

# Montana State 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 free look period for a replacement insurance?**
  - A. 15 days**
  - B. 30 days**
  - C. 60 days**
  - D. 90 days**
- 2. During a conversion, can an individual life benefit amount exceed that provided under the group policy?**
  - A. Yes, up to 150% of the group amount**
  - B. No**
  - C. Only with prior approval**
  - D. Yes, but only for certain circumstances**
- 3. On what grounds can a lender reject an insurance contract from the borrower?**
  - A. On grounds that the contract is unreasonable**
  - B. On the grounds of late payment**
  - C. On grounds of inaccurate information**
  - D. On the basis of insufficient coverage**
- 4. What terms are producers prohibited from using to describe their services?**
  - A. Financial counselor, investment advisor, insurance agent**
  - B. Financial planner, investment advisor, financial consultant, or financial counseling**
  - C. Insurance consultant, financial advisor, wealth manager**
  - D. Financial advisor, insurance planner, financial specialist**
- 5. Which party is responsible for identifying the viator in a settlement?**
  - A. The insurance company.**
  - B. The producer.**
  - C. The viatical settlement provider.**
  - D. The policyholder's family.**

- 6. For which purpose is the provision of the insurance policy not applicable?**
- A. Disability benefits**
  - B. Accidental death benefits**
  - C. Both a and b**
  - D. Only life insurance**
- 7. What may be included in the restitution for insurance fraud?**
- A. Only a fine to the state**
  - B. Restitution to the insurer for financial loss**
  - C. Imprisonment instead of financial restitution**
  - D. Payment of future insurance premiums**
- 8. Who is entitled to an individual life insurance benefit during the conversion period if the employee dies?**
- A. The employer**
  - B. The spouse**
  - C. The children**
  - D. The estate**
- 9. How long does an insurer have to correct or amend a request for personal information?**
- A. Within 15 days**
  - B. Within 30 days**
  - C. Within 45 days**
  - D. Within 60 days**
- 10. What should take place within 21 days of an applicant's request during an adverse decision?**
- A. Refund issued**
  - B. Review of policy details**
  - C. Provision of the reason for the decision**
  - D. Resubmission of the application**



## **Answers**

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

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## **Explanations**

**1. What is the free look period for a replacement insurance?**

- A. 15 days
- B. 30 days**
- C. 60 days
- D. 90 days

The free look period for a replacement insurance policy is established as 30 days. This is a crucial consumer protection provision that allows policyholders to review the terms and conditions of their new insurance policy after it has been issued. During this period, the policyholder has the right to cancel the policy for any reason and receive a full refund of any premiums paid. This period is especially important for replacement insurance because it allows individuals to ensure that the new coverage adequately meets their needs and that they fully understand the terms. Having a defined time frame, like 30 days, helps to prevent consumers from feeling rushed into decisions and allows for careful consideration of the new policy against their existing coverage. This provision is designed to ensure transparency and protect consumers, creating an environment where they can confidently assess their options without financial risk.

**2. During a conversion, can an individual life benefit amount exceed that provided under the group policy?**

- A. Yes, up to 150% of the group amount
- B. No**
- C. Only with prior approval
- D. Yes, but only for certain circumstances

In the context of life insurance conversions, the individual benefit amount cannot exceed the amount provided under the group policy. This means that when an individual transitions from a group life insurance plan to an individual policy, they are typically limited to the benefits they received under the group coverage. The rationale behind this limitation is primarily to maintain consistency and fairness in the insurance products. Group policies are generally designed with specific maximum coverage limits based on the collective risk of all members, while individual policies operate under different underwriting criteria, which may not accommodate higher benefit amounts without additional underwriting or risk assessment. While there may be some specific policies or circumstances that allow adjustments in benefit amounts, in general terms, exceeding the group amount is not permitted in standard conversions. This restriction helps insurers manage risk and ensures that conversions remain equitable for all beneficiaries within the group.

