

# Test Insurance Licensing NY-Life-Accident-and-Health Price, Latest NY-Life-Accident-and-Health Exam Labs

## NYS Life, accident, and health insurance Exam Questions with Answers 2024

Which type of life insurance policy is best suited for paying off the outstanding balance of a 30-year mortgage in the event of the insured's death?

✓ 30-year decreasing term.

How many days notice does the ACA require insurers to give before rescinding coverage?

✓ 30

A signed good health statement may be requested by a life producer at the time of

✓ Policy Delivery

Carol purchases a whole life policy that provides a choice of dividend options. This policy is required to include a statement that the dividends are

✓ Not Guaranteed

Tim is confined to a nursing home but doesn't have a terminal illness. Which life insurance rider is designed to help pay for this type of expense?

✓ Long-term care benefit rider

An insured is covered under a group long-term disability policy. Under this type of policy, the definition of disability based on any occupation typically applies

✓ After two years of disability

Sylvia purchased an annuity for \$100,000 from the proceeds of an inheritance. No further payments are permitted and the income stream begins in 15 years. This contract is a(n)

✓ Single premium deferred annuity

Which of these is NOT a factor that influences group health insurance underwriting?

✓ Physical exams of group members

What is the grace period required for an individual accident and health insurance policy with monthly premiums?

✓ 10 days

In regards to technology and the ACA, which of the following statements is correct?

✓ States which operate with an Exchange must offer an internet-based portal

Insurable interest involves what assumption?

✓ One person benefits from another person's continued life

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## Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q28-Q33):

### NEW QUESTION # 28

A whole life policy is replaced with an annuity without incurring a tax penalty. This is referred to as

- A. an Endowment Contract.
- B. a Transfer of Value.
- C. a Cross-Purchase Plan.
- **D. a 1035 Exchange.**

**Answer: D**

Explanation:

The correct answer is D. a 1035 Exchange . Under federal tax rules commonly tested in life insurance licensing materials, a Section 1035 exchange allows certain insurance products to be replaced with other qualifying insurance products without immediate taxation on any gain in the original contract. This means that if a policyowner exchanges a life insurance policy for a permitted replacement contract, the transaction may occur on a tax-deferred basis rather than being treated as a taxable surrender.

In exam terminology, a 1035 exchange is important because it preserves the policyowner's accumulated values while avoiding current tax consequences that would normally apply if the contract were simply cashed out. The other choices do not fit this tax-free replacement concept. A cross-purchase plan is a business continuation arrangement, an endowment contract is a type of life insurance contract, and transfer of value refers to a rule that can affect the tax treatment of death benefits after a policy transfer. Therefore, the recognized term for replacing a whole life policy with another qualifying contract without current tax liability is a 1035 Exchange .

### NEW QUESTION # 29

The cost of a long-term care policy is based on all of the following EXCEPT

- A. level of benefits provided.
- B. age.
- **C. personal income.**
- D. health condition.

**Answer: C**

Explanation:

The correct answer is D. personal income. The premium for a long-term care (LTC) insurance policy is determined primarily by underwriting and policy design factors rather than the applicant's income level.

Insurers evaluate several key elements when calculating the cost of coverage. One major factor is the applicant's age at the time of purchase, because the probability of needing long-term care services increases as a person gets older. Another important factor is the applicant's health condition, since insurers evaluate medical history and current health status to assess the likelihood of future claims.

The level of benefits provided is also a significant pricing factor. Policy features such as the daily benefit amount, benefit period, elimination period, inflation protection, and optional riders all affect the overall premium cost. Higher benefit levels and broader coverage typically result in higher premiums.

However, personal income is not used to determine the cost of a long-term care insurance policy. While income may influence whether an individual can afford a policy or qualifies for certain financial assistance programs, it is not a rating factor used to calculate LTC premiums. Therefore, the correct answer is personal income.

### NEW QUESTION # 30

Which of the following producers, who have been licensed for a full biennial period, MUST complete continuing education requirements as a condition of renewing a license in New York?

- A. Travel accident agents
- B. Baggage agents

- C. Independent adjusters
- **D. Personal Lines agents**

**Answer: D**

Explanation:

The correct answer is A. Personal Lines agents. In New York, licensed insurance producers who hold standard producer licenses for a full biennial licensing period are generally required to complete continuing education in order to renew their licenses. A Personal Lines agent is a regular insurance producer license classification and is therefore subject to the state's continuing education requirement once licensed for the full renewal cycle. This requirement helps ensure that licensed producers remain current on insurance laws, ethical standards, coverage updates, and regulatory responsibilities.

The other choices do not fit as well in this question. Independent adjusters are licensed in a different capacity and are not classified as producers in the same way as agents and brokers for this question's purpose. Baggage agents and travel accident agents are limited-line licensees, and these limited categories are generally not the standard producer class targeted by the full continuing education renewal requirement tested in New York licensing materials.

Because the question specifically asks which producer must complete continuing education after a full biennial period, the best and correct choice is Personal Lines agents .

### NEW QUESTION # 31

According to Health Insurance Portability and Accountability Act (HIPAA), when can a group health policy renewal be denied?

- **A. Participation or contribution rules have been violated.**
- B. The size of the group has increased by more than 10%.
- C. There have been too many claims in the previous year.
- D. Participation or contribution rules have been changed.

**Answer: A**

Explanation:

The correct answer is Participation or contribution rules have been violated . Under the Health Insurance Portability and Accountability Act (HIPAA), group health insurance plans are generally subject to guaranteed renewability requirements . This means that insurers must typically renew group coverage at the option of the employer or plan sponsor. However, HIPAA provides a few limited exceptions where renewal may legally be denied.

One of these exceptions occurs when the employer or group policyholder fails to comply with the insurer's participation or employer contribution requirements . Participation rules usually require a minimum percentage of eligible employees to enroll in the plan, while contribution rules require the employer to pay a specified portion of the premium. If the employer fails to meet these requirements or violates the contractual conditions, the insurer may have grounds to deny renewal of the group policy .

The other choices are incorrect. HIPAA does not allow insurers to deny renewal simply because the group had high claims experience , because the group size increased , or because contribution rules were changed . The critical factor is violation of participation or contribution requirements , making Option C the correct answer.

### NEW QUESTION # 32

The Health Insurance Portability and Accountability Act (HIPAA) ensures that qualified individuals who change jobs will have access to group health insurance with their new employer without

- A. having any increase in premium costs.
- B. any change in the level of benefits they receive.
- C. having to meet a new deductible.
- **D. having to satisfy a new preexisting condition period.**

**Answer: D**

Explanation:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted to improve the portability and continuity of health insurance coverage for employees and their dependents when they change or lose jobs. One of the key protections provided by HIPAA is that individuals moving from one group health plan to another may receive credit for prior continuous health coverage . This means that the time a person was previously insured under a group health plan is applied toward any preexisting condition exclusion period under the new employer's plan.

As a result, qualified individuals who maintain continuous coverage generally do not have to satisfy a new preexisting condition

waiting period when enrolling in a new group health insurance plan. This provision prevents employees from losing coverage for medical conditions that existed before joining the new plan.

However, HIPAA does not guarantee that premiums will remain the same, nor does it prevent changes in deductibles or benefit levels, since these factors depend on the design of the employer's health plan. The primary objective of HIPAA is portability of coverage and protection against new preexisting condition exclusions when changing employment.

## NEW QUESTION # 33

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