

Life, Accident, and Health (LAH) Insurance Mastery Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	6
Answers	9
Explanations	11
Next Steps	17

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. Which provision in health insurance policies deals with age misstatement?**
 - A. Misstatement of age**
 - B. Proof of loss**
 - C. Illegal occupation**
 - D. Reinstatement**
- 2. What is a group dental plan that allows insureds to visit any dentist called?**
 - A. Closed panel**
 - B. Nonprofit**
 - C. Open panel**
 - D. Medical savings account**
- 3. What is the main goal of the Affordable Care Act (ACA)?**
 - A. To decrease the number of hospitals**
 - B. To increase access to health insurance**
 - C. To regulate life insurance rates**
 - D. To eliminate health insurance premiums**
- 4. Who is NOT required to sign an application for life insurance?**
 - A. The beneficiary**
 - B. The applicant**
 - C. The agent**
 - D. The insured**
- 5. Which of the following would NOT be part of the duties of the state Insurance Commissioner?**
 - A. Conduct financial examinations of domestic insurers**
 - B. Create new insurance laws**
 - C. Adopt new rules and regulations**
 - D. Conduct hearings on unfair trade practices**

6. What is generally true about employer-paid premiums for group policies?

- A. Typically not deductible for tax purposes**
- B. Considered a personal expense for employees**
- C. Tax deductible as a business expense**
- D. Must be reported as income by the employees**

7. Which type of life insurance provides coverage for a specific period?

- A. Whole life insurance**
- B. Term life insurance**
- C. Universal life insurance**
- D. Group life insurance**

8. Which insurance policy provides benefits as long as the insured is alive?

- A. Term life**
- B. Straight life**
- C. Whole life**
- D. Universal life**

9. What is the maximum number of days of skilled nursing facility care for which Medicare will pay?

- A. 60**
- B. 25**
- C. 75**
- D. 100**

10. What is the primary purpose of long-term disability insurance?

- A. To cover short-term medical expenses**
- B. To provide income if the insured cannot work for an extended period**
- C. To replace life insurance after death**
- D. To fund retirement savings**

Answers

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

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Explanations

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1. Which provision in health insurance policies deals with age misstatement?

A. Misstatement of age

B. Proof of loss

C. Illegal occupation

D. Reinstatement

The provision in health insurance policies that addresses age misstatement is indeed the one that is specifically designated for this issue. Misstatement of age provisions are designed to clarify what happens if an insured individual inadvertently provides incorrect information regarding their age when applying for coverage. If the age is wrongly stated, this provision typically allows the insurer to adjust the benefits payable in accordance with the correct age. For instance, if a policyholder misstates their age and it is later found to be incorrect, the insurer may pay benefits as if the insured had been of the correct age at the time the policy was issued or modified. Other provisions, while important in health insurance contracts, do not specifically pertain to the issue of age misstatement. Proof of loss is concerned with the necessity for the insured to provide evidence of the loss to trigger benefits. Illegal occupation refers to exclusions in coverage when the insured engages in unlawful activities. Reinstatement addresses the process by which a lapsed policy can be renewed, focusing on missed premium payments rather than demographic inaccuracies related to age. Thus, the misstatement of age provision is uniquely relevant to inaccuracies in age reporting and determines how they affect the policy and its coverage benefits.

2. What is a group dental plan that allows insureds to visit any dentist called?

A. Closed panel

B. Nonprofit

C. Open panel

D. Medical savings account

A group dental plan that allows insureds to visit any dentist is referred to as an open panel plan. This type of plan provides flexibility and freedom of choice to the insured, as they are not restricted to a specific network of dentists. Insured individuals can seek dental care from any provider they choose, which can be beneficial for those looking for a particular type of treatment or a specific dental professional. In contrast, a closed panel plan limits the insured to a network of pre-approved dentists and specialists. This typically helps control costs for the insurance provider but restricts patient choice. The other terms provided do not relate directly to the concept of dental provider access; nonprofit denotes the business structure of an organization, while a medical savings account is a financial tool used for covering out-of-pocket medical expenses, rather than a dental insurance plan. Open panel plans are thus recognized for their broader access to a variety of dental providers.