**3. On what grounds can a lender reject an insurance contract from the borrower?**

- A. On grounds that the contract is unreasonable**
- B. On the grounds of late payment**
- C. On grounds of inaccurate information**
- D. On the basis of insufficient coverage**

The most relevant reason for a lender to reject an insurance contract from a borrower is based on the grounds of insufficient coverage. Lenders often require certain minimum coverage levels to ensure that their investment is adequately protected in the event of a loss. If the insurance contract does not meet these requirements, the lender may reject it, as it poses an undue risk to their financial interests. While the other options relate to different issues that could arise with insurance contracts, they are not usually grounds for outright rejection from a lender's perspective. For example, late payments could lead to cancellation or non-renewal of the policy but would not typically cause a lender to reject the contract at the outset. Inaccurate information may lead to adjustments or sanctions from the insurance company, but it is not a basis for rejection by a lender. Reasonableness may pertain to the terms of the contract but does not directly relate to the coverage amounts required by lenders for underwriting. Therefore, the focus on sufficient coverage aligns with the primary concern of lenders to mitigate their risk when providing loans.

**4. What terms are producers prohibited from using to describe their services?**

- A. Financial counselor, investment advisor, insurance agent**
- B. Financial planner, investment advisor, financial consultant, or financial counseling**
- C. Insurance consultant, financial advisor, wealth manager**
- D. Financial advisor, insurance planner, financial specialist**

The correct choice indicates terms that producers are prohibited from using because they may imply a level of expertise or authority that the producer does not possess or could mislead consumers about the services offered. The terms "financial planner," "investment advisor," "financial consultant," and "financial counseling" suggest a breadth of financial knowledge and services beyond the traditional role of an insurance producer. These titles can imply that the individual has specialized training or certification in financial planning that may not be the case, potentially leading to consumer confusion about the nature of the services being provided. Regulatory bodies emphasize clarity and prevention of misrepresentation in the financial services industry. By prohibiting the use of these specific terms, the regulations aim to ensure that consumers can clearly understand the services offered and the professional qualifications of the individual providing them. This helps maintain integrity within the profession and protects consumers from potential exploitation or misunderstandings regarding their financial planning needs.

**5. Which party is responsible for identifying the viator in a settlement?**

- A. The insurance company.**
- B. The producer.**
- C. The viatical settlement provider.**
- D. The policyholder's family.**

In the context of viatical settlements, the responsibility for identifying the viator primarily rests with the viatical settlement provider. A viator is an individual who is the insured person in a life insurance policy and seeks to sell their policy for a lump sum payment, typically due to a terminal illness. The viatical settlement provider has the expertise and resources to assess the circumstances of the policy, evaluate the health status of the viator, and facilitate the transaction appropriately. This party coordinates the process and ensures that all legal and regulatory requirements are met, which includes identifying the viator as part of their operational responsibilities. Other parties, such as the insurance company and the producer (agent), may play significant roles in the overall transaction process, but they do not typically take on the task of identifying the viator. The insurance company mainly processes the claim or payout once the settlement is executed, while the producer may assist in introducing the client to viatical settlement options but does not make the identification themselves. The policyholder's family may be involved in the discussions or decisions but does not have the authority or capacity to formally identify the viator for the settlement process.

**6. For which purpose is the provision of the insurance policy not applicable?**

- A. Disability benefits**
- B. Accidental death benefits**
- C. Both a and b**
- D. Only life insurance**

The provision in an insurance policy typically outlines the circumstances or events that the policy covers and the benefits that will be paid out. In this context, when considering provisions that may be non-applicable, the focus is on the nature of disability benefits, accidental death benefits, and life insurance itself. Disability benefits and accidental death benefits are typically categorized as separate from traditional life insurance coverage. Life insurance is designed to pay a benefit upon the death of the insured and does not extend to disabilities or accidents unless explicitly stated in the policy. Policies offering these benefits may have specific provisions or exclusions that limit when payments are made. Since both disability benefits and accidental death benefits fall outside the typical scope of conventional life insurance provisions, they are correctly identified as not applicable under standard life insurance policy definitions. This understanding clarifies why this choice is relevant: it emphasizes the distinct purpose of each type of coverage and the associated provisions or exclusions that apply.

