

NY-Life-Accident-and-Health Reliable Dumps Questions, NY-Life-Accident-and-Health Practice Brindumps

PSI - NY LIFE, ACCIDENT AND HEALTH PRACTICE EXAM 17-55 QUESTIONS WITH CORRECT ANSWERS 2025

Which policy provision permits the policy owner to take a specified number of days to examine the contract, and allows for cancellation and a full refund if the policy owner rejects the terms or costs? - CORRECT ANSWER - Free Look

When will a policy pay on a UCR basis? - CORRECT ANSWER - When particular benefits are not listed on a payment schedule

Which type of rider reimburses health and social service expenses incurred in a convalescent or nursing home facility? - CORRECT ANSWER - long term care rider

Which of the following is exempted from the incontestability provision in insurance policies? - CORRECT ANSWER - Fraudulent misstatements

What does first dollar coverage mean? - CORRECT ANSWER - As soon as covered medical expenses are incurred, the policy begins to pay

What is the waiver of premium provision? - CORRECT ANSWER - In a long term care contract, the premium is waived after the insured has been confined for a specific period of time

According to the Time Payment of Claims provision, the insurer must make the payment immediately after receiving proof of loss EXCEPT - CORRECT ANSWER - for claims involving periodic payments

Which is a disadvantage to a flexible premium annuity? - CORRECT ANSWER - the actual amount of the annuity benefit cannot be determined in advance

When a policy or certificate containing an accelerated benefit provision is applied for or delivered, the producer is responsible for providing that applicant a summary of coverage that includes all of the following EXCEPT - CORRECT ANSWER - a detailed and comprehensive summary of the accelerated benefit

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Insurance Licensing New York Life, Accident and Health Insurance Agent/Broker Examination Series 17-55 Sample Questions (Q117-Q122):

NEW QUESTION # 117

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

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

Answer: A

NEW QUESTION # 118

When marketing to groups for health insurance, who should be issued a certificate as proof of coverage?

- A. HMO
- B. Sponsor
- C. Employer
- **D. Employee**

Answer: D

Explanation:

The correct answer is B. Employee. In group health insurance, the master policy is issued to the policyholder or sponsor, which is typically the employer or organization sponsoring the plan. Individual members of the group-usually employees-are not issued the master policy itself. Instead, they receive a certificate of coverage that summarizes the benefits, limitations, and procedures for obtaining benefits under the group plan. This certificate serves as the individual's proof of insurance coverage.

Under group insurance arrangements, each insured participant receives a certificate explaining the coverage provided under the master contract and outlining the essential features of the insurance. (app.achievable.me) The other options are incorrect because the sponsor or employer receives the master policy, not the certificate of coverage. The HMO or insurer is the entity providing the coverage and issuing the documents, not the party receiving the certificate as proof of coverage. Therefore, when health insurance is marketed to groups, the employee (or covered member) is issued a certificate as evidence of insurance coverage.

NEW QUESTION # 119

A policyowner suffers an injury that renders him incapable of performing one or more important job duties.

Any decrease in income resulting from his injury would make him eligible for benefits under which provision?

- **A. Partial disability.**
- B. Flat amount disability.
- C. Presumptive disability.
- D. Nondisabling injury.

Answer: A

Explanation:

This situation describes a disability that does not completely prevent the insured from working, but does reduce the insured's ability to perform significant or "material" duties of the occupation, resulting in a loss of income. Under accident and health disability income concepts, that is the definition of partial disability, which pays benefits when the insured can work in a limited capacity (or perform only some duties) and suffers measurable earnings reduction. "Nondisabling injury" is typically a limited benefit that applies when an injury does not create disability as defined by the policy (often paying a small scheduled amount for medical/accidental injuries without inability to work). "Presumptive disability" refers to severe, specified losses (such as loss of sight, hearing, speech, or limbs) that trigger total disability benefits regardless of work capacity. "Flat amount disability" does not match the key clue in the question-eligibility based on decreased income -because partial disability provisions specifically tie benefits to reduced ability to

work and corresponding earnings loss.

NEW QUESTION # 120

Medicaid provides which coverage that Medicare does NOT?

- A. custodial care
- B. inpatient psychiatric care
- C. inpatient hospital services
- D. ambulance 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 # 121

Who is the beneficiary of a key person insurance policy?

- A. Business partner.
- B. Employee.
- C. Insured ' s spouse.
- D. Employer.

Answer: D

Explanation:

The correct answer is Employer . In a key person insurance policy , the business purchases life insurance on the life of an employee, owner, or executive whose services are considered especially valuable to the company. In this arrangement, the business is the policyowner , pays the premiums, and is also named as the beneficiary . If the key person dies, the death benefit is paid to the employer to help offset the financial loss that may result from the death of that important individual.

The purpose of key person insurance is to protect the business against losses such as reduced revenues, replacement and training costs, disruption of operations, loss of credit, or the expense of finding a suitable successor . The policy is not intended primarily to provide personal family protection for the insured employee; that would normally be handled by an individually owned life insurance policy.

The other choices are incorrect because the employee, the insured's spouse, or a business partner would not ordinarily be the beneficiary unless the policy were structured differently from a standard key person arrangement. In the typical and tested form of key person insurance, the employer is the beneficiary.

NEW QUESTION # 122

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