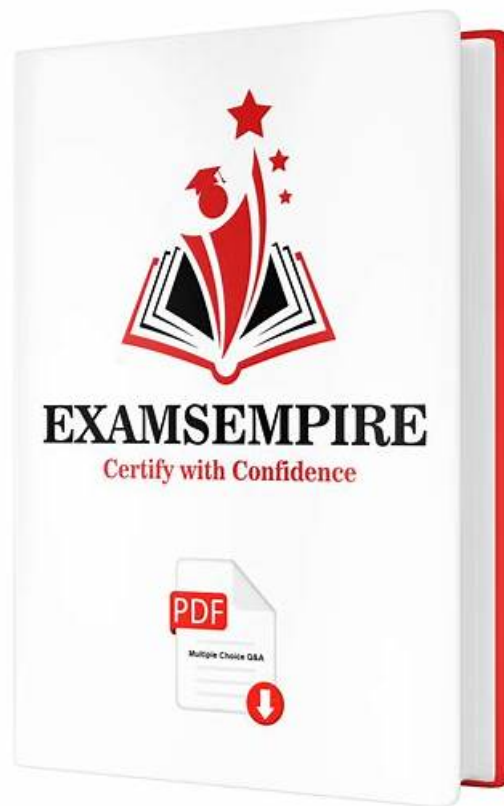


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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q81-Q86):

NEW QUESTION # 81

The total premium paid by a life policy owner for one policy year is

- A. based on the assumption that the insured will pay policy premiums at the end of the policy year in one payment; if paid earlier in the policy year, a discount will be allowed.
- B. the same regardless of the frequency of payment.
- C. greater if the premium is paid semiannually rather than annually.
- D. less when paid quarterly than if paid semiannually.

Answer: C

Explanation:

The total premium paid by a life policy owner for one policy year is greater if the premium is paid semiannually rather than annually. This is because insurers typically add a service charge or interest to the premium when it is paid in installments (semiannually, quarterly, or monthly) instead of in a single annual payment. Paying premiums more frequently can result in higher total costs over the policy year.

NEW QUESTION # 82

Pennsylvania law requires all persons holding a resident producer license to notify the Insurance Department of a telephone number change within how many days?

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

Answer: B

Explanation:

Pennsylvania law requires all resident insurance producers to keep their licensing information current with the Pennsylvania Insurance Department. According to Pennsylvania Life, Accident, and Health Insurance licensing regulations, producers must notify the Department within 30 days of any change to personal information, including a change of telephone number.

This requirement ensures effective communication between the Department and licensees regarding compliance matters, renewals, disciplinary actions, and regulatory updates. Failure to report changes within the required timeframe may result in administrative penalties, fines, or disciplinary action. Pennsylvania places responsibility on the licensee—not the insurer—to ensure that all contact information remains accurate and up to date.

Maintaining current information supports regulatory oversight and consumer protection by ensuring producers can be promptly contacted when necessary. Therefore, option B correctly identifies the required notification timeframe.

NEW QUESTION # 83

In Pennsylvania, when issuing a Medicare Supplement Policy, which form must be delivered to the applicant?

- A. Outline of Coverage
- B. Statement of Good Health
- C. Company Brochure
- D. Policy Summary

Answer: A

Explanation:

In Pennsylvania, when issuing a Medicare Supplement (Medigap) policy, insurers are required to deliver an Outline of Coverage to the applicant. This document is mandated under both Pennsylvania insurance regulations and Medicare Supplement standardization rules included in Life, Accident, and Health Insurance study guides. The Outline of Coverage provides a clear, standardized summary of the policy's benefits, limitations, exclusions, and cost-sharing provisions.

The purpose of this requirement is to ensure that applicants can easily compare Medicare Supplement policies and understand how the policy works alongside Medicare. The Outline of Coverage must be provided at the time of application or at policy delivery if the policy is issued without an application. A policy summary and company brochure are not sufficient substitutes, and a statement of good health may be required in certain underwriting situations but is not the mandated disclosure document. Pennsylvania emphasizes consumer transparency and informed decision-making in Medicare-related products, making the Outline of Coverage a critical compliance requirement. Therefore, option A is the correct answer.

NEW QUESTION # 84

When selling an insurance policy in Pennsylvania, the producer must do all of the following EXCEPT

- A. provide a notice of information practices to applicants.
- B. submit premiums within the normal course of business.
- C. emphasize the benefits of the Guaranty Association.
- D. protect any non-public or personal information about the applicant

Answer: C

Explanation:

When selling an insurance policy in Pennsylvania, producers are subject to strict regulatory and ethical obligations designed to protect consumers and maintain market integrity. Pennsylvania insurance law requires producers to submit collected premiums promptly within the normal course of business, safeguard all nonpublic and personal applicant information, and provide applicants with a Notice of Information Practices explaining how personal data will be collected, used, and shared. These requirements are core compliance duties under Pennsylvania Life, Accident, and Health Insurance regulations.

However, producers are prohibited from emphasizing or using the Pennsylvania Life and Health Insurance Guaranty Association as a sales inducement. The Guaranty Association exists solely to protect policyowners in the event of insurer insolvency and is not intended to be portrayed as a guarantee of policy performance, financial strength, or claim payment. Pennsylvania-approved study guides clearly state that referencing the Guaranty Association to influence a purchase decision is misleading and unlawful. Therefore, option B correctly identifies an action that producers must not do when selling insurance in Pennsylvania.

NEW QUESTION # 85

The group health insurance coordination of benefits provision is designed to provide

- A. supplemental dental and vision benefits.
- B. supplemental accident and dismemberment benefits.
- C. as much insurance as possible while eliminating over-insurance.
- D. a managed care program to control ongoing illnesses and diseases.

Answer: C

Explanation:

The coordination of benefits (COB) provision in group health insurance policies is designed to prevent duplication of benefits while still allowing the insured to receive full coverage for eligible expenses.

Pennsylvania Life and Health Insurance materials explain that when an individual is covered by more than one group health plan, the COB provision determines which plan pays first (primary) and which pays second (secondary).

The objective is to ensure that total benefits paid do not exceed the actual cost of medical services. This prevents over-insurance, which could otherwise result in insured individuals receiving more in benefits than the amount of their medical expenses.

Coordination of benefits does not manage care, provide supplemental accident benefits, or offer dental or vision coverage. Instead, it aligns multiple policies to maximize coverage efficiency without violating insurance principles. Pennsylvania-approved study guides emphasize COB as a consumer protection mechanism that controls costs while ensuring appropriate benefit payment.

Therefore, the accurate and verified answer is option A.

NEW QUESTION # 86

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