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Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q31-Q36):

NEW QUESTION # 31

Backdating on a life insurance policy is the practice of

- A. excluding medical coverage for preexisting medical conditions.
- B. reinstating a lapsed policy.
- C. accepting the premium after the expiration of the grace period.
- D. making the policy effective on an earlier date than the present.

Answer: D

Explanation:

Backdating in a Pennsylvania life insurance policy refers to the practice of assigning an effective date earlier than the actual

application or issue date of the policy. This is permitted under Pennsylvania insurance regulations primarily to allow the insured to qualify for a lower premium based on a younger insurance age.

Insurers typically allow backdating up to six months, provided the policyowner pays the required back premiums from the backdated effective date to the current date.

Backdating does not reinstate a lapsed policy, accept late premiums beyond the grace period, or exclude coverage for preexisting conditions. Those activities are governed by separate provisions such as reinstatement clauses, grace period rules, and preexisting condition limitations found mainly in health insurance policies. Pennsylvania life insurance study materials emphasize that backdating is strictly regulated and must be requested by the applicant, not imposed by the insurer. Its sole purpose is age-based premium adjustment, making option A the correct answer.

NEW QUESTION # 32

Which General Policy Provision allows an insurer to adjust policy benefits and/or premium rates if the insured has changed to a more hazardous occupation?

- A. change of occupation provision
- B. modified assignment provision
- C. policy assignment provision
- D. modified occupation provision

Answer: A

Explanation:

The change of occupation provision is a standard general policy provision in Pennsylvania Accident and Health Insurance policies. This provision allows the insurer to adjust benefits or premium rates if the insured changes to a more hazardous occupation after the policy has been issued.

Pennsylvania insurance education materials explain that if the insured moves into a higher-risk occupation, the insurer may reduce benefits to the amount the original premium would have purchased for that occupation. Conversely, if the insured moves to a less hazardous occupation, benefits may increase or premiums may decrease. The other answer choices are not recognized provisions related to occupational risk.

Therefore, the change of occupation provision is the correct and verified answer under Pennsylvania Life, Accident, and Health Insurance standards.

NEW QUESTION # 33

Managed care is typically provided under all of the following EXCEPT a

- A. major medical indemnity plan.
- B. point-of-service (POS) plan.
- C. health maintenance organization (HMO) plan.
- D. preferred provider network health plan.

Answer: A

Explanation:

Under Pennsylvania Accident and Health Insurance principles, managed care is a system designed to control costs and coordinate healthcare services through provider networks, referrals, and utilization management.

Managed care is typically associated with Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Point-of-Service (POS) plans. These plans require insureds to use network providers or face reduced benefits, and they emphasize preventive care and cost containment.

A major medical indemnity plan, however, is not considered a managed care plan. Indemnity plans allow insureds to choose any healthcare provider without network restrictions and reimburse expenses based on covered charges, usually without requiring referrals or primary care coordination. Pennsylvania insurance study materials clearly distinguish indemnity plans from managed care models.

Because major medical indemnity plans lack provider networks and cost management controls, they fall outside the managed care classification. Therefore, major medical indemnity plan is the correct and verified answer according to Pennsylvania Life, Accident, and Health Insurance documentation.

NEW QUESTION # 34

Which of the following beneficiary designations prohibits the policyowner from making any changes to the policy without the beneficiary's written consent?

- A. contingent beneficiary
- **B. irrevocable beneficiary**
- C. primary beneficiary
- D. revocable beneficiary

Answer: B

Explanation:

Under Pennsylvania Life Insurance regulations, an irrevocable beneficiary designation prevents the policyowner from making any changes to the policy without the beneficiary's written consent. Once named, an irrevocable beneficiary has a vested interest in the policy, meaning their rights cannot be altered unilaterally by the policyowner. This includes changes to beneficiaries, policy loans, assignments, or surrenders.

Pennsylvania-approved life insurance study materials emphasize that the policyowner gives up certain ownership rights when naming an irrevocable beneficiary. This designation is often used in divorce agreements, estate planning, or business arrangements where guaranteed benefits are required. Because of the legal protections involved, written consent from the irrevocable beneficiary is mandatory for any material policy modification.

The other options do not limit policyowner control. A primary beneficiary is simply first in line to receive benefits, while a contingent beneficiary receives benefits only if the primary beneficiary is unavailable. A revocable beneficiary allows the policyowner to make changes freely. Therefore, irrevocable beneficiary is the correct and verified answer under Pennsylvania Life, Accident, and Health Insurance documentation.

NEW QUESTION # 35

A group health insurance Certificate of Coverage is

- A. only provided to an employer
- **B. given to the employee as proof of coverage.**
- C. issued to the policyowner as proof of coverage.
- D. issued in lieu of a policy.

Answer: B

Explanation:

In Pennsylvania group health insurance plans, a Certificate of Coverage is issued to each insured employee as proof of coverage.

While the master policy is issued to the employer or group sponsor, individual employees do not receive the full policy. Instead, they are provided with a certificate that summarizes their benefits, coverage limits, exclusions, and policy provisions.

The Certificate of Coverage serves as the employee's evidence of insurance and outlines the rights and responsibilities under the group plan. It ensures that employees clearly understand what benefits they are entitled to and how to access covered services. This requirement is standard in Pennsylvania group health insurance practices and is emphasized in licensing education materials.

Option A is incorrect because the employer receives the master policy, not the certificate. Option B is incorrect because the policyowner in group insurance is the employer, not the employee. Option C is incorrect because the certificate does not replace the policy; it summarizes it. Therefore, the correct and verified answer under Pennsylvania Life, Accident, and Health Insurance rules is D. given to the employee as proof of coverage.

NEW QUESTION # 36

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