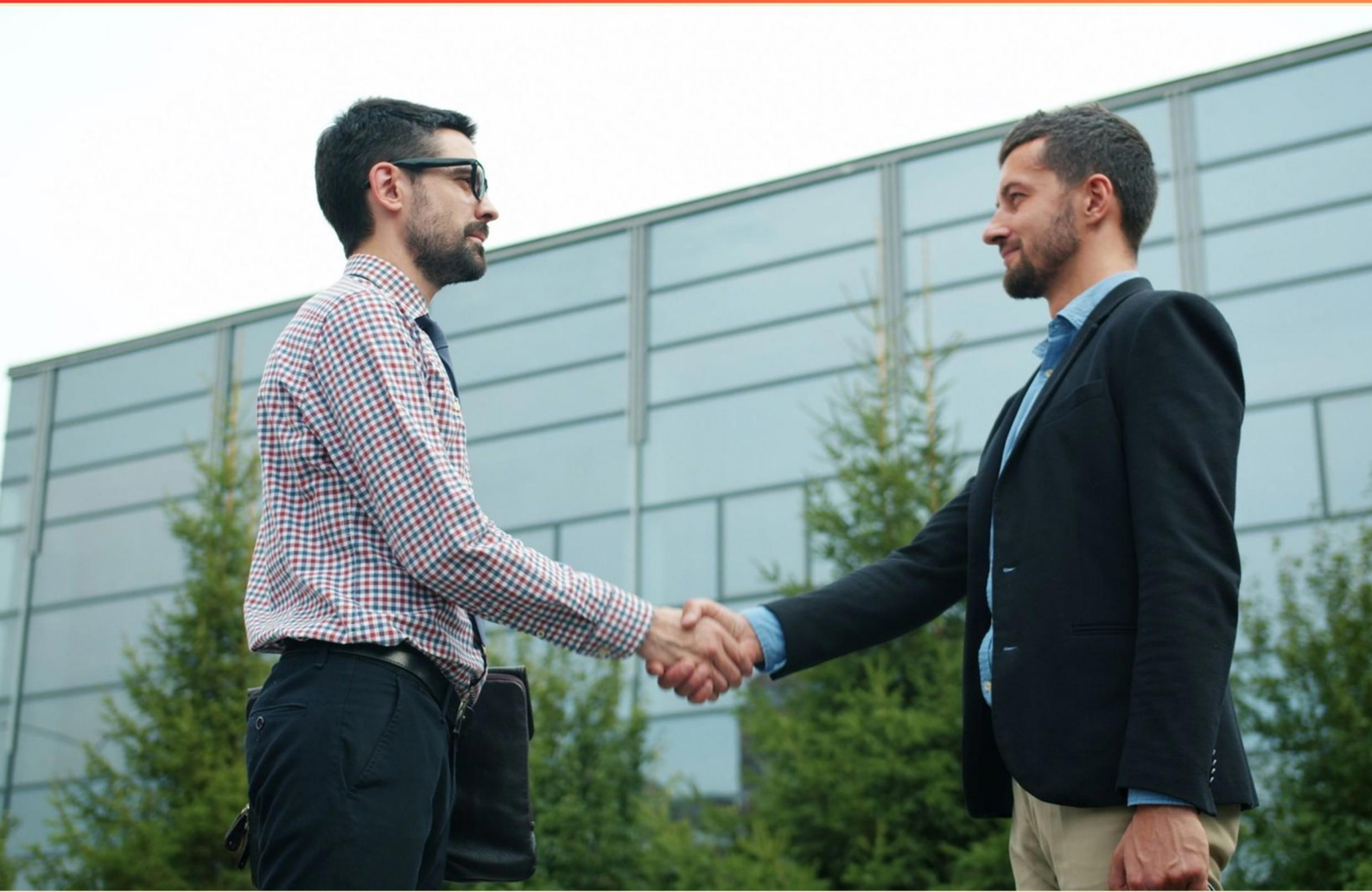


GEORGIA LIFE AND HEALTH INSURANCE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://galifehealthinsurance.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. What program does Medicare provide for qualified individuals?**
 - A. Life insurance coverage
 - B. Hospital and medical expense coverage
 - C. Unemployment benefits
 - D. Disability insurance
- 2. Which program is designed for impaired adults to meet their health and social needs outside their homes?**
 - A. In-home care
 - B. Adult Day Care
 - C. Home health services
 - D. Respite care
- 3. Which type of policy typically does not require proof of insurability during the enrollment period?**
 - A. Non-Contributory Plan
 - B. Contributory Group Plan
 - C. Individual Health Plan
 - D. Guaranteed Issue Plan
- 4. What term refers to an unfair trade practice in which an insurer uses physical or mental force to persuade an applicant to buy insurance?**
 - A. Manipulation
 - B. Coercion
 - C. Pressure Tactics
 - D. Deceptive Practices
- 5. Which law provides the continuation of group health care benefits after employment termination?**
 - A. Affordable Care Act
 - B. Employee Retirement Income Security Act
 - C. Consolidated Omnibus Budget Reconciliation Act (COBRA)
 - D. Health Insurance Portability and Accountability Act

- 6. Which term refers to an agreement that outlines the terms of service and identifies the insured?**
- A. Policy Document
 - B. Insurance Contract
 - C. Coverage Agreement
 - D. Insurance Declaration
- 7. What document authorizes a company to start conducting business in insurance?**
- A. Insurance License
 - B. Certificate Authority
 - C. Business Charter
 - D. Operational Permits
- 8. What is the role of the Director in an insurance context?**
- A. To manage claims processing
 - B. To oversee regulatory compliance
 - C. To provide customer service
 - D. To develop insurance products
- 9. Who is referred to as the insured in an insurance contract?**
- A. The party providing insurance
 - B. The financial underwriter of the policy
 - C. The person or organization being protected
 - D. The claims adjuster handling claims
- 10. What type of table provides data on the incidence of sickness at specified ages?**
- A. Morbidity Rate Table
 - B. Morbidity Table
 - C. Health Insurance Premium Table
 - D. Life Expectancy Table

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What program does Medicare provide for qualified individuals?

- A. Life insurance coverage
- B. Hospital and medical expense coverage**
- C. Unemployment benefits
- D. Disability insurance

