

# Connecticut Laws Life, Accident & Health (LAH) Practice Test (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. What is the maximum payment period for a life insurance policy death benefit in Connecticut?**
  - A. 15 days after proof of loss**
  - B. 30 days after proof of loss**
  - C. 60 days after proof of loss**
  - D. 90 days after proof of loss**
  
- 2. What authority does the Connecticut Insurance Department have over insurers?**
  - A. Regulate insurer practices**
  - B. Approve all insurance policies**
  - C. Provide financial assistance to insurers**
  - D. Conduct insurance premiums audits**
  
- 3. What does the term 'underwriting' refer to in insurance?**
  - A. The process of reviewing claims for payment**
  - B. The process of assessing risk and determining coverage eligibility**
  - C. The method of filing insurance documents**
  - D. The regulation of insurance premiums**
  
- 4. To be classified as a small employer in Connecticut, how many eligible employees must an employer have?**
  - A. 1-25**
  - B. 1-50**
  - C. 1-75**
  - D. 1-100**
  
- 5. What is issued to an insurance company by the commissioner after approval of a financial statement to conduct business in Connecticut?**
  - A. Operating license**
  - B. Certificate of compliance**
  - C. Certificate of authority**
  - D. Business registration**

- 6. Who owns a mutual insurance company?**
- A. Private shareholders**
  - B. The federal government**
  - C. Its policyholders**
  - D. A board of directors**
- 7. A(n) \_\_\_\_\_ insurance company is domiciled in Connecticut:**
- A. Foreign**
  - B. Regional**
  - C. Domestic**
  - D. National**
- 8. In Connecticut, what is the time limit for filing a claim for health insurance benefits?**
- A. Claims must typically be filed within three months from the date of service**
  - B. Claims must typically be filed within six months from the date of service**
  - C. Claims must typically be filed within one year from the date of service**
  - D. Claims must typically be filed within two years from the date of service**
- 9. In Connecticut, what is the statutory definition of an accident insurance policy?**
- A. A policy that covers natural disasters**
  - B. A policy that provides benefits for injuries or death resulting from an unforeseen event or accident**
  - C. A policy ensuring benefits for long-term illnesses**
  - D. A policy that solely provides coverage for travel-related accidents**
- 10. What is a primary goal of the Affordable Care Act's premium tax credits?**
- A. To increase insurance company profits**
  - B. To assist individuals in paying for health insurance premiums**
  - C. To promote uninsured individuals**
  - D. To create new insurers in the market**

## **Answers**

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

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## **Explanations**

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**1. What is the maximum payment period for a life insurance policy death benefit in Connecticut?**

- A. 15 days after proof of loss
- B. 30 days after proof of loss**
- C. 60 days after proof of loss
- D. 90 days after proof of loss

In Connecticut, the law stipulates that the maximum payment period for a life insurance policy death benefit is 30 days after the insurer receives proof of loss. This timeframe is designed to ensure that beneficiaries receive timely payments following the policyholder's death, which can be critical for financial stability during a challenging time. This 30-day requirement reflects a balance between the insurer's need to process claims thoroughly and the beneficiaries' need for prompt access to the funds. By adhering to this timeframe, insurance companies demonstrate their commitment to fulfilling their contractual obligations without undue delay. Therefore, the answer correctly identifies the legal framework that governs the payment of death benefits, aligning with Connecticut's regulations designed to protect policyholders and beneficiaries.

**2. What authority does the Connecticut Insurance Department have over insurers?**

- A. Regulate insurer practices**
- B. Approve all insurance policies
- C. Provide financial assistance to insurers
- D. Conduct insurance premiums audits

The Connecticut Insurance Department has the authority to regulate insurer practices, which includes overseeing the operations of insurance companies to ensure they comply with state laws and regulations. This regulatory authority is essential to maintain a fair and competitive insurance market, protect consumers, and ensure the financial stability of insurers operating within the state. By regulating insurer practices, the department oversees various aspects such as the marketing of insurance products, claims handling, and licensing of insurance agents. This oversight helps to ensure that insurers adhere to ethical standards and that consumers are treated fairly. The other choices reflect functions and roles that may not be fully descriptive of the department's authority. While the department may review insurance policies to ensure compliance with regulations, it does not necessarily approve every policy. The provision of financial assistance to insurers is not typically a function of an insurance department, as its main goal is to regulate rather than to provide financial aid. Additionally, while audits may be conducted, this is just one aspect of the broader regulatory role, and it's not the primary authority of the department. Thus, the regulation of insurer practices encapsulates a wider scope of the department's essential functions in maintaining the integrity of the insurance industry in Connecticut.

