

Aflac Pre-Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which term refers to the actual cause of a loss, such as fire or theft?**
 - A. Hazard**
 - B. Premium**
 - C. Peril**
 - D. Risk**

- 2. How is disability duration typically described in Short-Term Disability policies?**
 - A. Short-Term Disability provides benefits for a defined period (often weeks to a few months) after the disability begins, as specified in the policy.**
 - B. Benefits continue indefinitely.**
 - C. Benefits start immediately without time limitation.**
 - D. Benefits are paid only after retirement.**

- 3. How do Aflac products commonly coordinate with Medicare or employer health plans?**
 - A. They replace primary plans entirely.**
 - B. They deny claims when Medicare is primary.**
 - C. They are independent of primary plans.**
 - D. They act as supplemental coverage, paying benefits that help offset out-of-pocket costs beyond primary plans.**

- 4. What is a common way misrepresentation can occur in sales, and how can it be prevented?**
 - A. Promising guaranteed approval or overstating benefits; prevent by citing underwriting requirements and providing disclosures.**
 - B. Offering guaranteed issue in all programs; prevent by promoting marketing literature.**
 - C. Downplaying underwriting requirements; prevent by removing disclosures.**
 - D. Providing full policy benefits upfront; prevent by delaying introduction.**

- 5. Employer group dental plans may attempt to minimize adverse selection by utilizing all of the following EXCEPT**
- A. deductibles**
 - B. probationary periods**
 - C. coinsurances**
 - D. encouragement of reduction in employee participation**
- 6. If group Health benefit levels are too high, what could be the end result?**
- A. Underutilization of the Plan**
 - B. Overutilization of the Plan**
 - C. Normal Utilization of the Plan**
 - D. Adverse Selection**
- 7. Non-occupational disability coverage is designed for which group?**
- A. 24 hour protection**
 - B. those exempt from Workman's Compensation coverage**
 - C. sole proprietors and self employed individuals**
 - D. employees who suffer non-work-related disabilities**
- 8. An insurance company's voluntary refusal to enforce a contract's provision is called what?**
- A. Waiver**
 - B. Concealment**
 - C. Warranty**
 - D. Assignment**
- 9. Which term describes a deductible that must be paid again for each illness or injury?**
- A. Specific-Cause**
 - B. Per-Cause**
 - C. All-Cause**
 - D. Comprehensive-Cause**

10. In disability insurance, the elimination period is the waiting period before benefits begin.

- A. Probationary period**
- B. Service Waiting period**
- C. Elimination period**
- D. Grace period**

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Answers

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1. C
2. A
3. D
4. A
5. D
6. B
7. D
8. A
9. B
10. C

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Explanations

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1. Which term refers to the actual cause of a loss, such as fire or theft?

- A. Hazard**
- B. Premium**
- C. Peril**
- D. Risk**

Peril refers to the actual cause of a loss—the event that money is paid out for under the policy. When a policy lists covered perils, it means losses caused by those specific events are potentially payable. Fire and theft are classic examples of perils because they are the events that trigger a claim. A hazard, on the other hand, is a condition that makes a loss more likely (like faulty wiring or leaving a door unlocked). Risk is the overall chance of experiencing a loss, often considering both likelihood and severity, not the specific event itself. Premium is simply the price paid to obtain the insurance coverage, not a loss cause. So, the term that best fits “the actual cause of a loss, such as fire or theft” is peril.

2. How is disability duration typically described in Short-Term Disability policies?

- A. Short-Term Disability provides benefits for a defined period (often weeks to a few months) after the disability begins, as specified in the policy.**
- B. Benefits continue indefinitely.**
- C. Benefits start immediately without time limitation.**
- D. Benefits are paid only after retirement.**

Short-Term Disability policies specify a defined benefit duration. They’re designed to provide income support for a temporary period, so the policy sets exactly how many weeks or months benefits will be paid after the disability begins (often after an elimination period). Payments stop when that defined period ends, when the employee returns to work, or when the disability ends. This contrasts with indefinite or post-retirement payments, which aren’t how STD is structured. Some policies may use examples like a 26-week benefit period, but the key point is that the duration is fixed and stated in the policy.

3. How do Aflac products commonly coordinate with Medicare or employer health plans?

- A. They replace primary plans entirely.**
- B. They deny claims when Medicare is primary.**
- C. They are independent of primary plans.**
- D. They act as supplemental coverage, paying benefits that help offset out-of-pocket costs beyond primary plans.**

The key idea is that Aflac serves as supplemental coverage that works alongside your primary health plan, not as a replacement. It's designed to provide cash benefits that help cover out-of-pocket costs that the primary plan doesn't fully pay, such as deductibles, coinsurance, copays, and even non-covered expenses. Because of this, it coordinates with Medicare or employer plans, paying benefits in addition to what the primary plan covers. For example, after Medicare or an employer plan has paid its portion for a hospitalization, an Aflac policy can provide extra cash you can use for other costs, helping to lessen your financial burden. It doesn't deny claims based on Medicare being primary, and it isn't independent of the primary plans; it fills gaps by offering additional funds rather than replacing the primary coverage.

