

Exam Maryland Insurance Administration Accident-and-Health-or-Sickness-Producer Cram Review, Cert Accident-and-Health-or-Sickness-Producer Exam

life insurance exam with correct Answers

An individual applied for an insurance policy and paid the initial premium. The insurer issued a conditional receipt. Five days later the applicant and t submit a medical exam. If the policy was issued, what would be the policy's effective date?

- A. The date of policy delivery
- B. The date of the issue
- C. The date of application
- D. The date of the medical exam** - ANS D. The date of the medical exam

The Federal Fair Credit Reporting Act

- A. Regulates consumer reports**
- B. Protects customer privacy
- C. Regulates telemarketing
- D. Prevents money laundering - ANS A. Regulates consumer reports

Which of the following is NOT the consideration in a policy?

- A. The premium amount paid at the time of application
- B. The promise to pay covered losses
- C. The application given to a prospective insured**
- D. Something of valued exchanged between parties - ANS C. The application given to a prospective insured

Something of value exchanged between the insurer and the insured is considered an

- A. Acceptance
- B. Legal capacity
- C. Consideration**
- D. Offer - ANS C. Consideration

The full premium was submitted with the application for life insurance, and the policy was issued two weeks later as requested. When does the policy coverage become effective?

- A. As of the application date**
- B. As of the policy deliver date
- C. As of the first of the month after the policy issue
- D. As of the policy issue date - ANS A. As of the application date

An agent and an applicant for a life insurance policy fill out and sign the application. However, the applicant does not wish to give the agent the initial premium, and no conditional receipt is issued. When will coverage begin?

- A. On the designated effective date
- B. On the application date

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Maryland Insurance Administration Maryland Accident and Health or Sickness Producer Series 20-24 Exam Sample Questions (Q71-Q76):

NEW QUESTION # 71

In HMO coverage, all of the following services must be available 24 hours per day, 7 days per week EXCEPT:

- A. Primary care
- B. Emergency medical care
- C. In-patient hospital services
- D. **Dental care**

Answer: D

Explanation:

HMOs (Health-General Article, § 19-701) ensure 24/7 access to hospital, emergency, and primary care services. Dental care isn't a core requirement and isn't typically available 24/7 unless added separately.

References: Maryland Health-General Article, § 19-701; MIA HMO standards.

NEW QUESTION # 72

If an employer with 200 employees wants to offer health insurance and calls a SHOP Exchange Navigator, what should the navigator do?

- A. Refer the employer to the Maryland Insurance Administration
- B. **Refer the employer to a licensed insurance producer**
- C. Help the employer sign-up through the SHOP Exchange
- D. Refer the employer to the carrier where a friend works

Answer: B

Explanation:

SHOP Exchange (Insurance Article, § 31-101) serves employers with 1-50 employees; a 200-employee firm exceeds this, so the navigator should refer them to a producer for large group plans, not assist via SHOP, refer personally, or send to the MIA.

References: Maryland Insurance Article, § 31-101; MIA SHOP Exchange guidelines.

NEW QUESTION # 73

In general practice, which one of the following is true of the powers of the Maryland Insurance Administration with respect to access to a producer's business records?

- A. **Records must be produced upon the request of the Maryland Insurance Administration**
- B. Records can only be accessed by an order of a state court
- C. The Maryland Insurance Administration has no right to access a producer's business records because of privacy considerations
- D. Authorization must come from the National Association of Insurance Commissioners (NAIC)

Answer: A

Explanation:

The MIA (Insurance Article, § 2-207) can request and access producer records for audits or investigations, overriding privacy for regulatory purposes. Court orders or NAIC approval aren't required, and access is a standard power.

References: Maryland Insurance Article, § 2-207; MIA regulatory authority.

NEW QUESTION # 74

An accident and health insurance producer is most likely to become liable for professional errors and omissions as the result of:

- A. An accounting error discovered by the producer's accountant
- B. Incorrect filing of federal income taxes
- C. Misleading a prospective insured in replacing accident and health insurance
- D. Submitting a premium payment to an insurer in excess of the required amount

Answer: C

Explanation:

Errors and omissions liability arises from professional negligence (Insurance Article, § 10-126). Misleading a client about policy replacement (twisting, § 27-203) directly harms them, unlike accounting errors, overpayments, or tax issues, which are internal or personal.

References: Maryland Insurance Article, § 10-126, § 27-203; MIA producer liability rules.

NEW QUESTION # 75

A health maintenance organization may issue a contract that provides benefits for the following:

- A. The accidental death of an HMO member
- B. Health care services provided to members of the HMO
- C. The dismemberment of an HMO member
- D. Replacement of income lost by a member due to the member's disability

Answer: B

Explanation:

HMOs (Health-General Article, § 19-701) provide health care services to members, not income replacement (disability insurance), accidental death, or dismemberment benefits (life/accident insurance).

References: Maryland Health-General Article, § 19-701; MIA HMO guidelines.

NEW QUESTION # 76

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