### 3. What does the term 'underwriting' refer to in insurance?

- A. The process of reviewing claims for payment
- B. The process of assessing risk and determining coverage eligibility**
- C. The method of filing insurance documents
- D. The regulation of insurance premiums

Underwriting in insurance refers specifically to the process of assessing risk and determining coverage eligibility. This crucial function involves evaluating the potential risks associated with an applicant seeking insurance coverage. Underwriters analyze various factors such as the applicant's health history, lifestyle, occupation, and other relevant information to decide whether to accept the risk and, if so, under what terms. This process is critical because it helps insurance companies manage risk effectively, ensuring they can provide coverage while maintaining financial stability. The outcome of underwriting can result in different coverage options, premium rates, and terms based on the level of risk identified. The other options focus on different aspects of the insurance process. Reviewing claims pertains to the claims processing stage after coverage is issued, filing documents relates to the administrative tasks of maintaining insurance records, and regulating premiums involves oversight typically related to rate setting based on overall market conditions rather than the individual risk assessment that underwriting entails.

### 4. To be classified as a small employer in Connecticut, how many eligible employees must an employer have?

- A. 1-25
- B. 1-50**
- C. 1-75
- D. 1-100

In Connecticut, a small employer is defined as one that has between 1 and 50 eligible employees. This classification is essential for determining eligibility for certain health insurance programs and benefits that are specifically tailored for small businesses. This definition aligns with many state policies that encourage small businesses by providing them with access to health insurance options that may not be as easily available to larger employers. The range of 1 to 50 employees enables a broad spectrum of small businesses to receive support and assistance in managing health insurance costs and options in the marketplace. Other options either underestimate or overestimate the number of eligible employees, thus not fitting the recognized small employer definition in this context.

**5. What is issued to an insurance company by the commissioner after approval of a financial statement to conduct business in Connecticut?**

- A. Operating license**
- B. Certificate of compliance**
- C. Certificate of authority**
- D. Business registration**

The certificate of authority is a crucial document issued to an insurance company by the insurance commissioner once the financial statements have been approved. This certificate signifies that the insurer is authorized to conduct business within the state of Connecticut. It essentially acts as a regulatory approval that ensures the company meets all necessary financial and operational standards as required by state law. This document is important for maintaining the legality and credibility of the insurance provider within the state, allowing it to offer various insurance products and services to consumers. In contrast, while terms like operating license or business registration may relate to general business operations, they do not specifically pertain to the insurance industry or the regulatory context established by the commissioner for insurers. A certificate of compliance is often used in different regulatory contexts, but it does not provide the same authority to conduct insurance business as the certificate of authority does. Thus, the correct answer, the certificate of authority, is pivotal in ensuring that insurance operations comply with state regulations and are financially sound.

**6. Who owns a mutual insurance company?**

- A. Private shareholders**
- B. The federal government**
- C. Its policyholders**
- D. A board of directors**

A mutual insurance company is owned by its policyholders. This means that the individuals or entities who have purchased insurance policies from the company are also members and have a stake in its operations and profits. In contrast to stock insurance companies, which are owned by shareholders who may or may not be policyholders, mutual insurance companies do not have outside shareholders. Instead, they operate on the principle that policyholders collectively own the company, allowing them to share in its dividends and any potential surplus generated from its operations. This ownership structure often leads to a focus on the interests of the policyholders, since any profits are typically returned to them rather than distributed to external investors. Consequently, policyholders in a mutual insurance company may also have the right to vote on important company matters, reinforcing their ownership status and influence over the company's direction and governance. Other options, such as private shareholders or the federal government, do not accurately represent the ownership structure of mutual insurance companies. A board of directors is responsible for managing the company, but they serve the interests of the policyholders rather than owning the company themselves.

