

Maine Life Insurance 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

- 1. What is the incontestability period for a life insurance policy?**
 - A. 1 year**
 - B. 2 years**
 - C. 3 years**
 - D. 4 years**
- 2. What is a deductible in the context of health insurance?**
 - A. The total payment an insurer makes for a claim**
 - B. The amount an insured pays before benefits are activated**
 - C. The percentage of costs shared by the insurer**
 - D. The limit on how much a policy will pay annually**
- 3. What is a characteristic of a policy of adhesion?**
 - A. A policy that can be modified by the insured**
 - B. A policy that is offered on a "take it or leave it" basis**
 - C. A policy that requires mutual agreement between parties**
 - D. A policy that allows for negotiation of terms**
- 4. What requirement must an individual meet to qualify for long term care insurance benefits?**
 - A. Must be diagnosed with a chronic illness**
 - B. Must be unable to perform two activities of daily living**
 - C. Must have a minimum age of 65**
 - D. Must reside in a nursing home**
- 5. What document is delivered during the policy delivery process?**
 - A. An insurance application**
 - B. A premium invoice**
 - C. An insurance contract**
 - D. A policy endorsement**

- 6. What key feature distinguishes long-term care insurance from other types of coverage?**
- A. It covers all medical bills indefinitely**
 - B. It is only available to seniors**
 - C. It provides assistance based on the inability to perform daily activities**
 - D. It requires hospitalization for coverage**
- 7. What is the purpose of an Automatic Policy Loan provision?**
- A. To increase the premium payments of the policy**
 - B. To keep a whole life policy in force when premiums are not paid**
 - C. To offer a cash surrender value to the policyholder**
 - D. To automatically renew a term life policy**
- 8. What is one of the main goals of the Affordable Care Act?**
- A. To eliminate private health insurance**
 - B. To help individuals and small businesses purchase health insurance coverage**
 - C. To increase insurance premiums**
 - D. To limit healthcare providers**
- 9. What is the purpose of a Policy Summary?**
- A. To list all potential beneficiaries**
 - B. To highlight critical parts of the policy issued**
 - C. To provide the full terms and conditions**
 - D. To outline the duties of the policy owner**
- 10. What does a viatical settlement allow an individual with a terminal illness to do?**
- A. Increase their insurance coverage**
 - B. Sell their existing policy for a percentage of its face value**
 - C. Buy back their policy for lower premiums**
 - D. Transfer policy ownership without financial gain**

Answers

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

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Explanations

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1. What is the incontestability period for a life insurance policy?

- A. 1 year
- B. 2 years**
- C. 3 years
- D. 4 years

The incontestability period for a life insurance policy is typically a time frame established by law during which an insurer cannot contest or deny a claim based on misstatements or omissions made by the policyholder in the application. In most states, this period is set at two years. After the two-year mark, the insurer loses the right to dispute the validity of the policy based on the information provided at the time of application, provided the premiums are being paid and the policy is in force. This protects the beneficiaries and encourages insurers to conduct thorough underwriting before issuing the policy. Establishing a two-year period strikes a balance between allowing insurers sufficient time to investigate legitimate concerns and providing policyholders with the assurance that their life insurance policy remains valid after this period, promoting trust in the insurance system.

2. What is a deductible in the context of health insurance?

- A. The total payment an insurer makes for a claim
- B. The amount an insured pays before benefits are activated**
- C. The percentage of costs shared by the insurer
- D. The limit on how much a policy will pay annually

In the context of health insurance, a deductible refers to the amount that the insured must pay out of pocket for healthcare services before the insurance company begins to pay its share of costs. This means that until the individual has paid the specified deductible amount, they are responsible for covering all medical expenses. Once this threshold is met, the insurance policy typically kicks in to cover additional eligible expenses according to the terms of the policy. This structure encourages individuals to be mindful of their healthcare spending and to use insurance benefits more judiciously. It also helps insurance companies manage risk and costs by sharing a portion of the financial burden with policyholders at the outset. Other concepts like the total payment an insurer makes for a claim, the percentage of costs shared by the insurer, and the limit on how much a policy will pay annually pertain to different aspects of health insurance policies, such as claim payments, co-insurance, and annual maximums, respectively. These definitions are distinct from the concept of a deductible.