4. What is a common way misrepresentation can occur in sales, and how can it be prevented?

- A. Promising guaranteed approval or overstating benefits; prevent by citing underwriting requirements and providing disclosures.**
- B. Offering guaranteed issue in all programs; prevent by promoting marketing literature.**
- C. Downplaying underwriting requirements; prevent by removing disclosures.**
- D. Providing full policy benefits upfront; prevent by delaying introduction.**

A common misrepresentation in sales happens when a seller promises guaranteed approval or overstates benefits to close a sale. This misleads because it bypasses the real underwriting process and the actual terms of the policy. The way to prevent it is to ground the discussion in underwriting requirements and provide clear, written disclosures about who qualifies, what benefits exist, and any limitations. Citing the underwriting criteria and supplying disclosures keeps the information accurate and helps the client understand the true coverage, reducing the chance of later surprises or denials. Other approaches either imply unrealistically broad guarantees or suggest removing disclosures, which would increase the risk of misleading the customer.

5. Employer group dental plans may attempt to minimize adverse selection by utilizing all of the following EXCEPT

A. deductibles

B. probationary periods

C. coinsurances

D. encouragement of reduction in employee participation

In employer group plans, keeping a large and diverse pool of participants is key to avoiding adverse selection, where the plan ends up concentrating costs among a small, high-need group. Design features that raise members' cost or delay their eligibility help achieve a more balanced pool by reducing enrollment of individuals who would join primarily to gain coverage without sharing costs or who would join only briefly to get benefits. Deductibles and coinsurance shift more of the cost to the insured, which can dampen enrollment from those less committed to ongoing coverage. Probationary periods prevent new hires from gaining immediate coverage, limiting enrollment that could be driven by short-term needs or by people who anticipate high future costs. Encouraging a reduction in employee participation would undermine this balance by shrinking the risk pool, which tends to increase costs for everyone and undermine stability. Maintaining broad participation is the goal, so this option does not fit as a method to minimize adverse selection.

6. If group Health benefit levels are too high, what could be the end result?

A. Underutilization of the Plan

B. Overutilization of the Plan

C. Normal Utilization of the Plan

D. Adverse Selection

When benefits are very generous, people face little or no out-of-pocket cost for care, which often leads them to use more medical services than they would otherwise. This rise in usage in response to generous coverage is called moral hazard, and it results in overutilization of the plan. As utilization climbs, claim costs rise and premiums may increase, potentially threatening the plan's sustainability. So the end result of benefits being too high is overutilization. If benefits were too low, you'd expect underutilization; if they're balanced, utilization would be more normal. Adverse selection involves who chooses to enroll, not how much care is used given the coverage.

7. Non-occupational disability coverage is designed for which group?

- A. 24 hour protection**
- B. those exempt from Workman's Compensation coverage**
- C. sole proprietors and self employed individuals**
- D. employees who suffer non-work-related disabilities**

Non-occupational disability coverage is designed to pay when you can't work because of a non-work-related illness or injury. It sits alongside workers' compensation, which only covers injuries or illnesses that occur on the job. So the group it's intended for is employees who suffer disabilities not connected to their work duties. Other options don't match the intent: 24-hour protection describes the scope of coverage rather than a specific group; those exempt from Workman's Compensation aren't the target audience for this type of policy; and sole proprietors or self-employed individuals typically pursue private disability insurance rather than employer-based non-occupational coverage.

8. An insurance company's voluntary refusal to enforce a contract's provision is called what?

- A. Waiver**
- B. Concealment**
- C. Warranty**
- D. Assignment**

Waiver is the voluntary relinquishment of a known right. In insurance, this means the insurer chooses not to enforce a policy provision. For example, if the insurer accepts a late premium or pays a claim despite not meeting a specific condition, that can be treated as waiving that provision. Once a waiver occurs, the insurer may not later rely on enforcing that provision against the same claim. This is different from concealment (hiding information), warranty (a guaranteed truth that can void coverage if broken), or assignment (transfer of rights to another party).

9. Which term describes a deductible that must be paid again for each illness or injury?

- A. Specific-Cause**
- B. Per-Cause**
- C. All-Cause**
- D. Comprehensive-Cause**

The concept tested is how a deductible can be charged again with each new health event. When a plan requires you to pay the deductible each time you have a new illness or injury, the deductible is tied to the event itself, not to the policy as a whole. This idea is captured by the term per-cause: the deductible must be met again for each separate cause of loss, in this case each separate illness or injury. Other terms don't fit as well because they don't convey the idea of resetting for every new event. Specific-cause would imply a deductible tied to a single, particular cause and not reset for subsequent illnesses. All-cause would suggest a single deductible that covers all events together, rather than resetting per event. Comprehensive-cause isn't a standard phrasing for this concept. Therefore, per-cause best describes paying the deductible anew for each illness or injury.

10. In disability insurance, the elimination period is the waiting period before benefits begin.

- A. Probationary period**
- B. Service Waiting period**
- C. Elimination period**
- D. Grace period**

In disability income coverage, there's a built-in delay between when a disability starts and when benefits begin. This delay is the elimination period. It's chosen when you buy the policy and works like a deductible for disability benefits: you must be disabled for a specified number of days before payments start. Shorter elimination periods mean higher premiums but faster benefit payouts; longer periods reduce premiums but you'll cover more of the initial disabled time yourself. The other terms describe different concepts: a probationary period relates to when coverage becomes effective, a grace period is extra time after a premium due date to keep the policy active, and a service waiting period isn't a standard term in this context. Therefore, the elimination period is the correct description of the waiting period before benefits begin.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://aflacprecert.examzify.com>

We wish you the very best on your exam journey. You've got this!

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