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Q Life, Accident, and Health Insurance Exam

1. Paul has an existing annuity and is sold a new one, unnecessary re-
in which the new policy holds no greater financial placement
benefit to him than the existing contract. This is con-
sidered a(n)

- a. unnecessary replacement
- b. deferred annuity
- c. illegal transaction
- d. immediate annuity

2. Key Person Disability Insurance pays benefits to the employer

- a. employer
- b. hospital
- c. employee's creditors
- d. employee

3. Written notice for a health claim must be given to the 20
insurer ___ days after the occurrence of the loss.

- a. 60
- b. 10
- c. 31
- d. 20

4. Jim is applying to become an insurance agent and Jim must still dis-
has a past misdemeanor conviction that was later close the convic-
expunged due to California Penal Code 1203.4. Which tion on his insur-
of the following statements is correct? ance license appli-
cation

- a. Jim must still disclose the conviction on his insur-
ance license application
- b. Jim is not required to disclose the conviction on
his insurance license application
- c. Only expunged felonies are required to be reported
on an insurance license application
- d. Only convictions that have been expunged within
the last 3 years need to be reported on an insurance
license application

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17-55 Updated Download Demo

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q68-Q73):

NEW QUESTION # 68

Who is the beneficiary of a key person insurance policy?

- A. Insured ' s spouse.
- **B. Employer.**
- C. Business partner.
- D. Employee.

Answer: B

Explanation:

The correct answer is Employer . In a key person insurance policy , the business purchases life insurance on the life of an employee, owner, or executive whose services are considered especially valuable to the company. In this arrangement, the business is the policyowner , pays the premiums, and is also named as the beneficiary . If the key person dies, the death benefit is paid to the employer to help offset the financial loss that may result from the death of that important individual.

The purpose of key person insurance is to protect the business against losses such as reduced revenues, replacement and training costs, disruption of operations, loss of credit, or the expense of finding a suitable successor . The policy is not intended primarily to provide personal family protection for the insured employee; that would normally be handled by an individually owned life insurance policy.

The other choices are incorrect because the employee, the insured's spouse, or a business partner would not ordinarily be the beneficiary unless the policy were structured differently from a standard key person arrangement. In the typical and tested form of key person insurance, the employer is the beneficiary.

NEW QUESTION # 69

Term life insurance differs from permanent life insurance in that MOST often, term life insurance

- A. is automatically renewable at the end of the term period.
- **B. remains in force for a specific period of time.**
- C. has a longer premium payment period.
- D. accumulates a much smaller cash value.

Answer: B

Explanation:

Term life insurance is temporary protection designed to provide a death benefit only if death occurs during a stated "term" (such as 10, 20, or 30 years). This is the core distinction from permanent life insurance, which is intended to last for the insured's lifetime (to age 100/121 depending on the policy) as long as required premiums are paid. Term insurance typically offers the largest face amount for the lowest initial premium because it is focused on pure death benefit protection and generally does not build cash value . By contrast, permanent policies (whole life, universal life) combine insurance protection with cash value accumulation and are structured for long-duration coverage. Option A is incorrect because term life usually accumulates no cash value (not "a smaller cash value"). Option B is incorrect because term often has a shorter premium-paying horizon aligned to the term period. Option D is not "most often" true: some term policies are renewable, but renewability depends on contract provisions and is not automatic in all cases.

NEW QUESTION # 70

Which of the following statements BEST describes a disability elimination period?

- A. A qualifying period.

- B. A benefit or utilization period.
- C. A dollar deductible rather than a time deductible.
- D. A time deductible rather than a dollar deductible.

Answer: D

NEW QUESTION # 71

Group long-term disability benefit amounts are usually limited to what percentage of the participant ' s income?

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

Answer: A

Explanation:

Group long-term disability (LTD) insurance is designed to replace a portion of an employee's income when a disabling sickness or injury prevents the employee from working for an extended period. Because disability benefits are intended to reduce financial hardship while also discouraging overinsurance (where someone could receive more income disabled than working), group LTD plans typically set benefits as a percentage of pre-disability earnings . In standard A & H licensing materials, the most common benefit level used in group LTD is 60% of the participant's income , often expressed as 60% of gross monthly earnings (sometimes coordinated with other income benefits and subject to a maximum monthly cap).

This 60% level is commonly used because it balances meaningful income replacement with the fact that certain work-related expenses may decrease during disability, and because taxes may affect net take-home pay depending on who paid the premium (employer vs. employee). Higher percentages like 80% or 100% are generally not typical for group LTD due to moral hazard concerns and plan design limits, while 40% is more common in some short-term disability arrangements or minimal designs. Therefore, the usual limit is 60% .

NEW QUESTION # 72

The insured, who is 59 years of age decides to replace a long-term care policy they had for five years for a new policy. Which of the following is true of the insurer?

- A. The replacement insurer will impose new probationary period and preexisting condition limitations.
- B. The replacement insurer will not honor previous exclusions that had previously been satisfied under the original policy.
- C. The replacement insurer will waive probationary periods pertaining to preexisting conditions satisfied under the original policy.
- D. The original insurer will reimburse benefit dollars not used under the original policy period.

Answer: C

Explanation:

The correct answer is D. The replacement insurer will waive probationary periods pertaining to preexisting conditions satisfied under the original policy. In long-term care insurance replacement rules, an insured should not lose credit for time already served under an existing policy when moving to a new long-term care policy. If the insured has already satisfied a preexisting condition limitation or probationary period under the old policy, the replacing insurer must give credit for that satisfied period instead of starting a new waiting period from the beginning. This protects consumers from being penalized simply because they replaced coverage.

Choice A is incorrect because the original insurer is not required to reimburse unused benefit dollars when a policy is replaced. Choice B is incorrect because the replacement insurer may not simply impose a brand-new probationary or preexisting condition exclusion for periods already satisfied under the old coverage. Choice C is also incorrect because the replacement coverage must recognize prior satisfied waiting periods. Therefore, under long-term care replacement standards, the insurer replacing the policy must waive any probationary periods for preexisting conditions that were already satisfied under the original policy .

NEW QUESTION # 73

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