7. A(n) \_\_\_\_\_ insurance company is domiciled in Connecticut:
- A. Foreign
  - B. Regional
  - C. Domestic**
  - D. National

A domestic insurance company is one that is incorporated and operates under the laws of a specific state—in this case, Connecticut. This designation implies that the insurer is regulated and governed by Connecticut’s insurance laws and regulations. Consequently, it must adhere to the state's requirements regarding licensing, financial practices, and consumer protection measures. Foreign insurance companies, on the other hand, are those that are incorporated under the laws of a different state but operate in Connecticut. Regional and national may refer to the scope of an insurer's operations, but they do not specifically define the company's state of incorporation. Thus, only domestic accurately identifies an insurer with its primary legal home in Connecticut.

8. In Connecticut, what is the time limit for filing a claim for health insurance benefits?
- A. Claims must typically be filed within three months from the date of service
  - B. Claims must typically be filed within six months from the date of service
  - C. Claims must typically be filed within one year from the date of service**
  - D. Claims must typically be filed within two years from the date of service

The correct answer is that claims for health insurance benefits in Connecticut must typically be filed within one year from the date of service. This time limit is established by state law and ensures that claims are processed in a timely manner, preventing delays in insurance payouts and ensuring that both insurers and insured individuals maintain orderly records. Filing within one year aligns with standard industry practices, as it provides a reasonable timeframe for beneficiaries to gather necessary documentation, submit their claims, and for the insurance company to review and process those claims. It balances the need for expediency in claims handling with the recognition that sometimes claimants may encounter difficulties in meeting shorter deadlines. The other options specify different timeframes that do not reflect the legal requirements set forth in Connecticut law, thus making them incorrect in this context. Understanding this specific timeframe is crucial for policyholders to ensure they take appropriate action when seeking benefits under their health insurance plans.

- 9. In Connecticut, what is the statutory definition of an accident insurance policy?**
- A. A policy that covers natural disasters**
  - B. A policy that provides benefits for injuries or death resulting from an unforeseen event or accident**
  - C. A policy ensuring benefits for long-term illnesses**
  - D. A policy that solely provides coverage for travel-related accidents**

The statutory definition of an accident insurance policy specifically refers to a policy that provides benefits for injuries or death resulting from an unforeseen event or accident. This definition emphasizes the unanticipated nature of accidents, which is central to the functioning of such policies. Specifically, accident insurance aims to protect individuals and their beneficiaries from the financial impact that can arise from sudden, unexpected incidents, ensuring that they receive necessary financial support in the aftermath of such events. In contrast, the other options do not accurately capture the essence of what an accident insurance policy entails. For instance, a policy that covers natural disasters would typically fall under a different category of insurance focused on property and casualty. Similarly, benefits for long-term illnesses are addressed through health insurance policies rather than accident insurance. Finally, while travel-related accidents can be covered under specific plans, not all accident insurance is limited to travel-related incidents; hence that option is too narrow and does not reflect the broader definition of an accident insurance policy.

- 10. What is a primary goal of the Affordable Care Act's premium tax credits?**
- A. To increase insurance company profits**
  - B. To assist individuals in paying for health insurance premiums**
  - C. To promote uninsured individuals**
  - D. To create new insurers in the market**

The primary goal of the Affordable Care Act's premium tax credits is to assist individuals in paying for health insurance premiums. This initiative aims to make healthcare more affordable for low- to moderate-income individuals and families, thereby expanding access to necessary medical services. By providing these tax credits, the ACA helps reduce out-of-pocket costs for consumers, encouraging more people to obtain health insurance coverage. This is particularly important in the context of the ACA's goals to decrease the number of uninsured individuals and improve overall public health outcomes.

## 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](mailto:hello@examzify.com).**

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

**<https://ctlawslah.examzify.com>**

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

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