

# 100% Pass 2026 Accurate Insurance Licensing PA-Life-Accident-and-Health Exam Engine

## PSI: LIFE, ACCIDENT, AND HEALTH PRACTICE EXAM QUESTIONS AND ANSWERS 100% PASS

Under the misstatement of age or gender provision, what happens if it is determined at death that the insured's age or gender was misstated on a life insurance policy application? - Correct Answer ✓✓-Benefits are adjusted to an amount that the premium would have purchased at the correct age or gender.

Which of the following must be given to the insurer within 20 days after occurrence or commencement of any loss covered by the policy, or as thereafter as is reasonably possible? - Correct Answer ✓✓-Notice of claim.

When will a policy pay on a UCR basis? - Correct Answer ✓✓-When particular benefits are not listed on a payment schedule.

All of the following are non-forfeiture options EXCEPT - Correct Answer ✓✓-Cash dividend option.

What happens when the lifetime maximum benefit limit has been reached? - Correct Answer ✓✓-The insured will pay all of the remaining medical costs for as long as the policy is in force.

Whose responsibility is it to make sure that the company is notified of a death claim at the earliest possible opportunity (in most cases)? - Correct Answer ✓✓-The producer.

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## Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q45-Q50):

### NEW QUESTION # 45

Which rider includes coverage for the insured's spouse and children?

- A. Guaranteed insurability
- B. Jumping juvenile
- C. Payor benefit
- D. Family

**Answer: D**

Explanation:

In Pennsylvania Life Insurance policies, the Family Rider is specifically designed to provide coverage for the insured's spouse and dependent children under a single policy. This rider allows the primary insured to purchase life insurance protection for eligible family members without requiring separate individual policies for each person.

Pennsylvania insurance study guides explain that family riders usually provide a fixed amount of term life coverage for the spouse and smaller amounts for children. Coverage for children typically expires when they reach a specified age, at which point they may have the option to convert to permanent coverage. Spousal coverage may also include conversion privileges.

The other options listed do not provide family coverage. A guaranteed insurability rider allows the insured to purchase additional coverage in the future without proof of insurability. A jumping juvenile rider automatically converts juvenile coverage into permanent insurance at a certain age. A payor benefit rider waives premiums if the policy owner becomes disabled.

Therefore, based on Pennsylvania Life Insurance documentation, the rider that includes coverage for the insured's spouse and children is the Family rider.

### NEW QUESTION # 46

All of the following statements about Health Maintenance Organizations (HMOs) are true EXCEPT

- A. Out-of-pocket expenses are limited as long as the network is utilized.
- B. Members pay higher monthly fees when out-of-network providers are utilized.
- C. Members pay fixed monthly fees to the HMO.
- D. Members receive care from providers in the HMO network.

**Answer: B**

Explanation:

HMOs typically require members to use a network of designated providers and do not cover out-of-network care except in emergencies. Members pay fixed monthly fees for access to the HMO's network of providers.

While out-of-pocket expenses are limited within the network, utilizing out-of-network providers generally results in the services not being covered at all, rather than higher monthly fees. Therefore, statement D is incorrect.

### NEW QUESTION # 47

All of the following factors are used in determining premiums EXCEPT

- A. expense.
- B. mortality.
- C. interest
- D. liquidity.

**Answer: D**

Explanation:

Insurance premiums are calculated based on three primary factors: mortality, interest, and expenses. These elements are consistently emphasized in Pennsylvania Life, Accident, and Health Insurance licensing materials. Mortality reflects the likelihood of death or loss,

interest represents anticipated investment earnings, and expenses account for administrative and operational costs. Liquidity refers to how quickly assets can be converted into cash and is not used in determining insurance premiums. While liquidity is important in financial planning and asset management, it does not directly impact premium calculations. Therefore, the factor not used in determining premiums is liquidity, making option A the correct and verified answer.

#### NEW QUESTION # 48

An insured added a cost of living rider to his life insurance policy to ensure his death benefit increases in accordance with

- A. the stock index.
- B. his salary.
- C. the inflation index.
- D. family growth.

**Answer: C**

Explanation:

In Pennsylvania Life Insurance policies, a Cost of Living Rider (COLA rider) is designed to protect the policy's death benefit from the eroding effects of inflation. This rider automatically increases the policy's face amount over time based on changes in a recognized inflation index, ensuring that the purchasing power of the death benefit remains consistent.

Pennsylvania insurance study materials emphasize that inflation can significantly reduce the real value of a fixed death benefit over long periods. The COLA rider addresses this concern by periodically adjusting the death benefit upward, typically in alignment with consumer price measurements. These increases usually occur without requiring additional evidence of insurability, although they may result in increased premiums.

The rider does not adjust benefits based on the insured's salary, family growth, or stock market performance.

Salary and family size are personal financial considerations, not standardized economic indicators. Likewise, stock indexes are too volatile and speculative for insurance benefit adjustments. Instead, inflation indexes provide a stable, objective measure of rising costs.

Therefore, under Pennsylvania Life Insurance provisions, the COLA rider ensures death benefit increases in accordance with the inflation index, making option C the correct and verified answer.

#### NEW QUESTION # 49

Which is NOT a characteristic of a major medical expense policy?

- A. Elimination periods
- B. Stop loss limits
- C. Deductibles
- D. Coinsurance

**Answer: A**

Explanation:

A major medical expense policy under Pennsylvania Accident and Health Insurance guidelines is designed to provide broad coverage for catastrophic medical costs. These policies are characterized by several standard features, including deductibles, coinsurance, and stop-loss limits.

Deductibles require the insured to pay a specified amount before coverage begins. Coinsurance requires the insured to share a percentage of covered expenses after the deductible is met. Stop-loss limits protect the insured by capping out-of-pocket expenses, after which the insurer pays 100% of covered costs.

An elimination period, however, is not a feature of major medical insurance. Elimination periods apply primarily to disability income policies, where benefits begin only after a waiting period following the onset of disability. Medical expense policies pay based on incurred expenses rather than elapsed time.

Because elimination periods do not apply to major medical expense coverage, option A is the correct and verified answer under Pennsylvania insurance documentation.

#### NEW QUESTION # 50

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