**7. What may be included in the restitution for insurance fraud?**

- A. Only a fine to the state**
- B. Restitution to the insurer for financial loss**
- C. Imprisonment instead of financial restitution**
- D. Payment of future insurance premiums**

Restitution for insurance fraud typically involves compensating the insurer for the financial losses incurred due to fraudulent activities. This may include reimbursing the insurance company for claims that were improperly paid out as a result of deceitful actions, such as submitting false information or exaggerating claims. By requiring restitution to the insurer, the legal system aims to hold the fraudulent party accountable and restore the financial integrity affected by their actions. Fines or penalties imposed on the perpetrator may also serve as a deterrent, but they usually do not compensate the insurer directly for its losses. Imprisonment is a potential consequence of committing insurance fraud; however, it does not equate to financial restitution. Additionally, the payment of future insurance premiums does not address the losses caused by fraud and is not related to restitution in this context. Thus, restitution to the insurer represents a critical aspect of resolving the financial harm caused by insurance fraud.

**8. Who is entitled to an individual life insurance benefit during the conversion period if the employee dies?**

- A. The employer**
- B. The spouse**
- C. The children**
- D. The estate**

During the conversion period of a group life insurance policy, if the employee who is covered by the policy dies, the benefits from that policy are typically paid out to the designated beneficiary. In many cases, the spouse is often named as the primary beneficiary in these policies due to the common structure of beneficiary designations. When an employee passes away during the conversion period, the individual life insurance benefits are intended for that employee's dependents, with the spouse commonly being the first in line. This approach ensures that the surviving spouse receives the financial support they may need during a time of loss, reflecting the intent of life insurance to provide for those left behind. Other options may not be the correct recipients of the life insurance benefit in this scenario. The employer would not benefit from the employee's death, while children might be designated if the spouse is not named or if the policy specifies otherwise. The estate could potentially receive benefits if there are no beneficiaries named, but in standard situations, the spouse is often the first choice to receive the proceeds directly. Therefore, recognizing the spouse as the recipient aligns with the typical practices of naming beneficiaries in individual life insurance coverage, especially in the context of conversion periods.

**9. How long does an insurer have to correct or amend a request for personal information?**

- A. Within 15 days**
- B. Within 30 days**
- C. Within 45 days**
- D. Within 60 days**

An insurer has 30 days to correct or amend a request for personal information. This timeframe is established to ensure efficiency and protect consumer rights, allowing individuals a reasonable period to have any inaccuracies addressed. The regulation requiring this timeline is designed to promote transparency and timely communication between insurers and policyholders. It allows insured individuals to receive accurate information that may affect their policy or claims, further safeguarding their interests in the insurance process. In considering the other timeframes, while prompt response is critical, longer durations like 45 or 60 days may not align with the statutory expectations to maintain accuracy and protect consumer rights. A 15-day period, on the other hand, can be too brief for necessary corrections or amendments, making 30 days the appropriate balance.

**10. What should take place within 21 days of an applicant's request during an adverse decision?**

- A. Refund issued**
- B. Review of policy details**
- C. Provision of the reason for the decision**
- D. Resubmission of the application**

When an applicant faces an adverse decision regarding their life insurance application, it is essential that they receive clear communication about the reasons behind that decision. Providing the reason for the adverse decision within 21 days ensures that the applicant understands the factors that led to the decision. This is crucial for maintaining transparency and trust in the insurance process. This timeframe allows the applicant to know precisely why their application was denied or modified, which can help them address any potential issues, such as errors in the application or relevant health information that may need clarification. Understanding the rationale behind the decision empowers applicants to take informed steps, whether that is appealing the decision, making necessary adjustments in a new application, or exploring other options. Other choices, such as issuing a refund or resubmitting the application, while potentially relevant in different contexts, do not address the immediate need for clarity surrounding the adverse decision. Likewise, reviewing policy details may be useful but would not directly respond to the applicant's need for understanding the outcome of their specific application. Therefore, providing the reason for the decision is the most appropriate and obligatory action within the specified timeframe.



## 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://montanastatelifelifeinsurance.examzify.com>**

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