3. What is a characteristic of a policy of adhesion?

- A. A policy that can be modified by the insured
- B. A policy that is offered on a "take it or leave it" basis**
- C. A policy that requires mutual agreement between parties
- D. A policy that allows for negotiation of terms

A policy of adhesion is characterized by being offered on a "take it or leave it" basis. This means that the insurer sets the terms and conditions of the policy, and the insured has limited ability to negotiate or modify those terms. In essence, the insured must accept the policy as it is presented, making it a standard form contract that does not allow for alterations by the insured. This characteristic is important in understanding the nature of such policies because it places the responsibility on the insurer to make sure that the terms are clear and not ambiguous. Since the insured cannot negotiate, any unclear or ambiguous terms are typically interpreted in favor of the insured in legal contexts. This principle protects consumers in situations where they may not have the same level of bargaining power as the insurance company.

4. What requirement must an individual meet to qualify for long term care insurance benefits?

- A. Must be diagnosed with a chronic illness
- B. Must be unable to perform two activities of daily living**
- C. Must have a minimum age of 65
- D. Must reside in a nursing home

To qualify for long-term care insurance benefits, an individual must be unable to perform two activities of daily living (ADLs). These activities typically include essential tasks necessary for self-care, such as bathing, dressing, eating, transferring (moving from one place to another), toileting, and continence. The inability to perform these activities indicates a need for assistance or supervision, which is the primary purpose of long-term care insurance. This requirement is built into the policies as a means to determine the level of care needed by the individual and to ensure that the benefits are used for their intended purpose—supporting those who genuinely require long-term assistance due to incapacitation or chronic conditions. The emphasis is on functional incapacity rather than a specific diagnosis or age, which makes it more inclusive and applicable to a broader range of individuals who may need care. While other options may reflect circumstances related to care needs (such as a chronic illness or residing in a nursing home), they do not directly address the core criterion of qualifying for benefits outlined in most long-term care insurance policies.

5. What document is delivered during the policy delivery process?

- A. An insurance application**
- B. A premium invoice**
- C. An insurance contract**
- D. A policy endorsement**

During the policy delivery process, the primary document that is delivered is the insurance contract. This contract outlines the terms, coverage, and policies agreed upon between the insurer and the insured. It serves as a legal agreement, detailing the rights and responsibilities of both parties and specifying the circumstances under which benefits will be paid. Delivering the insurance contract is a crucial step because it formalizes the relationship between the insurer and the policyholder. This document is essential for the policyholder, as it is the definitive proof of insurance that they will refer to for information regarding coverage limits, exclusions, and procedural details regarding claims. While other documents, such as an insurance application, a premium invoice, or a policy endorsement, may be part of the overall insurance process, they do not serve the same primary function at the point of policy delivery. The application is generally submitted prior to the issuance of the contract, the premium invoice is related to the payment process, and endorsements may modify existing contracts rather than represent the initial agreement. Therefore, the insurance contract is the key document delivered at this critical stage in the insurance process.

6. What key feature distinguishes long-term care insurance from other types of coverage?

- A. It covers all medical bills indefinitely**
- B. It is only available to seniors**
- C. It provides assistance based on the inability to perform daily activities**
- D. It requires hospitalization for coverage**

Long-term care insurance is distinct from other types of coverage primarily because it focuses on providing assistance when individuals experience difficulties in performing daily activities, such as bathing, dressing, eating, transferring, and toileting. This feature is crucial because it reflects a particular need for care that is not typically addressed by standard health insurance, which primarily covers medical expenses resulting from illness or injury. This type of insurance is designed to support the costs associated with long-term care services—either in-home care or care provided in facilities like nursing homes—when individuals can no longer manage these activities independently. The emphasis on daily activities highlights its purpose, which is to ensure quality of life and necessary support for individuals who may need assistance over an extended period, regardless of their age or hospitalization status. The other options either misrepresent the nature of the coverage or impose limitations that do not apply to long-term care insurance. For instance, it is not limited to seniors, it does not cover all medical bills, nor does it require hospitalization for an individual to receive benefits. These distinctions further clarify why the focus on the inability to perform daily activities is what sets long-term care insurance apart from other insurance products.

