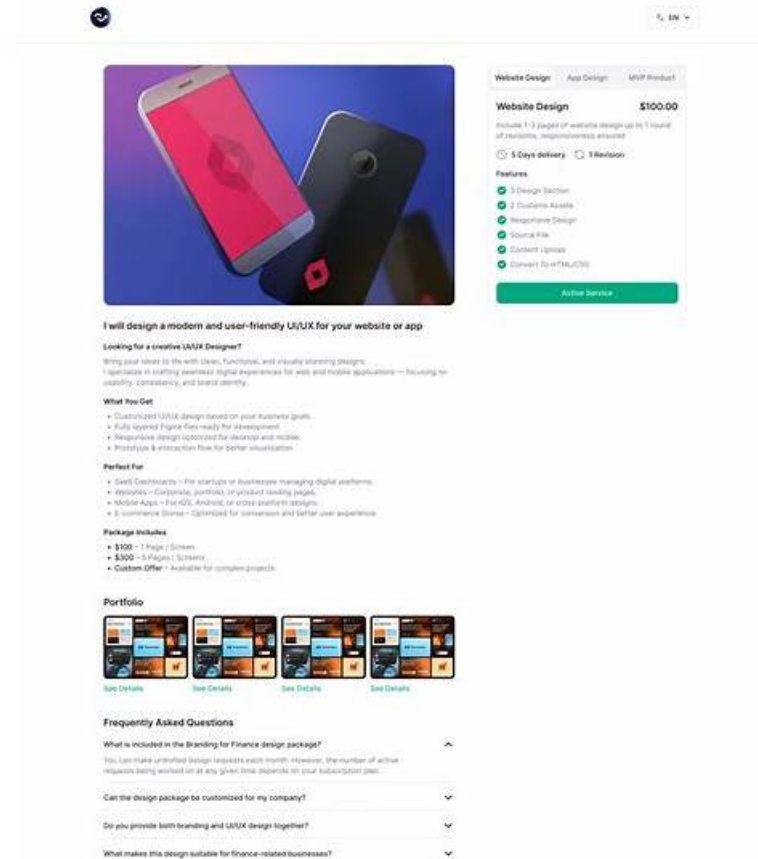


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Virginia Insurance Virginia-Life-Annuities-and-Health-Insurance Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">Life Insurance Policies: This domain examines various life insurance products including term, whole life, universal life, specialized policies, and group life insurance, covering their characteristics, features, and appropriate applications.
Topic 2	<ul style="list-style-type: none">Qualified Plans: This domain addresses employer-sponsored retirement plans including qualification requirements, tax advantages, and various plan types such as SEPs, 401(k)s, and 403(b) plans.
Topic 3	<ul style="list-style-type: none">General Insurance: This domain introduces fundamental insurance concepts including risk management methods, types of insurers, agent authority, and the essential elements and characteristics of insurance contracts including legal doctrines governing agreements.
Topic 4	<ul style="list-style-type: none">Life Insurance Policy Provisions, Options and Riders: This domain addresses standard contract provisions, beneficiary designations, settlement options, nonforfeiture provisions, policy loans, dividend options, and riders including disability benefits and accelerated death benefits.
Topic 5	<ul style="list-style-type: none">Health Insurance Basics: This domain introduces health insurance fundamentals including covered perils, types of benefits, policy classifications, limited policies, common exclusions, agent responsibilities, underwriting processes, and replacement considerations.
Topic 6	<ul style="list-style-type: none">Insurance Regulation: This domain covers Virginia's regulatory framework for insurance agents and companies, including licensing, appointments, continuing education, disciplinary actions, and the State Corporation Commission's authority. It also addresses federal regulations like the Fair Credit Reporting Act and ACA market reforms.
Topic 7	<ul style="list-style-type: none">Federal Tax Considerations for Health Insurance: This domain examines federal tax treatment of personally-owned and employer-provided health insurance, business disability insurance, and tax-advantaged accounts including HSAs, HRAs, and FSAs.
Topic 8	<ul style="list-style-type: none">Annuities: This domain covers annuity principles, immediate versus deferred annuities, payment options, product types including fixed and variable annuities, and uses for retirement income and tax-deferred growth.
Topic 9	<ul style="list-style-type: none">Disability Income and Related Insurance: This domain addresses disability income insurance including benefit qualifications, individual and group policy features, riders, underwriting considerations, business applications, and Social Security and workers compensation benefits.
Topic 10	<ul style="list-style-type: none">Individual Health Insurance Policy General Provisions: This domain covers uniform required and optional provisions in individual health policies including contract terms, claims procedures, grace periods, renewability classifications, and the free look period.
Topic 11	<ul style="list-style-type: none">Life Insurance Basics: This domain covers insurable interest, personal and business uses of life insurance, methods for determining coverage amounts, policy classifications, premium determination factors, agent sales responsibilities, and the underwriting process.

