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It is universally accepted that in this competitive society in order to get a good job we have no choice but to improve our own capacity and explore our potential constantly, and try our best to get the related PA-Life-Accident-and-Health certification is the best way to show our professional ability, however, the PA-Life-Accident-and-Health Exam is hard nut to crack and but our PA-Life-Accident-and-Health preparation questions related to the exam for it seems impossible for us to systematize all of the key points needed for the exam by ourselves. With our PA-Life-Accident-and-Health exam questions, you will pass the exam with ease.

Insurance Licensing Pennsylvania Life, Accident and Health Exam Sample Questions (Q107-Q112):

NEW QUESTION # 107

What provision allows the insured a period of time in which to review a newly-issued insurance policy and, if dissatisfied for any reason, return it for a full refund of the premium?

- A. probationary period
- B. grace period
- C. **right to examine**
- D. elimination period

Answer: C

Explanation:

The right to examine provision, commonly referred to as the free-look period, is a mandatory consumer protection feature in Pennsylvania insurance policies. This provision allows the insured a specific period- typically 10 days for life and health policies- during which they may review a newly issued policy and return it for a full refund of the premium if dissatisfied for any reason. Pennsylvania insurance regulations emphasize transparency and consumer protection, ensuring that policyholders have adequate time to evaluate policy terms, exclusions, riders, and benefits. During the right- to-examine period, the policy is considered issued but not fully accepted. If returned within the allowed timeframe, the policy is voided as if it never existed, and the insurer must refund all premiums paid.

The other options listed are incorrect. A grace period applies to late premium payments, not policy review. A probationary period relates to waiting periods before certain benefits become payable. An elimination period refers to the time between disability onset and benefit payment in disability policies.

Accordingly, under Pennsylvania Life, Accident, and Health Insurance provisions, the right to examine is the correct answer.

NEW QUESTION # 108

Medicare supplement policies are provided by

- A. private insurers.
- B. state governments.
- C. employers.
- D. the federal government.

Answer: A

Explanation:

Medicare Supplement policies, commonly referred to as Medigap, are issued by private insurance companies that are licensed and regulated by the Pennsylvania Insurance Department. While Medicare itself is a federal health insurance program, Medicare Supplement insurance is designed to fill coverage gaps left by Original Medicare, such as deductibles, coinsurance, and copayments. Pennsylvania Life and Health Insurance study guides clearly state that these policies are standardized under federal law but sold and administered exclusively by private insurers.

Neither employers, state governments, nor the federal government issue Medicare Supplement policies. The federal government establishes Medicare benefits, while the state enforces regulatory oversight to ensure insurers comply with consumer protection standards. Employers may offer retiree health benefits, but they do not provide Medigap policies. Therefore, under Pennsylvania insurance law and approved exam materials, private insurers are the only correct providers of Medicare Supplement policies.

NEW QUESTION # 109

The clause in a life insurance policy protecting its proceeds from the beneficiary's creditors is referred to as the

- A. creditor life clause.
- B. lien exclusion clause.
- C. credit shelter trust clause.
- D. spendthrift trust clause.

Answer: D

Explanation:

In Pennsylvania Life Insurance policies, the clause that protects life insurance proceeds from the beneficiary's creditors is known as the spendthrift trust clause. This provision is designed to ensure that the policy benefits are preserved for the intended beneficiary and are not subject to claims by creditors, bankruptcy actions, or legal judgments against the beneficiary. Under Pennsylvania insurance principles and estate-planning standards reflected in life insurance study materials, this clause restricts the beneficiary's ability to transfer, assign, or pledge the proceeds before they are paid out.

The spendthrift trust clause functions by legally separating the insurance proceeds from the beneficiary's personal assets until distribution occurs according to the policy terms. As a result, creditors cannot attach, garnish, or seize the funds while they remain under the control of the insurer. This protection is particularly important when beneficiaries may have financial difficulties, outstanding debts, or limited financial management skills.

The other options listed are incorrect under Pennsylvania Life, Accident, and Health Insurance guidelines. A lien exclusion clause relates to property insurance, not life insurance. A credit shelter trust clause is an estate- planning tool used primarily for tax minimization, not creditor protection within a policy. A creditor life clause does not exist as a recognized life insurance provision. Therefore, the spendthrift trust clause is the correct and verified answer according to Pennsylvania-approved insurance education and licensing materials.

NEW QUESTION # 110

(EXCEPT for fraud, what is the time limit after issue for an insurer to deny an individual health insurance claim based on material misrepresentation in the application for the insurance?

- A. 180 days
- B. 5 years
- C. 1 year
- D. 3 years

Answer: D

Explanation:

Pennsylvania individual health insurance policies include an incontestability provision. Except in cases of fraud, insurers may deny claims based on material misrepresentation only within the first three years after the policy is issued. After this period, statements made in the application become contestable, even if they were inaccurate. This rule protects insureds by providing long-term policy certainty and aligns with Pennsylvania statutory insurance standards. Fraud remains the sole exception, allowing denial at any time. The other options do not reflect the legally mandated incontestability timeframe.

NEW QUESTION # 111

If a producer misleads or fails to adequately disclose the title and true nature of a policy offered to a potential insured, it may be considered

- A. coercion.
- B. false advertising.
- C. misrepresentation.
- D. defamation.

Answer: C

Explanation:

Misrepresentation occurs when a producer provides false, misleading, or incomplete information about an insurance policy that induces a potential insured to purchase coverage. Under Pennsylvania insurance law and producer conduct standards, failing to adequately disclose the true nature, benefits, limitations, or title of a policy constitutes misrepresentation.

Coercion involves using threats or intimidation to force a purchase, while defamation relates to false statements that harm the reputation of another insurer or producer. False advertising refers to misleading promotional materials but does not necessarily involve direct communication with a specific applicant.

Misrepresentation specifically addresses the failure to properly explain or truthfully present a policy during the sales process.

Pennsylvania Life, Accident, and Health Insurance study guides highlight misrepresentation as a serious violation that may result in fines, license suspension, or revocation. Because the producer misled the applicant or failed to disclose essential policy details, the correct and verified answer is option D.

NEW QUESTION # 112

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