3. What is the main goal of the Affordable Care Act (ACA)?

- A. To decrease the number of hospitals
- B. To increase access to health insurance**
- C. To regulate life insurance rates
- D. To eliminate health insurance premiums

The primary objective of the Affordable Care Act (ACA) is to increase access to health insurance for a larger segment of the population. This legislation was designed to address instances of underinsurance and the millions of Americans without health coverage. By implementing measures such as the establishment of health insurance marketplaces, expanding Medicaid eligibility, and mandating that individuals either obtain insurance or face penalties, the ACA significantly aims to broaden the accessibility and affordability of health insurance. The ACA also includes provisions to prohibit discrimination based on pre-existing conditions and mandates essential health benefits, ensuring that insurance policies cover a comprehensive range of health services. These measures collectively strive to make health insurance more accessible and affordable, thus fulfilling the act's overarching goal of improving healthcare access for all Americans.

4. Who is NOT required to sign an application for life insurance?

- A. The beneficiary**
- B. The applicant
- C. The agent
- D. The insured

In the context of a life insurance application, the beneficiary is not required to sign the application. The primary parties involved in the application process typically include the applicant, who initiates the process and provides necessary personal information, and the insured, whose life is being covered by the policy. Additionally, the agent may sign to verify their role in the application process, but the beneficiary's signature is not required at this stage. The beneficiary is the individual or entity designated to receive the death benefit when the insured passes away, but they are not involved in the application process itself. This separation of roles clarifies that while the insured's health and personal details are under scrutiny, the beneficiary's consent or acknowledgment is not needed to complete the application.

5. Which of the following would NOT be part of the duties of the state Insurance Commissioner?

- A. Conduct financial examinations of domestic insurers**
- B. Create new insurance laws**
- C. Adopt new rules and regulations**
- D. Conduct hearings on unfair trade practices**

The role of the state Insurance Commissioner primarily involves overseeing the insurance industry to ensure fair practices and compliance with existing laws rather than creating new laws. The Insurance Commissioner is responsible for conducting financial examinations of domestic insurers to assess their financial stability and compliance with regulatory standards. This ensures that insurers are financially sound and can meet their obligations to policyholders. Additionally, the Commissioner has the authority to adopt new rules and regulations to clarify and enforce existing laws, which helps in managing the industry effectively. Conducting hearings on unfair trade practices is also a critical function, as it allows the Commissioner to investigate complaints and ensure that market practices are ethical and fair. Creating new insurance laws typically falls within the purview of the legislative branch of government rather than the responsibilities of the Insurance Commissioner. Therefore, the choice indicating that creating new insurance laws would not be part of the Commissioner's duties accurately reflects the separation of powers and the specific regulatory role of the Insurance Commissioner.

6. What is generally true about employer-paid premiums for group policies?

- A. Typically not deductible for tax purposes**
- B. Considered a personal expense for employees**
- C. Tax deductible as a business expense**
- D. Must be reported as income by the employees**

Employer-paid premiums for group policies are considered tax deductible as a business expense. This means that when an employer provides group health insurance to its employees and pays the premiums, those costs can be deducted from the company's taxable income, reducing the overall tax liability. This deduction serves as a financial incentive for employers to offer health benefits, as it not only benefits their employees by providing access to health insurance but also helps the employer save money on taxes. Group insurance policies generally benefit both parties—the employer and the employees—by providing coverage while also allowing businesses to take advantage of tax deductions. The nature of these premiums being a business expense means that they are not treated as personal expenses for employees, impacting the overall tax implications for both the business and the workforce. Additionally, the premiums are typically not required to be reported as taxable income for employees, as the benefits provided are not considered a part of the employee's gross income. Thus, the understanding of employer-paid premiums as a deductible business expense is critical in appreciating the financial landscape surrounding group insurance policies.