Medicare is a federal program that primarily offers health coverage for individuals aged 65 and older, as well as certain younger individuals with disabilities or specific diseases. The program encompasses various types of coverage specifically designed to assist with medical and hospital expenses. Hospital and medical expense coverage is central to Medicare's purpose, divided into several parts. Part A covers inpatient hospital stays, nursing facility care, hospice, and some home health care, while Part B assists with outpatient care, preventive services, and necessary medical equipment. This combination allows Medicare to address a wide range of healthcare needs for qualified individuals, ensuring that they receive comprehensive medical support. The other options provided do not accurately reflect the primary functions of Medicare. Life insurance coverage pertains to benefits payable upon death and is not part of Medicare's provisions. Unemployment benefits provide support for individuals who are out of work and do not relate to healthcare. Disability insurance is typically associated with income replacement for individuals unable to work due to disabilities, rather than medical coverage. Thus, the correct answer emphasizes the focus of Medicare on hospital and medical expenses, which is vital for the health security of qualified individuals.

2. Which program is designed for impaired adults to meet their health and social needs outside their homes?

- A. In-home care
- B. Adult Day Care**
- C. Home health services
- D. Respite care

Adult Day Care is specifically designed to provide a supportive environment for impaired adults, allowing them to receive necessary health and social care while not at home. This program caters to individuals who may require supervision and assistance during the day due to physical or cognitive impairments but do not need 24-hour intensive care. Adult Day Care centers offer a variety of services, including health monitoring, social activities, meals, and therapeutic interventions, which help improve participants' quality of life and can provide respite to their caregivers. This program is an essential resource because it allows impaired adults to socialize and engage in meaningful activities while ensuring their health and safety are prioritized during the day. Other options like in-home care, home health services, and respite care serve different purposes. In-home care provides assistance directly within the client's home, focusing on personal care services. Home health services often involve medical support delivered at home by healthcare professionals. Respite care is designed to give temporary relief to family caregivers, allowing them a short break from their caregiving responsibilities but does not offer a structured day program like the Adult Day Care does. Hence, Adult Day Care is the most appropriate option for addressing the needs of impaired adults outside their homes.

