Insurance Licensing InsNV_Health02最新知識 & InsNV_Health02日本語版試験解答

TopexamのInsurance LicensingのInsNV_Health02問題集の内容の正確性に対して、私たちはベストな水準に達するのを追求します。Topexamが提供した問題と解答はIT領域のエリートたちが研究して、実践して開発されたものです。それは十年過ぎのIT認証経験を持っています。Topexamは他のネットサイトより早い速度で、君が簡単にInsurance LicensingのInsNV_Health02試験に合格することを保証します。

Insurance Licensing InsNV_Health02 Exam Syllabus Topics:

Section	Weight	Objectives

Nevada Statutes and Codes Common to Life, Health, Property, and Casualty Insurance	20%	- Nevada Life and Health Insurance Guaranty Association - Insurance Commissioner • 1. General powers and duties • 2. Notice and hearings and penalties • 3. Examinations - Licensing • 1. Name of licensee • 2. Renewal and continuing education • 3. Persons required to be licensed • 4. Termination of license • 5. Obtaining a license • 6. Suspension, revocation, and refusal of license - Marketing Practices • 1. Fiduciary responsibilities • 2. Unfair practices ◦ Unfair claims methods and practices and settlement of claims ◦ Rebating and inducement ◦ Twisting ◦ Misrepresentation ◦ Fraud ◦ Unfair discrimination ◦ Defamation • 3. Silver State Health Insurance Exchange • 4. Affordable Care Act • 5. Required records and record retention • 6. Commissions and payment restrictions - Definitions • 1. Premiums • 2. Certificate of authority • 3. Cost-sharing • 4. Transacting insurance • 5. Authorized and unauthorized • 6. Insurer • 7. Domestic, foreign, and alien
Nevada Statutes and Codes Common to Life and Health Insurance Only	4%	- Advertising - Group life and health insurance • 1. Required provisions • 2. Eligible groups - Credit life and health insurance

Nevada Statutes and Codes Pertinent to Health Insurance Only	14%	- Hospice care - Medicare • 1. Medicare Advantage Plans • 2. Medicare supplement regulation • 3. Prescription Drug Plan - Long Term Care - Availability of coverage for mental health and treatment of alcohol abuse and drug abuse - Coverage for reconstructive surgery - Mandatory policy clauses and provisions • 1. Coverage for newborn children • 2. Coverage for physical handicap or intellectual disability for dependent children • 3. Coverage for preventive healthcare services

		- Field Underwriting Procedures
		• 1. Contract law
		    ◦ Elements of a contract
		    ◦ Insurable interest
		    ◦ Warranties and representations
		    ◦ Unique aspects of the insurance contract
		• 2. Explaining policy provisions, riders, exclusions, and ratings
		• 3. Submitting application and initial premium to company for underwriting
		• 4. Sources of insurability and HIPAA privacy information
		• 5. Initial premium payment and receipt
		• 6. Policy delivery
		• 7. Completing the application
		• 8. Replacement
		- Other Insurance Concepts
		• 1. Dependent children benefits
		• 2. Tax treatment of premiums and proceeds of insurance contracts
		• 3. Owner's rights
		• 4. Total, partial, recurrent, and residual disability
		• 5. Workers Compensation
		• 6. Nonduplication and coordination of benefits
		• 7. Managed care
		• 8. Primary and contingent beneficiaries
		• 9. Cost containment
		• 10. Subrogation
		• 11. Occupational vs. non-occupational
		• 12. Modes of premium payments
		- Policy Provisions, Clauses, and Riders
		• 1. Mandatory and optional provisions
		    ◦ Entire contract
		    ◦ Time limit on certain defenses
		    ◦ Grace period
		    ◦ Reinstatement
		    ◦ Notice of claim
		    ◦ Claim forms
		    ◦ Proof of loss