7. What is the purpose of an Automatic Policy Loan provision?

- A. To increase the premium payments of the policy**
- B. To keep a whole life policy in force when premiums are not paid**
- C. To offer a cash surrender value to the policyholder**
- D. To automatically renew a term life policy**

The purpose of an Automatic Policy Loan provision is to ensure that a whole life insurance policy remains in force when the policyholder fails to make premium payments. Under this provision, if a premium payment is missed, the insurance company will automatically take a loan from the accumulated cash value of the policy to cover the missed premium payment. This prevents the policy from lapsing due to non-payment and ensures that the insured remains protected under the policy. In the context of whole life insurance, maintaining coverage is crucial, and the Automatic Policy Loan provision provides a financial safety net for policyholders who may face temporary difficulties in making payments. This allows them to maintain their coverage and the benefits that come with it, such as death benefits and potential cash value growth, without the risk of losing their insurance altogether. Other options do not accurately reflect the purpose of this provision. Increasing premium payments would not help retain the policy, offering cash surrender value means the policy is being terminated rather than kept in force, and automatically renewing a term policy would not be applicable as term and whole life policies operate under different structures.

8. What is one of the main goals of the Affordable Care Act?

- A. To eliminate private health insurance**
- B. To help individuals and small businesses purchase health insurance coverage**
- C. To increase insurance premiums**
- D. To limit healthcare providers**

One of the primary goals of the Affordable Care Act (ACA) is to help individuals and small businesses purchase health insurance coverage. The ACA introduced measures such as health insurance marketplaces, where people can compare and buy insurance plans, often with the assistance of subsidies for those with low to moderate incomes. This was aimed at expanding access to healthcare and making it more affordable for a larger segment of the population, effectively reducing the number of uninsured individuals. Additionally, the law includes provisions designed to protect consumers, such as ending denials of coverage based on pre-existing conditions and allowing young adults to stay on their parents' insurance plans until the age of 26. These elements work together to increase accessibility to health insurance for individuals and small businesses, making healthcare more inclusive and comprehensive within the marketplace.

9. What is the purpose of a Policy Summary?

- A. To list all potential beneficiaries
- B. To highlight critical parts of the policy issued**
- C. To provide the full terms and conditions
- D. To outline the duties of the policy owner

The purpose of a Policy Summary is to highlight the critical parts of the policy issued. This document serves as a concise overview that presents essential information about the policy, such as coverage amounts, premiums, and key benefits, making it easier for policyholders to understand the critical components of their insurance. It is designed to summarize the important features and provisions in a straightforward manner, allowing individuals to quickly grasp the terms and benefits of their insurance without having to sift through the entire policy document. This clarity is vital for ensuring that customers are well-informed about what they are purchasing, helping them make better decisions regarding their insurance needs. While other options may touch on aspects of policy information, they do not serve the primary role of a Policy Summary, which is to distill the most important details into an easy-to-read format.

10. What does a viatical settlement allow an individual with a terminal illness to do?

- A. Increase their insurance coverage
- B. Sell their existing policy for a percentage of its face value**
- C. Buy back their policy for lower premiums
- D. Transfer policy ownership without financial gain

A viatical settlement provides individuals with a terminal illness the opportunity to sell their existing life insurance policy for a percentage of its face value. This financial arrangement allows policyholders to access funds that can be used for medical expenses, living costs, or any other purpose during a difficult period. Viatical settlements are specifically designed for those who are facing terminal health conditions, enabling them to utilize the benefits of their life insurance policy before passing away. The amount received from the sale is typically less than the policy's full face value, but it provides immediate liquidity to the seller. This approach helps those with limited time and a pressing need for financial resources, illustrating one of the unique aspects of life insurance that can provide support beyond just a death benefit. Other options do not pertain to the viatical settlement process and do not provide the same opportunity for individuals in critical health situations to gain immediate financial relief.

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://mainelifeinsurance.examzify.com>

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