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Which of the following is true about the mandatory 10-day free look in a Life insurance policy?

- A) It commences when the application is signed.
- B) It applies only to term life insurance policies.
- C) It is optional on all life insurance policies.
- D) It commences when the policy is delivered. - ✓✓D) It commences when the policy is delivered.

Alexander has a policy with his ex-wife as its beneficiary. What provisions allows him to change the beneficiary to this new wife?

- A) Entire contract
- B) Payment of claims
- C) Change of beneficiary
- D) Absolute assignment - ✓✓C) Change of beneficiary

The two types of assignments are

- A) Complete and proportionate.
- B) Absolute and collateral
- C) Absolute and partial
- D) Complete and partial - ✓✓B) Absolute and collateral

Absolute assigns the entire policy. Collateral assigns a part or all of the benefits.

Which of the following is an example of third-party ownership?

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Virginia Insurance Virginia Life, Annuities, and Health Insurance Examination Series 11-01 Sample Questions (Q90-Q95):

NEW QUESTION # 90

An immediate annuity:

- A. Normally permits tax-deductible contributions
- B. May be purchased in installments
- C. Pays a lump sum benefit to the annuitant
- D. Lacks an accumulation period

Answer: D

Explanation:

Detailed Answer in Step-by-Step Solution:

* An immediate annuity (C) begins payments shortly after a single premium is paid, lacking an accumulation period (the phase where funds build up, typical in deferred annuities).

* Option A (installments) applies to deferred annuities. Option B (lump sum) is not standard; annuities pay periodically. Option D (tax-deductible) is false; contributions are not deductible unless part of a qualified plan, not typical for immediate annuities.

The Virginia study guide defines an immediate annuity as one purchased with a single premium, with payments starting within one year, bypassing an accumulation phase. Reference: Virginia Life, Annuities, and Health Insurance study guide, section on "Annuities."

NEW QUESTION # 91

In long-term care insurance, the guarantee of insurability option provides the insured with the ability to:

- A. Purchase additional insurance at a later date
- B. Extend coverage under the policy for the insured's lifetime
- C. Keep the same premium for the entire contract period
- D. Replace the policy at any time with one from a different insurer

Answer: A

Explanation:

Virginia Code § 38.2-5202 allows a guaranteed insurability option in LTC insurance, letting the insured buy additional coverage later (option A) without proving insurability, typically at set intervals or life events (e.g., inflation adjustment). Option B (replace with another insurer) isn't a policy feature; it's a market action.

Option C (lifetime extension) confuses with benefit periods, not insurability. Option D (fixed premium) relates to non-cancelable policies, not this rider. The study guide likely describes this with examples-e.g., adding \$1,000 monthly benefit at age 70-emphasizing future flexibility, making A the correct ability.

NEW QUESTION # 92

Coverage under a cancelable health insurance policy may be terminated by:

- A. The insurer only
- B. An arbitration committee
- C. The insured only

- D. Either the insured or the insurer

Answer: D

Explanation:

Virginia Code § 38.2-3508 defines a cancelable health policy as one either party-the insured or insurer-can terminate before its term ends, with notice (e.g., 30 days). Option C reflects this mutual right. Option A (insurer only) and option B (insured only) are too restrictive; cancelable policies aren't unilateral. Option D (arbitration committee) isn't a standard mechanism; cancellation follows policy terms, not third-party rulings.

The study guide likely contrasts cancelable with non-cancelable policies, using examples like an insurer canceling for nonpayment or an insured canceling due to better rates, making C the correct scope.

NEW QUESTION # 93

Claims settlement practices of insurers are regulated by:

- A. The National Association of Insurance Commissioners
- B. State insurance departments
- C. The Internal Revenue Service
- D. Claims adjusters

Answer: B

Explanation:

Virginia Code § 38.2-510 regulates unfair claim settlement practices, enforced by the State Corporation Commission's Bureau of Insurance-a state insurance department (option D). This includes timely claim processing and fair payment, with penalties for violations. Option A (IRS) oversees tax compliance, not insurance claims. Option B (NAIC) develops model laws and guidelines (e.g., Unfair Claims Settlement Practices Act), but lacks enforcement power; states adopt and regulate these standards. Option C (claims adjusters) are practitioners, not regulators. The study guide likely emphasizes Virginia's Bureau as the authority, citing examples like investigating delayed claims, aligning with state-level oversight under § 38.2-200 et seq., making D the correct regulator.

NEW QUESTION # 94

A health maintenance organization (HMO) must offer emergency health services:

- A. Sixteen hours a day, six days per week
- B. Sixteen hours a day, seven days per week
- C. Twenty-four hours a day, six days per week
- D. Twenty-four hours a day, seven days per week

Answer: D

Explanation:

Virginia Code § 38.2-4306 mandates that Health Maintenance Organizations (HMOs) provide comprehensive health services, including emergency care, as a core benefit. Emergency services must be available 24 hours a day, 7 days a week (option D) to ensure immediate access to life-saving treatment, aligning with federal and state standards (e.g., ACA requirements under 42 CFR § 422.113). This reflects the HMO's obligation to cover urgent needs-e.g., a heart attack at 2 a.m.-via in-network facilities or out-of-network reimbursement if necessary. Option A (16 hours, 6 days) and Option B (16 hours, 7 days) fall short of the continuous access requirement, limiting coverage unreasonably. Option C (24 hours, 6 days) excludes one day, contradicting the nonstop mandate. The study guide likely emphasizes this 24/7 rule in an HMO benefits section, with examples like ER visits covered anytime, making D the correct standard. This ensures HMOs meet Virginia's consumer protection goals under § 38.2-4300 et seq., distinguishing them from less comprehensive plans.

NEW QUESTION # 95

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