Accident & Health – General Knowledge	50%	◦ Time of payment of claims ◦ Payment of claims ◦ Physical examination and autopsy ◦ Legal actions ◦ Change of beneficiary ◦ Misstatement of age or gender ◦ Change of occupation ◦ Illegal occupation ◦ Relation of earnings to insurance • 2. Riders ◦ Impairment and exclusions ◦ Guaranteed insurability ◦ Future increase option • 3. Other provisions and clauses ◦ Insuring clause ◦ Free look ◦ Consideration clause ◦ Probationary period ◦ Elimination period ◦ Waiver of premium ◦ Exclusions and limitations ◦ Preexisting conditions ◦ Coinsurance ◦ Deductibles ◦ Eligible expenses ◦ Copayments ◦ Pre-authorizations and prior approval requirements ◦ Usual, reasonable, and customary charges ◦ Lifetime, annual, or per cause maximum benefit limits • 4. Rights of renewability ◦ Noncancelable ◦ Cancelable ◦ Guaranteed renewable - Social Insurance • 1. Medicaid • 2. Medicare Parts A, B, C, and D • 3. Social Security benefits - Types of Policies • 1. Other policies ◦ Dental ◦ Vision ◦ Cancer ◦ Critical illness or specified disease ◦ Worksite employer-sponsored ◦ Hospital indemnity ◦ Short-term medical ◦ Accident • 2. Disability income ◦ Individual disability income policy ◦ Business overhead expense policy ◦ Business disability buyout policy ◦ Group disability income policy ◦ Key employee policy • 3. Individual and Group Long Term Care ◦ Eligibility ◦ Levels of care

		4. Group insurance - Differences between individual and group contracts - General characteristics - COBRA 5. Medicare supplement policies 6. Medical expense insurance - Basic hospital, medical, and surgical policies - Major medical policies - Health Maintenance Organizations - Preferred Provider Organizations - Point of Service plans - Flexible Spending Accounts - High Deductible Health Plans and Health Savings Accounts - Health Reimbursement Accounts 7. Accidental death and dismemberment

InsNV_Health02日本語版試験解答、InsNV_Health02日本語学習内容

Insurance Licensing NV Accident and Health 認定 InsNV_Health02 試験問題 (Q115-Q120):

質問 # 115
A Major Medical policy insured is injured in an auto collision during a police chase. The occupants in the police car are killed. The insured is convicted of reckless driving and manslaughter. If the insured files a claim, the insurance company will MOST likely take which of the following actions?

- A. Deny the claim only
- B. Deny the claim and return the premiums paid
- C. Pay full benefits
- D. Pay partial benefits

正解：C

解説：
Major medical coverage pays covered medical expenses resulting from accidental injury or sickness, subject to the policy's stated exclusions and limitations. The facts establish reckless and criminal conduct, but they do not establish an intentional self-inflicted injury or identify a policy exclusion that removes coverage.
Therefore, choice A is the best answer: the insurer will pay the covered benefits according to the policy.
Insurance examination questions require careful separation of criminal conduct from intentional injury.
Reckless driving and a resulting conviction do not automatically mean that the insured intended to injure himself. A health insurer may deny a claim only when a valid policy exclusion, limitation, misrepresentation defense, or other contract basis applies. The insurer does not reduce benefits merely to "partial benefits" because of the conviction, and it does not return all premiums after denying a properly covered accidental- injury claim. The controlling analysis is the policy language, including exclusions for intentional self-inflicted injury, war, occupational losses, or other listed circumstances. Study Guide References/Topics: Policy Provisions, Clauses, and Riders; Major Medical Insurance; Exclusions and Limitations.

質問 # 116

The commission for the placement of nonadmitted insurance is paid by the insurer to the:

- A. surplus lines broker
- B. policyholder
- C. Division of Insurance
- D. third-party claimant

正解： A

解説：
The commission for the placement of nonadmitted insurance is paid to the surplus lines broker. A surplus lines broker is specially licensed to place eligible insurance with a nonadmitted insurer when coverage cannot be procured from authorized insurers under the conditions required by Nevada's Nonadmitted Insurance Law.
A nonadmitted insurer is not licensed or authorized to transact insurance generally in Nevada, but it may provide qualifying surplus-lines coverage through a properly licensed surplus lines broker. The broker performs the regulated placement function, documents the effort to obtain coverage from the admitted market when required, handles applicable filings, and ensures that statutory taxes and disclosures are addressed.
The policyholder purchases the insurance and pays the premium; the policyholder is not paid the placement commission. The Division of Insurance regulates the transaction and may receive taxes, fees, and reports as provided by law, but it is not the recipient of the insurer's commission. A third-party claimant is someone asserting a claim against an insured and has no role in the placement commission.
Study Guide references/topics: nonadmitted insurance; surplus lines; broker licensing; commissions; Nevada Nonadmitted Insurance Law .

