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39	A	B	C	D	E

PRACTICE QUESTIONS

CALIFORNIA DEPARTMENT OF INSURANCE

X65XZXBP

CA PSI Site - Accident and Health or Sickness Examination -
Vietnamese

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for CALIFORNIA DEPARTMENT OF INSURANCE X65XZXBP , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, X65XZXBP
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

Under the California Insurance Code, a person transacting accident and health or sickness insurance is required to be licensed as which type of insurance producer?

- ☐ A Life-only agent
- ☐ B Property broker
- ☒ C Accident and Health (Disability) agent
- ☐ D Surety bail agent

ANSWER C

WHY California requires a separate Accident and Health (Disability) agent license to transact disability/sickness insurance. A life-only license does not authorize A&H transactions, and property/surety lines are unrelated.

QUESTION 2

SINGLE CHOICE

Which statement best describes a 'pre-existing condition' provision that is permitted in an individual California disability income insurance policy?

- ☐ A It excludes coverage for any condition diagnosed after the policy's effective date.
- ☒ B It excludes coverage for a condition for which the insured received medical advice or treatment within a specified look-back period before the effective date of coverage.
- ☐ C It permanently excludes coverage for all chronic conditions listed in the policy.
- ☐ D It applies only to conditions disclosed by the insured at the time of claim.

ANSWER B

WHY California permits pre-existing condition exclusions in individual disability income policies that apply to conditions for which the insured received medical advice, diagnosis, or treatment within a defined look-back period prior to the effective date. Option A is too broad, C misstates 'permanent,' and D misstates when the provision applies.

QUESTION 3 SINGLE CHOICE

A disability income policy that pays benefits only if the insured cannot perform the duties of any occupation for which they are reasonably suited is providing which definition of total disability?

- ☐ A Own-occupation
- ☒ B Any-occupation
- ☐ C Residual disability
- ☐ D Partial disability

ANSWER B

WHY Under an 'any-occupation' definition, the insured is considered totally disabled only if unable to perform the duties of any occupation for which they are reasonably qualified by education, training, or experience. Own-occupation is more restrictive (the insured's specific job), and residual/partial are different benefit types.

QUESTION 4 SINGLE CHOICE

Which characteristic is typical of group disability or health insurance plans written in California, as opposed to individual coverage?

- ☐ A Underwriting is performed on each individual certificate holder.
- ☒ B Premiums are based on the experience of the entire group.
- ☐ C Coverage is guaranteed renewable by each individual insured.
- ☐ D The master policy does not require participation minimums.

ANSWER B

WHY Group insurance pools risk and bases premiums on the experience of the overall group rather than underwriting each member individually. Group plans typically require minimum participation percentages and the coverage is not individually guaranteed renewable in the same sense as individual policies.

QUESTION 5

SINGLE CHOICE

What is the purpose of an elimination period in a disability income insurance policy?

- ☐ A It is the period after policy issuance during which the insurer may contest any claim.
- ☒ B It is the waiting period that must pass after the onset of disability before benefits become payable.
- ☐ C It is the time during which premiums are waived if the insured becomes disabled.
- ☐ D It is the period used to determine the policy's benefit maximum.

ANSWER B

WHY The elimination period (waiting period) is the span between the date disability begins and the date benefits begin. It is not a contestability period and does not relate to premium waivers or maximum benefit determination.

QUESTION 6

SINGLE CHOICE

When an existing disability income policy is being replaced, which California requirement applies to the replacing producer?

- ☐ A The producer must notify the existing insurer within 10 days of the replacement.
- ☒ B The producer must submit a Notice Regarding Replacement of Accident and Health Insurance to the insurer and provide a copy to the policyholder.
- ☐ C The producer may proceed with replacement only if the new policy has identical benefits.
- ☐ D The producer is required to void the original policy on behalf of the insured.

ANSWER B

WHY California's replacement regulation requires the replacing producer to submit a Notice Regarding Replacement of Accident and Health Insurance to the replacing insurer and to provide a copy to the policyholder. The other options misstate the notice timing, require identical benefits, or incorrectly suggest the producer can void another carrier's policy.

QUESTION 7

SINGLE CHOICE

What is the primary function of California's Health Insurance Counseling and Advocacy Program (HICAP)?

- ☐ A To sell Medicare Supplement policies to seniors.
- ☒ B To provide free, unbiased counseling and advocacy for Medicare beneficiaries regarding health insurance options.
- ☐ C To regulate premium rates charged by disability insurers.
- ☐ D To license Accident and Health insurance agents.

ANSWER B

WHY HICAP offers free, unbiased counseling and advocacy to Medicare beneficiaries about their health coverage options. It does not sell insurance, regulate rates, or license producers; agent licensing is handled by the California Department of Insurance.

QUESTION 8

SINGLE CHOICE

Which action by a California Accident and Health licensee would most clearly constitute an unfair trade practice under state insurance regulations?

- ☐ A Explaining policy exclusions in writing to the applicant before delivery.
- ☐ B Comparing the benefits of two competing policies and recommending the one that best fits the applicant.
- ☒ C Knowingly making a false or misleading statement that induces an applicant to purchase a policy.
- ☐ D Delivering the policy within the insurer's standard processing time.

ANSWER C

WHY Knowingly making a false or misleading statement to induce the purchase of insurance is a textbook unfair trade practice and misrepresentation under California's insurance regulations. The other options are normal, compliant producer activities.

QUESTION 9

MULTIPLE CHOICE

Which of the following are typically required elements on an individual Accident and Health insurance application in California? (Choose two.)

- ☐ A The applicant's name, address, and date of birth.
- ☒ B The agent's personal medical history.
- ☒ C The signature of the applicant and the licensed producer.
- ☐ D The applicant's federal income tax return for the prior year.

ANSWER B • C

WHY An A&H application must capture the applicant's identifying information (name, address, date of birth) and must be signed by both the applicant and the licensed producer. Agents are not required to submit their own medical history, and tax returns are not a required application element.