3. Which type of policy typically does not require proof of insurability during the enrollment period?

- A. Non-Contributory Plan
- B. Contributory Group Plan**
- C. Individual Health Plan
- D. Guaranteed Issue Plan

The type of policy that typically does not require proof of insurability during the enrollment period is a Guaranteed Issue Plan. This type of plan is designed to provide coverage to all applicants without the need for medical underwriting. This means that individuals can enroll in these plans without having to provide evidence of their health status or answer medical questions, regardless of their health conditions. Guaranteed Issue Plans are particularly beneficial for people with pre-existing conditions, as these individuals often face challenges obtaining coverage through traditional insurance policies that may require proof of insurability. This is a primary characteristic that distinguishes Guaranteed Issue Plans from other types of health insurance options, such as individual or contributory plans, which may require applicants to undergo assessments of their health risks before coverage is granted. While contributing to a group plan can result in simpler enrollment processes, it usually involves some level of medical scrutiny, particularly when individuals choose to enroll outside of an open enrollment period. These nuances highlight the unique nature of Guaranteed Issue Plans, reinforcing their role in broadening access to health insurance coverage.

4. What term refers to an unfair trade practice in which an insurer uses physical or mental force to persuade an applicant to buy insurance?

- A. Manipulation
- B. Coercion**
- C. Pressure Tactics
- D. Deceptive Practices

The term that refers to an unfair trade practice where an insurer uses physical or mental force to persuade an applicant to buy insurance is "coercion." Coercion involves the use of threats, intimidation, or pressure to influence someone's decision, which is unethical and illegal in the insurance industry. It undermines the principle of informed consent, which is crucial when individuals are making decisions about their insurance coverage. In the context of insurance, it is essential that consumers feel free to evaluate their options and make choices without undue influence or fear. Coercion not only violates ethical standards but also regulatory guidelines aimed at protecting consumers. Such practices can lead to disciplinary action against the insurer or agent involved, reinforcing the importance of fair and transparent dealings in the insurance market.

5. Which law provides the continuation of group health care benefits after employment termination?

- A. Affordable Care Act
- B. Employee Retirement Income Security Act
- C. Consolidated Omnibus Budget Reconciliation Act (COBRA)**
- D. Health Insurance Portability and Accountability Act

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is the law that specifically provides for the continuation of group health care benefits after termination of employment. COBRA allows former employees, their spouses, and dependent children to continue receiving health insurance coverage under the employer's group plan for a limited period, typically up to 18 months, provided they choose to pay the premium. This is especially important for individuals who may face a gap in coverage during their transition between jobs or life changes. COBRA applies to private-sector employers with 20 or more employees and provides a crucial safety net for those who might otherwise lose their health insurance immediately upon leaving a job. It also ensures that important healthcare continuities, such as ongoing treatment or management of chronic conditions, are maintained during this critical period. In contrast, other laws listed serve different purposes. The Affordable Care Act primarily focuses on expanding access to health insurance and includes provisions aimed at improving healthcare quality and reducing costs but does not directly address the continuation of coverage following job loss. The Employee Retirement Income Security Act (ERISA) regulates employer-sponsored benefit plans but does not specifically mandate the continuation of health care benefits upon termination. Finally, the Health Insurance Portability and Accountability Act (HIPAA) is primarily concerned

6. Which term refers to an agreement that outlines the terms of service and identifies the insured?

- A. Policy Document
- B. Insurance Contract**
- C. Coverage Agreement
- D. Insurance Declaration

The term that refers to an agreement outlining the terms of service and identifying the insured is the insurance contract. An insurance contract is a legally binding document between the insurer and the insured, detailing the coverage provided, the rights and responsibilities of both parties, and the specific conditions under which claims can be made. This contract defines the guarantee of payment in the event of losses or damages covered by the policy, ensuring the insured understands the extent of their coverage. Other terms, while related to insurance, focus on specific components of the overall insurance agreement. A policy document typically includes the insurance contract and additional details but may not strictly define the legal agreement itself. Coverage agreements might describe the type of protection offered but do not encapsulate the legal obligations of both parties. Insurance declarations often serve as a summary or introductory section of an insurance policy, summarizing key aspects but lacking the comprehensive details and legal binding nature found in the insurance contract.