質問 # 117
In a variable annuity, who bears the investment risk associated with the separate-account investment performance?

- A. The producer
- B. The insurer
- C. The beneficiary
- D. The contract owner

正解： D

解説：
In a variable annuity, the contract owner bears the investment risk because contract values are tied to the performance of selected investment options held in a separate account. If those investments perform well, the accumulation value may increase. If they decline, the account value may decrease. The insurer does not guarantee a fixed return on the separate-account portion of the contract, although the contract may include certain insurance guarantees, such as a death-benefit feature or optional living benefits.
This is the central distinction between fixed and variable annuities. A fixed annuity generally credits interest at a guaranteed minimum rate and may declare additional interest under the contract terms. The insurer bears the investment risk for its general account. A variable annuity offers market-based investment choices and transfers market risk to the owner. Because variable annuity values are securities-linked, the producer must also satisfy applicable securities-registration and licensing requirements in addition to life insurance authority.
The suitability analysis is important. Variable annuities may be appropriate for a consumer seeking long-term growth potential who understands market volatility and has an appropriate time horizon. They are not automatically appropriate for a person who requires principal stability, liquidity, or predictable fixed returns.
References/topics from the Study Guide: Fixed Annuities; Variable Annuities; Separate Accounts; General Accounts; Investment Risk; Suitability.

質問 # 118
An individual health insurance policy contains a Change of Occupation provision. If the insured experiences a loss in a more hazardous occupation than when the policy was issued, the insurance company may:

- A. adjust benefits to the amount the premium provides for the new occupation
- B. increase the deductible to adjust for the occupational difference
- C. deny any claim on the basis of misrepresentation
- D. increase the waiting period to adjust for the occupational difference

正解：A

解説：
The Change of Occupation provision allows an insurer to adjust benefits when the insured changes to a more hazardous occupation after policy issue. Choice A is correct. If the same premium would have purchased a lower benefit amount for the new, more hazardous occupati on, the insurer may reduce the benefit to the amount that premium would have bought under the new occupational classification. The purpose is to preserve fairness between the risk assumed and the premium paid without automatically cancelling the policy.
The insurer does not simply increase the waiting period or deductible, because those are not the contractual adjustment method addressed by the provision. It also does not deny every claim for misrepresentation, because a later change in occupation is not necessarily a misrepresentation in the original application. If the insured changes to a less hazardous occupation, the provision may allow the insured to apply for an adjusted premium rate or greater benefit as appropriate under policy terms. The key examination rule is that occupational changes affect the amount of benefits or premium classification, not the basic validity of coverage. Study Guide References/Topics: Policy Provisions, Clauses, and Riders; Change of Occupation Provision; Individual Accident and Health Policies.

質問 # 119

Under a Medicare Supplement policy that is issued in response to a direct solicitation, a policyowner may return the policy to the insurance company for a full premium refund within a MAXIMUM of how many days?

- A. Sixty
- B. Ten
- C. Thirty
- D. Forty-five

正解：C

解説：
A Medicare Supplement policy issued in response to direct solicitation may be returned for a full premium refund within 30 days. This is commonly called a free-look or right-to-return period. It gives the policyowner time to examine the policy after delivery and decide whether the coverage is suitable.
Direct solicitation presents a heightened consumer-protection concern because the purchaser may not have received the same personal explanation and comparison assistance available in a face-to-face sale. The 30-day period allows the consumer to review benefits, exclusions, premiums, Medicare coordination, replacement implications, and suitability without financial penalty.
The policyowner should return the policy within the required period and follow the insurer's return instructions. Once timely returned, the insurer must refund the premium in accordance with the applicable rule. The free-look right does not mean that every policy can be cancelled at any time for a complete refund; it is a specific statutory or regulatory rescission period following delivery.
Ten, 45, and 60 days are common distractors because various insurance rules use different deadlines. For Medicare Supplement direct-solicitation policies, the tested maximum period is 30 days.
Study Guide references/topics: Medicare Supplement insurance; direct solicitation; free-look period; consumer protections; Nevada Medicare Supplement regulations .

質問 # 120

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