

Insurance Licensing NY-Life-Accident-and-Health Authorized Certification - Latest NY-Life-Accident-and-Health Test Dumps

NY Accident & Health Insurance Licensing Exam Study Guide (2024) || Questions & Answers (100% Correct)

Which section of an insurance policy contains language to assist an insurance company in managing morale and moral hazards - ANSWER - The exclusions

The funds assessed to be deposited into the NY Special Disability Fund are deposited with? - ANSWER - The Commissioner of Taxation and Finance

Someone has been hired to work for Namee Insurance Company to adjust workers compensation claims in the office. This person works as what type of adjuster? - ANSWER - A staff or adjuster who is working as an employee

A products-completed operations claim can be made against products manufacturers, wholesalers, and retailers alleging fault and legal responsibilities except for... - ANSWER - Vicarious liability

What is an incorrect statement on liability Part A of a Personal Auto Policy - ANSWER - When Part A limits are exhausted any limits for Uninsured Motorists coverage can be used to pay the entire claim

What is not true of a Physician, Surgeon, Dentist form? - ANSWER - It is available to be written on an occurrence form only

What is not true of the NY Motor Vehicle Accident Indemnification Corporation? - ANSWER - The injured party must submit all medical bills along with the claim forms within 30 days of the accident that caused the injury

How much does NY pay a family for death benefits for the minimum financial responsibility limit? - ANSWER - \$50,000

The minimum coverage amount for UM/UIM in NY is? - ANSWER - \$25,000 per person; \$50,000 per accident

Part 1 of workers compensation policy covers all but: - ANSWER - Bodily injury caused by employer negligence

The NY department has made an exception for claim-made coverage except for what type of risk? - ANSWER - Motor vehicle liability coverage

What is not a settlement option for liability claims? - ANSWER - Excessive amounts claimed

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q34-Q39):

NEW QUESTION # 34

An annuity product linked to a market-related rate of return is called

- A. an indexed annuity.
- B. a fixed annuity.
- C. a tax-sheltered annuity.
- D. a deferred annuity.

Answer: A

Explanation:

The correct answer is an indexed annuity . An indexed annuity is a type of annuity whose rate of return is linked to the performance of a market index , such as a stock market index. Rather than earning a fixed guaranteed interest rate like a fixed annuity, the credited interest in an indexed annuity is based partly on how the selected market index performs during a specific period. However, indexed annuities typically include protective features , such as a minimum guaranteed interest rate or principal protection, which help shield the policyholder from direct market losses.

This structure allows the annuity owner to potentially benefit from market-related growth while maintaining a level of safety associated with insurance products. In licensing materials used for life and annuity training, indexed annuities are commonly described as products that combine elements of fixed annuities and equity market performance .

The other options are incorrect. A fixed annuity provides a guaranteed interest rate not tied to market performance. A deferred annuity refers to the timing of benefit payments rather than the investment structure.

A tax-sheltered annuity generally refers to retirement plans such as 403(b) arrangements used by certain employees. Therefore, the correct answer is indexed annuity .

NEW QUESTION # 35

If an annuitant dies during the accumulation period, his or her beneficiary will receive

- A. no monetary funds.
- B. the greater of the accumulated cash value or the total premiums paid.
- C. the lesser of the accumulated cash value or the total premiums paid.
- D. both the accumulated cash value and the total premiums paid.

Answer: B

Explanation:

The correct answer is A. the greater of the accumulated cash value or the total premiums paid. During the accumulation period of an annuity, funds are being paid into the contract and grow on a tax-deferred basis. If the annuitant dies before the annuity has been annuitized, the contract does not simply disappear. Instead, the beneficiary is generally entitled to a death benefit . In standard annuity contract treatment used in licensing materials, that death benefit is usually the greater of the contract's accumulated value or the total premiums paid , less any withdrawals or outstanding charges if applicable under the contract terms.

This rule protects the beneficiary from receiving less than the value built into the contract and also helps ensure that the owner's contributions are not lost if death occurs before the payout phase begins. The other choices are incorrect. B is wrong because the beneficiary is not limited to the lesser amount. C is incorrect because annuities do provide value upon death during accumulation. D is also incorrect because the beneficiary does not receive both amounts added together; rather, the benefit is based on whichever is greater

. Therefore, the proper answer is A .

NEW QUESTION # 36

Medicaid provides which coverage that Medicare does NOT?

- A. custodial care
- B. ambulance services

- C. inpatient psychiatric care
- D. inpatient hospital services

Answer: A

Explanation:

The correct answer is custodial care . Medicaid is a government health assistance program for individuals who meet certain income and resource requirements , and one of its important features is that it may provide coverage for long-term custodial care , particularly in a nursing home or similar setting for eligible individuals. Custodial care generally refers to assistance with activities of daily living , such as bathing, dressing, eating, and moving about, rather than treatment intended to cure or improve a medical condition.

Medicare, by contrast, is primarily designed to cover acute care and medically necessary services. It does cover services such as ambulance transportation , inpatient hospital services , and certain forms of inpatient psychiatric care , subject to policy limits and eligibility requirements. However, Medicare generally does not pay for ongoing custodial care when that is the only type of care needed.

This distinction is commonly tested in accident and health insurance licensing exams because it highlights the difference between medical insurance for acute or skilled care and public assistance coverage for long-term support needs . Therefore, the service Medicaid provides that Medicare does not is custodial care .

NEW QUESTION # 37

The general enrollment period for Medicare Part B ends on

- A. December 31.
- B. June 30.
- **C. March 31.**
- D. May 31.

Answer: C

Explanation:

The correct answer is A. March 31. The General Enrollment Period (GEP) for Medicare Part B is the annual period for people who did not enroll when first eligible and who do not qualify for a Special Enrollment Period. According to the Centers for Medicare & Medicaid Services, the GEP runs each year from January 1 through March 31 . Medicare.gov and Social Security materials confirm the same timeframe for late enrollment into Part B.

This means the enrollment period ends on March 31 , making choices B, C, and D incorrect. May 31 and June 30 are outside the authorized general enrollment window, and December 31 is not the closing date for Part B' s GEP. Current CMS guidance also explains that when a person enrolls in Part B during the GEP, coverage begins the month after enrollment , rather than being delayed until July as under older rules. That timing update does not change the end date of the enrollment period itself, which remains March 31 . Therefore, under Medicare enrollment rules relevant to Accident and Health insurance licensing, the general enrollment period for Medicare Part B ends on March 31

NEW QUESTION # 38

Which of the following statements BEST describes a disability elimination period?

- A. A dollar deductible rather than a time deductible.
- **B. A time deductible rather than a dollar deductible.**
- C. A benefit or utilization period.
- D. A qualifying period.

Answer: B

Explanation:

The correct answer is A. A time deductible rather than a dollar deductible. In disability income insurance, the elimination period is the span of time that must pass after a covered disability begins before benefits become payable. Instead of requiring the insured to first pay a certain amount of money out of pocket, as with a traditional health insurance deductible, disability coverage usually requires the insured to satisfy a waiting period measured in days . For this reason, the elimination period is commonly described as a time deductible .

This period helps the insurer avoid paying for very short-term disabilities and affects the policy's premium structure. In general, the longer the elimination period, the lower the premium , because the insured waits longer before receiving benefits. Common

elimination periods may be 30, 60, 90, or 180 days depending on the policy. The other choices are not as accurate. It is not a benefit period, because the benefit period describes how long payments continue after they start. It is not a dollar deductible, and although "qualifying period" may sound similar, the standard licensing term used in disability insurance is elimination period, meaning a time deductible.

NEW QUESTION # 39

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