7. Which type of life insurance provides coverage for a specific period?

- A. Whole life insurance**
- B. Term life insurance**
- C. Universal life insurance**
- D. Group life insurance**

Term life insurance provides coverage for a specific period, also known as a term. This type of insurance is designed to offer a death benefit if the insured person passes away during the term of the policy, which is usually set for a duration such as 10, 20, or 30 years. If the insured survives the term, the coverage ends, and there is no payout, making it a more affordable option compared to permanent life insurance policies. Whole life insurance, on the other hand, offers coverage for the entire lifetime of the insured as long as premiums are paid, creating a cash value that grows over time. Universal life insurance is similar in that it also provides lifelong coverage and features a cash value component, allowing policyholders some flexible premium payment options. Group life insurance is typically offered by employers and provides coverage to many individuals under a single policy, but it also doesn't have a fixed term like term life insurance does.

8. Which insurance policy provides benefits as long as the insured is alive?

- A. Term life**
- B. Straight life**
- C. Whole life**
- D. Universal life**

Whole life insurance provides benefits as long as the insured is alive, making it a permanent form of life insurance. This type of policy is designed to last for the insured's entire lifetime, as long as the premiums are paid. One of the key features of whole life insurance is that it combines a death benefit with a cash value component that grows over time at a guaranteed rate. This means that not only does the policy provide a death benefit when the insured passes away, but it also accumulates cash value that the insured can borrow against or withdraw during their lifetime. In contrast, term life insurance is designed to provide coverage for a specified period, after which the policy expires without value if the insured outlives the term. While straight life and universal life are both forms of permanent insurance, they have features that can affect the guarantees associated with them. Whole life is typically characterized by the certainty of lifelong coverage and fixed premiums, whereas universal life offers more flexibility in premium payments and death benefits, which can affect its longevity depending on how it is managed. Thus, whole life stands out as the type that guarantees benefits for the insured's entire life as long as conditions are met.

9. What is the maximum number of days of skilled nursing facility care for which Medicare will pay?

- A. 60**
- B. 25**
- C. 75**
- D. 100**

Medicare provides coverage for skilled nursing facility (SNF) care under specific conditions, primarily following a hospital stay that meets certain requirements. The maximum number of days for which Medicare will pay for skilled nursing facility care is 100 days. During the first 20 days of care, Medicare covers the full cost without any out-of-pocket expense for the beneficiary. For days 21 through 100, beneficiaries may be responsible for a daily coinsurance amount, but Medicare continues to provide substantial payment coverage during this entire duration. After 100 days, coverage ends unless the patient meets new eligibility requirements or returns to the hospital. This structure highlights Medicare's aim to support recovery and rehabilitation while managing costs effectively within a defined timeframe. Understanding this duration is crucial for beneficiaries and professionals in navigating the options available for skilled nursing care under Medicare.

10. What is the primary purpose of long-term disability insurance?

- A. To cover short-term medical expenses**
- B. To provide income if the insured cannot work for an extended period**
- C. To replace life insurance after death**
- D. To fund retirement savings**

The primary purpose of long-term disability insurance is to provide income if the insured cannot work for an extended period due to illness, injury, or other health-related issues. This insurance is essential for individuals who may find themselves unable to earn a paycheck over an extended period, ensuring they can meet their financial obligations and maintain their standard of living. Long-term disability insurance typically pays a percentage of the individual's income, allowing them to manage expenses like housing, utilities, and food while they are unable to work. This coverage is designed to be a safety net for those who would face significant economic hardship if they were unable to return to their jobs for a longer duration. The benefits usually kick in after a waiting period, which varies by policy. Other options do not align with the primary function of long-term disability insurance. For instance, covering short-term medical expenses is more relevant to health or short-term disability insurance. Replacing life insurance after death pertains to life insurance policies that provide benefits upon the policyholder's death, and funding retirement savings falls under financial planning strategies rather than disability coverage.

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://lahinsurancemastery.examzify.com>

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

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