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## **Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q84-Q89):**

### NEW QUESTION # 84

Including a guaranteed insurability rider on a life insurance policy means that:

- A. Any extra premium charged for a health impairment will be discontinued if standard insurability is proved later.
- B. The company will require evidence of insurability for any future purchase of life insurance.
- C. The original policy was sold on a non-medical basis.
- **D. The policyowner may purchase additional life insurance periodically without proving insurability.**

**Answer: D**

Explanation:

Virginia Code § 38.2-3209 allows a guaranteed insurability rider, enabling the policyowner to buy additional coverage at specified intervals (e.g., every 3 years or life events like marriage) without proving insurability.

Option D matches this definition. Option A is unrelated; non-medical underwriting isn't implied. Option B contradicts the rider's purpose, which waives insurability proof. Option C is false; premium adjustments aren't part of this rider. The study guide describes this rider as a planning tool for future needs, confirming D.

### NEW QUESTION # 85

A health insurer must generally pay for all of the following types of claims EXCEPT:

- A. Those less than \$20 above the deductible amount
- B. Those related to mental or nervous disorders
- **C. Those incurred after termination of coverage**
- D. Those incurred before termination of coverage

**Answer: C**

Explanation:

Detailed Answer in Step-by-Step Solution:

\* Health insurance covers claims incurred during the policy period (A), not after termination (B), unless extended benefits (e.g., COBRA) apply, which is not indicated here.

\* Claims above the deductible (C), regardless of amount, are payable if covered.

\* Mental or nervous disorder claims (D) are typically covered unless excluded by the policy, which is not specified.

\* Thus, claims after termination (B) are the exception.

The Virginia study guide states that health insurance liability ends upon policy termination, barring specific continuation provisions, making post-termination claims generally non-payable. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Health Insurance Coverage Terms."

### NEW QUESTION # 86

An individual health insurance policy must include:

- **A. A 10-day free look provision**
- B. Coverage for pre-existing conditions
- C. A 60-day grace period
- D. Only the optional uniform provisions

**Answer: A**

Explanation:

Detailed Answer in Step-by-Step Solution:

\* Individual health insurance policies in Virginia must include a 10-day free look provision (B), allowing the policyholder to review and return the policy for a full refund.

\* Option A (pre-existing conditions) is not mandatory unless required by the ACA, and exclusions may apply.

\* Option C (only optional provisions) is incorrect; mandatory provisions are required, not just optional ones.

\* Option D (60-day grace period) is excessive; the standard is typically 30 or 31 days for health insurance.

The Virginia study guide mandates a 10-day free look period for individual health insurance policies, ensuring consumer protection, as per state law and NAIC standards. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Health Insurance Policy Provisions."

### NEW QUESTION # 87

At policy delivery, to ensure that the insured has NOT experienced adverse medical conditions since the time of application for life insurance, the insured may be required to sign a:

- A. Conditional receipt
- B. Notice of information practices
- C. Statement of good health
- D. Disclosure notice

**Answer: C**

Explanation:

Virginia Code § 38.2-3106 governs life insurance delivery, where insurers may require a statement of good health (option B) at policy issuance to confirm no material health changes occurred since the application (e.g., a new cancer diagnosis). This signed document protects the insurer from undisclosed risks between underwriting and delivery, potentially voiding coverage if false (subject to incontestability, § 38.2-3105).

Option A (disclosure notice) relates to privacy or policy terms, not health updates. Option C (conditional receipt) is issued at application with premium payment, providing temporary coverage, not a delivery requirement. Option D (notice of information practices) informs about data use (per § 38.2-604), not health status. The study guide likely illustrates this with a scenario-e.g., an insured signing to confirm no heart attack post-application-making B the standard practice.

### NEW QUESTION # 88

Under IRS rules, a company normally may do all of the following with funds in a qualified retirement plan EXCEPT:

- A. Make allocations to participating shareholder-employees
- B. Distribute vested funds to employees who leave
- C. Invest in shares of common stocks
- D. Repossess the funds for business purposes

**Answer: D**

Explanation:

Detailed Answer in Step-by-Step Solution:

\* Qualified retirement plans allow investments in stocks (A), allocations to participants (B), and distributions of vested funds (C), but repossessing funds for business use (D) violates IRS rules, as funds are held in trust for employees' benefit.

The Virginia study guide, per IRS regulations, states that qualified plan assets are protected for participants and cannot be diverted for business purposes, ensuring retirement security. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Retirement Plans."

### NEW QUESTION # 89

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