

California Self-Insurance Plans (SIP) 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. How are death benefits paid?**
 - A. Lump sum only**
 - B. In the same manner as TTD**
 - C. In advance of medical treatment**
 - D. As a fixed weekly stipend**

- 2. Apportionment of PD shall be based on what?**
 - A. The date of injury**
 - B. Causation**
 - C. Amount of PD awarded**
 - D. Employee's occupation**

- 3. A medical only claim is best described as which of the following?**
 - A. A medical treatment first aid? Wait.**
 - B. An injury with no compensable lost time, but results in medical treatment beyond first aid.**
 - C. An injury with no indemnity payments**
 - D. An injury requiring one doctor visit and on follow up visit.**

- 4. Is proof of service required on a delay?**
 - A. Yes**
 - B. No**
 - C. Only if the delay is more than 30 days**
 - D. Only for medical records**

- 5. A Petition for Reconsideration must be filed within 20 days of service of an F&A.**
 - A. 20 days**
 - B. 30 days**
 - C. 45 days**
 - D. 60 days**

- 6. What is the penalty for failure to deposit and maintain a security deposit?**
- A. An amount up to 2% of the increase not timely filed or \$1000, whichever is less, for each 30 days or portion thereof.**
 - B. An amount up to 5% of the increase not timely filed or \$2500, whichever is less, for each 30 days or portion thereof.**
 - C. An amount up to 15% of the increase not timely filed or \$7500, whichever is less, for each 30 days or portion thereof.**
 - D. An amount up to 10% of the increase not timely filed or \$5000, whichever is less, for each 30 days or portion thereof.**
- 7. What is the investigator's primary role in pursuing compensability?**
- A. Determine all the facts.**
 - B. Determine proof of claim being fraudulent.**
 - C. Determine compensability from all the facts gathered.**
 - D. Determine if benefits are due to the injured worker.**
- 8. Is it true that the employer is required to notify the administrative director of every employee death, regardless of survivorship?**
- A. True**
 - B. False**
 - C. Only if death occurred at work**
 - D. Only if no dependents**
- 9. The employer provides a wage statement for the employee showing irregular earnings. What is the correct TD rate?**
- A. Two-thirds of earnings the week of injury**
 - B. Min TD**
 - C. Max TD**
 - D. Two-thirds of actual weekly earnings averaged for this period of time**

- 10. An employee is injured in the company parking lot by a passerby before starting work. The injury is:**
- A. compensable**
 - B. noncompensable**
 - C. compensable b/c the ER is required to provide a safe place to work**
 - D. noncompensable due to the going and coming rule**

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Answers

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

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Explanations

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1. How are death benefits paid?

- A. Lump sum only
- B. In the same manner as TTD**
- C. In advance of medical treatment
- D. As a fixed weekly stipend

Death benefits are paid to eligible dependents as weekly wage-replacement payments, the same way temporary total disability benefits are paid. This means survivors receive ongoing payments on a weekly schedule rather than a one-time lump sum, and the amount is calculated as a portion of the deceased employee's average weekly wage (subject to statutory limits). A separate burial expense might be paid, but the ongoing survivor support follows the same payment method as TTD. The other options don't fit because a lump-sum approach isn't the standard method for ongoing survivor support, advancing payment before medical treatment isn't applicable, and a fixed weekly stipend would imply a predetermined amount rather than wage-based TTD parity.

2. Apportionment of PD shall be based on what?

- A. The date of injury
- B. Causation**
- C. Amount of PD awarded
- D. Employee's occupation

Apportionment of permanent disability is determined by causation. In California workers' comp, the share of PD that the employer is responsible for is the portion of impairment that is caused by the industrial injury, as opposed to nonwork factors or preexisting conditions. Medical evidence helps separate how much of the total impairment arises from the work incident versus other causes, and only the industrially caused portion is payable under the claim. For example, if total PD is 40% and medical opinion attributes 60% of that impairment to the work injury, the industrially caused PD is 24% ($0.60 \times 40\%$), while the remaining 16% would be attributable to nonindustrial factors and not paid as PD. The date of injury and the employee's occupation do not determine the apportionment.

3. A medical only claim is best described as which of the following?

- A. A medical treatment first aid? Wait.
- B. An injury with no compensable lost time, but results in medical treatment beyond first aid.**
- C. An injury with no indemnity payments
- D. An injury requiring one doctor visit and on follow up visit.

A medical-only claim is a case where the injury or illness requires medical treatment beyond basic first aid, but does not involve wage-replacement benefits (no compensable lost time). The option describes an injury with no compensable lost time while still needing medical treatment beyond first aid, which fits this definition exactly. It captures both the absence of indemnity (no lost time) and the necessity for treatment beyond simple first aid. Other options don't fit as well because they omit one of these essential elements: some imply only first-aid level care, or only no indemnity without referencing the level of medical care, or focus on the number of doctor visits without addressing wage loss.