Topic 12	<ul style="list-style-type: none"> Group Health Insurance: This domain covers group health insurance characteristics, eligible groups, underwriting criteria, employee and dependent eligibility, continuation of coverage under COBRA, and small employer plan requirements.
Topic 13	<ul style="list-style-type: none"> Insurance for Senior Citizens and Special Needs Individuals: This domain covers Medicare Parts A-D, Medicare supplement insurance with standardized plans and Virginia regulations, other coverage options for Medicare-eligible individuals, and comprehensive long-term care insurance requirements.

Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q210-Q215):

NEW QUESTION # 210

Nearly all citizens of the U.S.A., regardless of age, are eligible for Medicare Part B if they are:

- A. Retired permanently
- B. Eligible for Medicare Part A
- C. Uninsurable through commercial insurers
- D. "Fully insured" under Social Security

Answer: B

Explanation:

Detailed Answer in Step-by-Step Solution:

* Medicare Part B eligibility generally requires enrollment in or eligibility for Part A (B), which covers hospital insurance and is tied to age (65+) or disability status, not just retirement (A) or insurability (C).

* "Fully insured" under Social Security (D) relates to benefits but isn't a direct Part B requirement.

The Virginia study guide states that Medicare Part B is available to those eligible for Part A, typically U.S.

citizens or residents aged 65 or disabled, regardless of other factors. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Medicare Eligibility."

NEW QUESTION # 211

What might be considered an unfair claims settlement practice?

- A. Failing to promptly investigate and settle legitimate claims
- B. Denying coverage for claims after a timely investigation
- C. Offering compromise settlements when facts are in question
- D. Compelling insureds to litigate claims where a real coverage dispute exists

Answer: A

Explanation:

Virginia's Unfair Claims Settlement Practices Act defines failure to promptly investigate and settle claims as an unfair practice. This protects consumers from unnecessary delay.

Exact Extract (Virginia Insurance Law): "Failing to adopt and implement reasonable standards for prompt investigation and settlement of claims is an unfair claim settlement practice." Reference (Virginia Documents / Study Guide):

- Code of Virginia §38.2-510 (Unfair claim settlement practices)

NEW QUESTION # 212

(Under which of the following circumstances may a class designation of beneficiary in life insurance be used?)

- A. To name the insured's children as beneficiaries without naming them individually
- B. To donate insurance proceeds to a specific organization or charity
- C. To name a specific beneficiary to receive the proceeds on behalf of a group
- D. To set up a trust fund for the insured's children

Answer: A

Explanation:

A class designation of beneficiary is used when the policyowner wishes to name beneficiaries as a group rather than listing each individual by name. This method is especially useful when the number or identity of beneficiaries may change over time. Naming "the insured's children" allows all individuals who meet that description at the time of the insured's death to share in the proceeds, including children born after the policy is issued. This avoids the need to update beneficiary designations whenever family circumstances change. Donating proceeds to a charity requires naming a specific organization, not a class. Establishing a trust requires a trust to be named as beneficiary, which is not a class designation. Naming a specific person to act on behalf of others is also not a class designation because the beneficiary must be clearly defined. Therefore, naming children as a group without listing them individually is the proper use of a class designation.

NEW QUESTION # 213

In health insurance, the insured must furnish written proof of loss to the insurer within:

- A. 60 days of the occurrence of the loss
- B. 15 days of the occurrence of the loss
- C. 30 days of the occurrence of the loss
- D. 90 days of the occurrence of the loss

Answer: C

Explanation:

Under most health insurance policies, the insured is required to provide written proof of loss within 30 days of the occurrence of the loss. This allows the insurer to promptly evaluate the claim and ensure that it is processed without unnecessary delays. Some policies may allow extensions under special circumstances, but the general rule is that proof of loss must be provided within 30 days.

Reference:

NEW QUESTION # 214

What is the agent's primary role in underwriting life insurance?

- A. Securing information from the Medical Information Bureau
- B. Assuring that the application provides proper information to the insurer
- C. Issuing the policy if all underwriting information is satisfactory
- D. Binding coverage immediately without home office approval

Answer: B

Explanation:

In the underwriting process for life insurance, as governed by Virginia Code § 38.2-1800 et seq., the agent's primary role is to act as a field underwriter, ensuring the application provides accurate and complete information to the insurer (option A). This includes collecting personal data (e.g., age, health history) and verifying its correctness-e.g., asking about smoking habits or past surgeries-to enable the home office underwriter to assess risk properly. Option B (binding coverage immediately) is incorrect; agents typically lack authority to bind life insurance without insurer approval, unlike some property/casualty lines, unless a conditional receipt with premium is issued (Virginia Code § 38.2-3106), which isn't "immediate" or primary.

Option C (issuing the policy) is false; only the insurer's home office issues policies after underwriting approval, not the agent. Option D (securing MIB information) is an underwriter's task; agents don't directly access the Medical Information Bureau-though they may note MIB codes if disclosed, their role is data collection, not retrieval. The study guide likely emphasizes the agent's frontline duty with examples-e.g., ensuring a 45-year-old applicant discloses diabetes-making A the primary role, aligning with Virginia's agency framework where agents facilitate, not finalize, underwriting.

NEW QUESTION # 215

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