life insurance policies that exceed premium limits and is not designed primarily to provide retirement income streams.

NEW QUESTION # 50

Which type of policy pays an amount per day for hospitalization directly to the insured regardless of the insured's other health insurance?

- A. Medigap.
- **B. Hospital indemnity.**
- C. Blanket.
- D. Limited-amount per diem

Answer: B

Explanation:

The correct answer is Hospital indemnity. A hospital indemnity policy is a form of limited benefit health insurance that pays a fixed dollar amount for each day the insured is confined in a hospital. The benefit is paid directly to the insured, not necessarily to the hospital or physician, and it is paid regardless of any other health insurance coverage the insured may have. This means the insured

may use the money for hospital bills, deductibles, coinsurance, lost income, transportation, or any other expenses resulting from illness or injury.

This type of policy differs from major medical insurance, which reimburses covered medical expenses subject to deductibles, copayments, and policy limits. It also differs from Medigap, which is designed specifically to supplement Medicare, and from blanket coverage, which insures groups without naming specific individuals.

Although "limited-amount per diem" describes a style of benefit, the established policy name used in licensing materials for a daily hospitalization benefit paid directly to the insured is hospital indemnity.

Therefore, the policy that pays a stated daily amount for hospitalization regardless of other coverage is A. Hospital indemnity.

NEW QUESTION # 51

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