California Life Accident and Health Agent Practice Exam

Section: California Insurance Exams • **Total Questions:** 10 • **Format:** Verified Q&A

1. Which of the following riders increases the death benefit annually without medical evidence?

(A) Cost-of-living rider
(B) Return of premium rider
(C) Accidental death rider
(D) Guaranteed purchase option

2. A producer who replaces a life policy must provide a Notice of Replacement to the applicant within

(A) 24 hours
(B) 48 hours
(C) At time of application
(D) Within 7 days

3. California's required notice of cancellation for non-payment of individual health premium is

(A) 10 days
(B) 20 days
(C) 30 days
(D) 45 days

4. Which of the following riders guarantees the insured can buy additional coverage without evidence of insurability?

(A) Cost-of-living rider
(B) Guaranteed insurability rider
(C) Waiver of premium rider
(D) Accelerated benefits rider

5. Which of the following statements about the insurance policy loans is correct?

(A) Policy loans may be repaid at any time while the policy is in force.
(B) Unpaid policy loans become debts of a deceased policyowner's estate.
(C) Policy loans can be used to pay premiums without affecting the amount of the death benefit.
(D) A policy loan establishes a debtor-creditor relationship between the insurer and the policyowner.

6. The group medical plan provision that applies when a claimant has coverage under more than one plan is known as

(A) coinsurance.
(B) integration.
(C) maximum benefits.
(D) coordination of benefits.

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7. Relevant factors in determining the morbidity of a group of people include all of the following EXCEPT

(A) age.
(B) race.
(C) occupation.
(D) prior claims experience.

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8. Fees that fall within the range normally charged by physicians in a given geographic region are known as:

(A) deductible charges.
(B) negotiated charges.
(C) out-of-pocket charges.
(D) usual, customary, and reasonable charges.

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9. During the solicitation of a long term care insurance rider, a life agent must consider all of the following EXCEPT the applicant's

(A) goals and needs.
(B) attending physician statement.
(C) ability to pay for the coverage.
(D) existing long term care coverage.

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10. A health insurer must acknowledge receipt of a claim within

(A) 5 calendar days
(B) 15 calendar days
(C) 30 calendar days
(D) 45 calendar days
