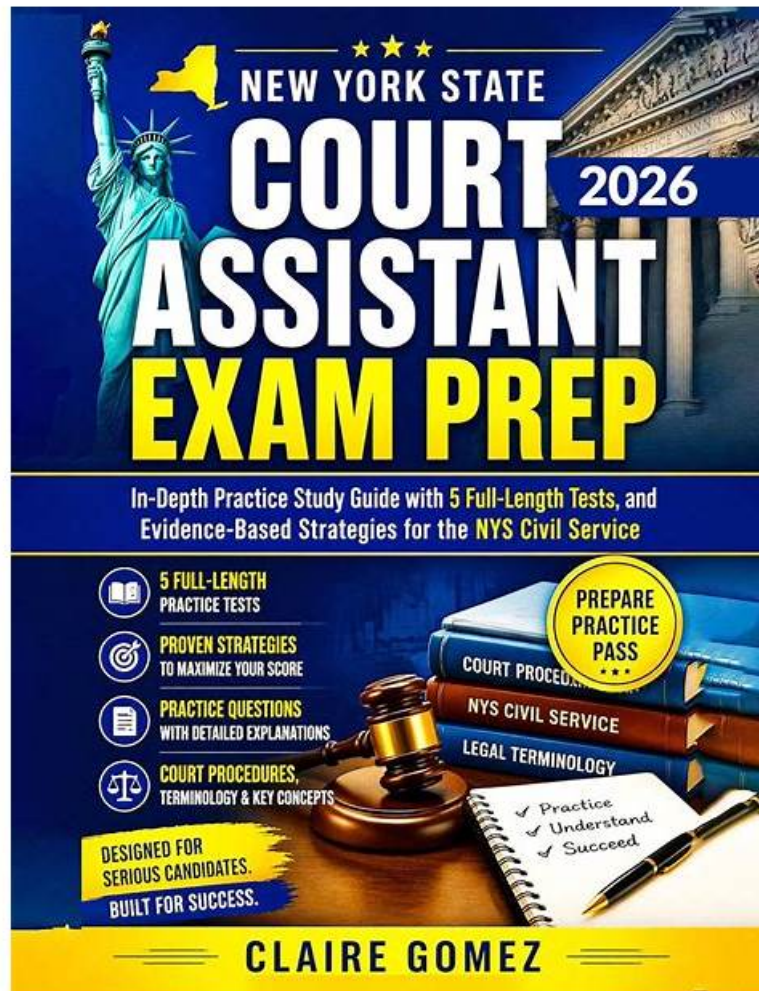


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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q47-Q52):

NEW QUESTION # 47

What is the primary feature of a Joint Life insurance policy?

- A. It pays the death benefit after the last insured dies.
- B. It is designed exclusively for estate planning.
- C. It requires separate premiums for each insured.
- **D. It insures two or more lives under one policy.**

Answer: D

Explanation:

The correct answer is D. It insures two or more lives under one policy. A Joint Life insurance policy is written to cover more than one person under a single contract, most commonly two people such as spouses or business partners. Its defining characteristic is that multiple insured lives are covered by one policy rather than issuing separate individual policies for each person.

Choice A is incorrect because joint life insurance is not defined by requiring separate premiums for each insured. The premium is generally based on the joint coverage structure of the contract. Choice B describes a survivorship life policy, also called second-to-die insurance, which pays after the last insured dies. A joint life policy, by contrast, is typically associated with payment upon the first death, depending on the contract design. Choice C is also incorrect because although such policies may be used in estate or business planning, they are not designed exclusively for estate planning. Therefore, the primary feature that best describes a Joint Life insurance policy is that it insures two or more lives under one policy.

NEW QUESTION # 48

What is the purpose of the Accelerated Death Benefit Rider?

- A. To adjust the death benefit to keep up with inflation.
- B. To increase the death benefit by a stated percentage.
- C. To decrease the tax liability of the insured's estate.
- **D. To provide for the early payment of the death benefit for a terminally ill insured.**

Answer: D

Explanation:

The Accelerated Death Benefit Rider is designed to allow an insured who is terminally ill to receive all or part of the policy's death benefit before death. This rider is intended to help with serious financial needs that can arise at the end of life, such as medical expenses, long-term care costs, hospice care, or other personal obligations. Because the benefit is paid early, the amount ultimately payable to the beneficiary at the insured's death is typically reduced by the amount accelerated, plus any applicable charges.

This rider does not increase the death benefit by a stated percentage, so A is incorrect. It is also not primarily intended to reduce estate taxes, making C incorrect. Choice D describes a cost-of-living or inflation-related adjustment feature, not an accelerated death benefit. In licensing materials, the key phrase tied to this rider is early payment of the death benefit due to terminal illness. Therefore, the correct answer is B, because the rider's main purpose is to give the insured access to policy proceeds while still living when specific qualifying conditions are met.

NEW QUESTION # 49

Mortality is based on a large risk pool of

- A. family history and hobbies.
- **B. people and time.**
- C. geographic area and time.
- D. income and time.

Answer: B

Explanation:

The correct answer is people and time . In insurance, mortality refers to the statistical measurement of death within a defined population. Insurers rely on mortality tables , which are developed using large pools of data that track the probability of death among groups of people over specific periods of time. These tables allow insurance companies to estimate the likelihood that individuals within certain age groups will die within a given year. The concept is based on the law of large numbers , meaning that when a very large group of people is observed over time, patterns of mortality become predictable and can be used to calculate insurance premiums.

Life insurance companies analyze mortality data across large populations and extended time periods to determine appropriate premium rates and to ensure that they maintain sufficient reserves to pay future claims.

By spreading risk across many policyholders, insurers can accurately project expected losses and maintain financial stability.

The other options are incorrect because mortality statistics are not primarily based on income, geographic area alone, or personal characteristics such as hobbies or family history. The essential foundation of mortality calculations is large groups of people observed over time .

NEW QUESTION # 50

If a long-term care insurance policy or certificate replaces another long-term care policy, what does the replacing policy have to do?

- A. waive any time periods applicable to preexisting conditions as long as the client agrees in writing to stay on a doctor recommended treatment schedule
- **B. waive any time periods applicable to preexisting conditions to the extent that similar exclusions have been satisfied under the original policy**
- C. waive any preexisting conditions requirements after 30 days and allow for a 45-day " free look " period
- D. allow a 45-day " free look " period

Answer: B

Explanation:

The correct answer is C. waive any time periods applicable to preexisting conditions to the extent that similar exclusions have been satisfied under the original policy. In long-term care insurance replacement rules, the purpose is to protect the insured from losing credit for coverage already earned under the old policy. When one long-term care policy replaces another, the replacing insurer cannot force the insured to start over on preexisting condition limitation periods that were already satisfied under the original coverage. Instead, the new policy must give credit for that prior time.

This consumer-protection rule prevents unfair duplication of waiting periods and helps ensure continuity of coverage. It applies specifically to similar exclusions or limitation periods that have already been met under the old long-term care policy. The replacement policy must recognize that satisfied time and waive the equivalent remaining portion.

The other choices are incorrect because the key legal requirement in replacement is not centered on a 45-day free-look period or a written agreement about treatment schedules. While free-look rights may exist in certain long-term care policies, that is not the specific replacement obligation being tested here. The required action is to credit previously satisfied preexisting-condition waiting periods , which makes C the correct answer.

NEW QUESTION # 51

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

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

Answer: A

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 # 52

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