

Free PDF 2026 Insurance Licensing NY-Life-Accident-and-Health: Marvelous New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 New Study Questions

NY Life, Accident, and Health Insurance Agent/Broker Exam Series 17-55

1. Process 2103 (d-i): 1. The Superintendent may issue a license to any person, firm or corporation who has complied with the requirements of the Insurance Code, authorizing the licensee to act as agent of any authorized insurer. Every individual applicant for a license under this section and every proposed sub-licensee must be 18 years of age or older at the time of issuance of such license. The person must submit to and pass a written examination required by the Superintendent.

2. Producer Definition (2101(k)): An insurance producer means an insurance agent, insurance broker, reinsurance intermediary, excess lines broker, or any other person required to be licensed under the insurance laws of this state to sell, solicit or negotiate insurance.

3. Who Should be Licensed (2101(k)(1)): 1. The term "insurance producer" does not include: An officer, director or employee of a licensed insurer, fraternal benefit society or health maintenance organization or of a licensed insurance producer, provided that the officer, director or employee does not receive any commission on policies written or sold to insure risks residing, located or to be performed in this state and:

(a) the officer, director or employee's activities are executive,

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q78-Q83):

NEW QUESTION # 78

Which of the following services must be provided by a health benefit plan issued on or after January 1, 2014?

- A. Adult dental care services.
- **B. Preventive health services.**
- C. Adult eye care services.
- D. Long-term care services.

Answer: B

Explanation:

The correct answer is D. Preventive health services. Health benefit plans issued on or after January 1, 2014 became subject to the Affordable Care Act's essential health benefit and preventive-service requirements for non-grandfathered coverage in the individual and small-group markets. Those rules require coverage for specified preventive services without cost-sharing when provided in accordance with federal guidelines. New York's post-2014 marketplace coverage materials likewise explain that plans must include the ACA's required essential health benefits, which include preventive and wellness services.

The other options are not the mandatory general requirement described in this question. Adult eye care and adult dental care are not universally required as core benefits in the same way preventive services are; the ACA's pediatric services category specifically includes pediatric vision and dental, not broad adult routine vision or dental as mandatory across all such plans. Long-term care services are also not one of the essential health benefits that every post-2014 health benefit plan must provide. Therefore, among the choices given, the service that must be provided is preventive health services

NEW QUESTION # 79

Which is an accurate description of the relationship between the premiums of a whole life policy and the premium payment period?

- **A. The shorter the payment period, the higher the annual premium.**
- B. The longer the payment period, the higher the annual premium.
- C. The shorter the payment period, the lower the annual premium.
- D. The payment period is not related to the annual premium.

Answer: A

Explanation:

The correct answer is C. The shorter the payment period, the higher the annual premium. In whole life insurance, the relationship between the premium-paying period and the premium amount is straightforward:

when premiums are compressed into a shorter time span, each premium payment must be higher in order to fully fund the same lifetime coverage and guaranteed policy values. New York State Department of Financial Services consumer guidance explains that a limited payment whole life policy provides lifetime protection but requires premiums for only a limited number of years, and because the premiums are paid over a shorter span of time, the premium payments will be higher than under an ordinary whole life plan.

This is why options such as 10-pay life, 20-pay life, or pay-to-age-65 whole life generally have higher annual premiums than traditional straight life policies, where premiums are spread over a longer period. Therefore, A is false because payment period directly affects premium level. B is the opposite of the correct rule. D is also false because a longer payment period generally allows the cost to be spread out, resulting in a lower annual premium than a shorter-pay version of the same policy.

NEW QUESTION # 80

Individuals who are eligible for Medicare on the first day of the month in which they turn age 65 are automatically enrolled in

- A. Part A.
- B. Part D.
- C. Part B.
- D. Part C.

Answer: A

Explanation:

Medicare is a federal health insurance program primarily available to individuals age 65 and older, as well as certain younger individuals with disabilities. Medicare is divided into several parts, each covering different types of healthcare services. Medicare Part A, also known as Hospital Insurance, covers inpatient hospital care, skilled nursing facility care, hospice care, and some limited home health services.

Individuals who qualify for Medicare—especially those already receiving Social Security retirement benefits—are typically automatically enrolled in Medicare Part A when they reach age 65. Coverage generally begins on the first day of the month in which the individual turns 65 (or the prior month if their birthday falls on the first day of the month). Because most individuals have paid Medicare taxes through payroll contributions during their working years, Part A usually requires no monthly premium.

Medicare Part B (Medical Insurance), which covers physician services, outpatient care, and preventive services, requires a monthly premium and may require active enrollment if the individual is not automatically enrolled. Part C refers to Medicare Advantage plans offered by private insurers, and Part D provides prescription drug coverage. Therefore, the part of Medicare that eligible individuals are automatically enrolled in is Medicare Part A.

NEW QUESTION # 81

Which of the following is a characteristic of level premium term life insurance?

- A. It provides for lower benefits.
- B. The cost of insurance is averaged throughout the life of the contract.
- C. It matches the level amount of protection on the insured's life expectancy.
- D. It can be used for cash value.

Answer: B

Explanation:

The correct answer is The cost of insurance is averaged throughout the life of the contract. Level premium term life insurance provides protection for a specified period—such as 10, 20, or 30 years—while keeping the premium amount the same each year during the term period. Even though the insured's probability of death increases as they age, the premium remains level because the insurer averages the cost of insurance over the entire term of the policy.

In the early years of the policy, the insured is statistically less likely to die, so the premium collected is somewhat higher than the actual cost of protection at that time. In later years, the risk of death increases, but the premium remains unchanged because the earlier excess premiums help offset the higher cost of coverage later in the term. This structure creates stable and predictable premium payments for the policyowner.

The other options are incorrect. Term life insurance does not build cash value, and the benefit amount is not necessarily lower or tied to life expectancy calculations in the manner described. The defining feature is the level premium created by averaging the cost over the policy term.

NEW QUESTION # 82

A common disaster clause states that if the beneficiary dies from the same accident as the insured individual, the insurer will proceed as if the

- A. beneficiary outlived the insured individual.
- B. beneficiary was never named on the policy.
- C. insured individual outlived the beneficiary.
- D. beneficiary and the insured individual died simultaneously.

Answer: C

Explanation:

A common disaster clause (often discussed with "simultaneous death" situations) addresses what happens when the insured and the primary beneficiary die in the same accident and it is unclear who died first or they die within a very short period. To prevent the death benefit from being paid to the beneficiary's estate (and potentially creating delays, disputes, or unintended distribution), the policy provision directs the insurer to handle the claim as though the insured survived the beneficiary. When the insurer proceeds on that assumption, the primary beneficiary is treated as having predeceased the insured, so the death benefit is paid to the contingent beneficiary if one is named. If there is no contingent beneficiary, proceeds generally go according to the policy's default order (often to the insured's estate).

This clause helps ensure the insured's intended "next in line" recipients receive the proceeds and reduces administrative complications when deaths occur together. Therefore, the insurer proceeds as if the insured individual outlived the beneficiary.

NEW QUESTION # 83

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