7. What document authorizes a company to start conducting business in insurance?

- A. Insurance License
- B. Certificate Authority**
- C. Business Charter
- D. Operational Permits

The document that authorizes a company to start conducting business in insurance is the Certificate of Authority. This certificate is granted by the state's insurance department and signifies that the company has met all the regulatory requirements necessary to operate as an insurer in that jurisdiction. Receiving a Certificate of Authority is crucial for any insurance company, as it ensures that the company is compliant with state laws and regulations and is financially stable to provide the insurance products it offers. Obtaining this certificate indicates that the insurer has demonstrated the necessary qualifications, including adequate capital, a solid business plan, and compliance with all applicable laws. Without this certificate, a company cannot legally issue insurance policies or accept premiums from customers. In contrast, other options like an insurance license typically refer to individual practitioners or agents, not the company itself, while a business charter relates more to the formation of a corporate entity. Operational permits may be relevant in other industries but are not the specific certification required for insurance companies.

8. What is the role of the Director in an insurance context?

- A. To manage claims processing
- B. To oversee regulatory compliance**
- C. To provide customer service
- D. To develop insurance products

The role of the Director in an insurance context primarily involves overseeing regulatory compliance. This means ensuring that the insurance company operates within the laws and regulations set forth by state and federal agencies. The Director is responsible for making sure the organization meets the necessary standards related to financial practices, marketing of policies, and fair treatment of policyholders. This oversight helps maintain industry integrity and protects consumers. While claims processing, customer service, and product development are critical functions within an insurance company, they typically fall under the responsibilities of different departments or teams. The Director does not usually handle these tasks directly, but rather ensures that these areas comply with regulatory standards and best practices. This focus on regulatory compliance reflects the necessity for insurance entities to remain accountable and transparent in their operations, safeguarding both the company and its customers.

9. Who is referred to as the insured in an insurance contract?

- A. The party providing insurance
- B. The financial underwriter of the policy
- C. The person or organization being protected**
- D. The claims adjuster handling claims

In an insurance contract, the insured is the individual or entity that is protected under the terms of the policy. This could refer to a person who has purchased a life insurance policy or an organization covered by a health insurance plan. The primary purpose of insurance is to provide a safety net for risks, and the insured is the one who has a direct stake in the coverage, as it is their life or property that is being safeguarded against potential financial loss. Understanding the role of the insured is crucial, as it defines who holds the rights to the benefits outlined in the insurance agreement. The insured is the party that will receive the financial support or compensation if the covered event occurs, such as in the case of a claim being made due to a mishap or loss.

10. What type of table provides data on the incidence of sickness at specified ages?

A. Morbidity Rate Table

B. Morbidity Table

C. Health Insurance Premium Table

D. Life Expectancy Table

The appropriate choice regarding a table that provides data on the incidence of sickness at specified ages is the morbidity table. A morbidity table specifically illustrates the occurrence of illness and the likelihood of health issues within specific age groups. This table is used extensively in the health insurance industry to assess risk and determine premium rates based on the probability of members experiencing health-related claims.

Morbidity tables provide actuaries and insurance professionals with extensive data that is crucial for pricing health insurance policies accurately. By analyzing the information within a morbidity table, insurers can forecast potential healthcare costs associated with insuring individuals at different ages, allowing for more informed underwriting decisions. In contrast, other types of tables mentioned, such as health insurance premium tables, focus on the costs associated with coverage rather than specific incidence rates of sickness, while life expectancy tables provide insights related to longevity rather than morbidity or health incidents specifically. Thus, the morbidity table is the correct reference for understanding sickness incidence across varying ages.

SAMPLE

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://galifehealthinsurance.examzify.com>

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

SAMPLE