

PA-Life-Accident-and-Health Valid Test Online, PA-Life-Accident-and-Health Study Guides

PENNSYLVANIA LIFE, ACCIDENT AND HEALTH INSURANCE STATE EXAM 2024-2025 WITH 100 QUESTIONS AND CORRECT ANSWERS/ PENNSYLVANIA HEALTH AND LIFE INSURANCE STATE EXAM REVIEW(NEW!!)

Which of the following is an example of a peril covered in an accident and health insurance policy? - **ANSWER** Sickness

An Applicant for an individual Health policy failed to complete the application properly. Her stay at the hospital was not covered by insurance because she has not met the conditions specified in the... - **ANSWER** Consideration Clause

A person applying for a manager or exclusive general agent license must meet all of the following criteria EXCEPT - **ANSWER** Be responsible for at least 25% of total commissions collected by the office that he or she manages

Which insurance principle states that if a policy allows for greater compensation than the financial loss incurred, the insured may only receive benefits for the amount lost? - **ANSWER** Indemnity

Which of the following would not be considered an expectation to the national do not call list? - **ANSWER** Calls based from outside the United States

Insurance companies may be classified according to the legal form of their ownership. The type of company organized to return any surplus money to their policyholders is - **ANSWER** A mutual insurer

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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q72-Q77):

NEW QUESTION # 72

What is the tax penalty for an early withdrawal of a qualified plan?

- A. 15%
- B. 25%
- **C. 10%**
- D. 20%

Answer: C

Explanation:

Under Pennsylvania Life, Accident, and Health Insurance study materials, the tax penalty for an early withdrawal from a qualified retirement plan is 10% of the amount withdrawn. An early withdrawal is defined as a distribution taken before age 59½, unless a specific exception applies. This penalty is imposed in addition to ordinary income tax owed on the withdrawn amount.

Qualified plans include employer-sponsored retirement arrangements such as 401(k) plans, 403(b) plans, and certain pension plans, as well as Traditional IRAs when referenced in Pennsylvania insurance licensing curricula. The 10% penalty is designed to discourage the premature use of retirement funds and preserve long-term retirement security.

Pennsylvania-approved insurance education materials also outline several exceptions to the penalty, including death, disability, substantially equal periodic payments, certain medical expenses, and qualified domestic relations orders. However, unless an exception applies, the standard penalty remains 10%.

The other answer choices—15%, 20%, and 25%—are not recognized penalties under Pennsylvania or federal qualified plan rules and do not appear in approved insurance study guides.

Therefore, the correct and fully verified answer according to Pennsylvania Life, Accident, and Health Insurance regulations is 10%.

NEW QUESTION # 73

All of the following statements about Health Maintenance Organizations (HMOs) are true EXCEPT

- A. Members pay fixed monthly fees to the HMO.
- **B. Members pay higher monthly fees when out-of-network providers are utilized.**
- C. Members receive care from providers in the HMO network.
- D. Out-of-pocket expenses are limited as long as the network is utilized.

Answer: B

Explanation:

HMOs typically require members to use a network of designated providers and do not cover out-of-network care except in emergencies. Members pay fixed monthly fees for access to the HMO's network of providers.

While out-of-pocket expenses are limited within the network, utilizing out-of-network providers generally results in the services not being covered at all, rather than higher monthly fees. Therefore, statement D is incorrect.

NEW QUESTION # 74

In Pennsylvania, the Time Limit on Certain Defenses Provision provides that no statement can be used to deny a claim on an accident and health policy after

- **A. 3 years.**
- B. 5 years.
- C. 1 year.
- D. 7 years.

Answer: A

Explanation:

In Pennsylvania accident and health insurance policies, the Time Limit on Certain Defenses Provision establishes that after three years from the issue date, no misstatement—except fraudulent misstatements—can be used to deny a claim. This provision protects insured individuals from claim denial due to innocent application errors once the policy has been in force for the required period. After three years, the insurer may only deny claims based on fraudulent misrepresentations. This rule promotes fairness and contractual certainty while ensuring insurers have sufficient time to investigate application accuracy.

The other options are incorrect because Pennsylvania law specifically mandates a three-year period for this protection. Therefore, the correct and verified answer is B. 3 years.

NEW QUESTION # 75

The authority of a producer to act on behalf of the insurer is known as

- A. the presumption of agency.
- **B. the law of agency.**
- C. a principal relationship.
- D. producer authority.

Answer: B

Explanation:

The law of agency defines the legal relationship in which a producer has the authority to act on behalf of an insurer. Under Pennsylvania insurance regulations, the insurer is the principal, and the producer is the agent.

This legal framework establishes the responsibilities, duties, and authority of both parties.

Pennsylvania-approved study guides emphasize that the law of agency governs the producer's actions, including solicitation, application handling, premium collection, and representation of the insurer. Acts performed by the producer within the scope of authority are legally binding on the insurer.

The other options are incorrect or incomplete. A principal relationship describes the parties involved but does not define the authority itself. Producer authority is not a legal doctrine. Presumption of agency refers to an implied authority situation but does not encompass the entire legal framework. Therefore, the law of agency is the correct and verified answer based on Pennsylvania Life, Accident, and Health Insurance licensing materials.

NEW QUESTION # 76

All of the following statements about Health Maintenance Organizations (HMOs) are true EXCEPT

- A. Members pay fixed monthly fees to the HMO.
- **B. Members pay higher monthly fees when out-of-network providers are utilized.**
- C. Members receive care from providers in the HMO network.
- D. Out-of-pocket expenses are limited as long as the network is utilized.

Answer: B

Explanation:

HMOs typically require members to use a network of designated providers and do not cover out-of-network care except in emergencies. Members pay fixed monthly fees for access to the HMO's network of providers.

While out-of-pocket expenses are limited within the network, utilizing out-of-network providers generally results in the services not being covered at all, rather than higher monthly fees. Therefore, statement D is incorrect.

NEW QUESTION # 77

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