4. Is proof of service required on a delay?

- A. Yes
- B. No**
- C. Only if the delay is more than 30 days
- D. Only for medical records

Proof of service is a record that confirms the documents were actually delivered to the other party. If there hasn't been any actual service yet, there's nothing to prove, so no proof of service is required during a delay. You would prepare and file the proof of service once the documents are served to show that service complied with deadlines. Why the other ideas don't fit: there isn't a fixed 30-day threshold that creates an extra requirement, and proof of service isn't limited to medical records. The essential point is: you only need proof once service has occurred.

5. A Petition for Reconsideration must be filed within 20 days of service of an F&A.

- A. 20 days**
- B. 30 days
- C. 45 days
- D. 60 days

The time limit being tested is the deadline to challenge an agency decision: you must file a Petition for Reconsideration within 20 days after the F&A is served. This 20-day window keeps challenges timely and ensures the agency can move forward with finality. Count starts the day after service, and the last day is included unless that day falls on a weekend or holiday, in which case you use the next business day. If service is by mail, add five days to the 20-day period.

6. What is the penalty for failure to deposit and maintain a security deposit?

- A. An amount up to 2% of the increase not timely filed or \$1000, whichever is less, for each 30 days or portion thereof.
- B. An amount up to 5% of the increase not timely filed or \$2500, whichever is less, for each 30 days or portion thereof.
- C. An amount up to 15% of the increase not timely filed or \$7500, whichever is less, for each 30 days or portion thereof.
- D. An amount up to 10% of the increase not timely filed or \$5000, whichever is less, for each 30 days or portion thereof.**

The key idea is that penalties for not depositing and keeping up a security deposit are assessed per 30-day period (or part of a period) and are capped at the lesser of two amounts: 10% of the increase that should have been filed or \$5,000. This means the longer the delay, the more penalties can accrue, but each 30-day block cannot exceed \$5,000 and cannot exceed 10% of the required increase. For example, if the required increase is \$60,000, 10% equals \$6,000, but the per-period penalty would be capped at \$5,000. If the increase is \$25,000, 10% is \$2,500, which would be the per-period penalty (less than the \$5,000 cap). These penalties apply for every 30-day period or portion thereof until the deposit is timely filed and maintained.

7. What is the investigator's primary role in pursuing compensability?

A. Determine all the facts.

B. Determine proof of claim being fraudulent.

C. Determine compensability from all the facts gathered.

D. Determine if benefits are due to the injured worker.

Fact-finding is the primary duty of the investigator. Their job is to gather and verify every piece of information about the incident and the claim—what happened, when and where, how it occurred, who was involved, who reported it, medical treatment, payroll and coverage details, witness statements, and relevant documents. This thorough factual record is the foundation for any later decision, because whether a claim is compensable depends on the facts mapped to policy terms and applicable laws. Investigators aren't charged with ruling on fraud as their main task, nor with deciding whether benefits are due; those conclusions come after the facts are collected and reviewed by the appropriate claims professionals. So the core objective is to determine all the facts.

8. Is it true that the employer is required to notify the administrative director of every employee death, regardless of survivorship?

A. True

B. False

C. Only if death occurred at work

D. Only if no dependents

Not every employee death triggers a notice to the Administrative Director. The obligation applies when the death is the result of a work-related injury or occupational illness. If the death is due to non-work-related causes, there is no requirement to notify, regardless of whether there are dependents or survivorship. So the statement is false because the notice requirement is limited to work-related fatalities, not all employee deaths.

9. The employer provides a wage statement for the employee showing irregular earnings. What is the correct TD rate?

A. Two-thirds of earnings the week of injury

B. Min TD

C. Max TD

D. Two-thirds of actual weekly earnings averaged for this period of time

Temporary disability benefits are based on two-thirds of the employee's average weekly wage. When earnings are irregular, you determine that wage by averaging the employee's actual weekly earnings over the relevant period (usually the weeks leading up to the injury). The TD rate is then two-thirds of that average. After computing this base rate, you apply any statutory minimum or maximum limits if needed. This approach ensures the benefit reflects typical earnings rather than a single week's pay.

10. An employee is injured in the company parking lot by a passerby before starting work. The injury is:

A. compensable

B. noncompensable

C. compensable b/c the ER is required to provide a safe place to work

D. noncompensable due to the going and coming rule

The key idea is that injuries that happen on the employer's premises can be compensable even if they occur before the official start of the shift. The parking lot is part of the workplace or at least under the employer's control, so when the employee is there awaiting the start of work, they're in the zone of employment. An injury caused by a passerby in that setting arises out of the employment because the hazard is tied to the employer's premises and the employee is there for work-related reasons. The going-and-coming rule generally excludes injuries during a normal commute away from the workplace, but that rule does not apply when the injury occurs on the employer's property. So this injury is compensable.

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://casip.examzify.com>

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

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