

New Jersey Life and Health State 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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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. During which phase is a health insurance policy usually in force before benefits are paid?**
 - A. Pre-existing conditions phase**
 - B. Waiting period**
 - C. Coverage period**
 - D. Open enrollment period**
- 2. Which type of life insurance is commonly associated with a Payor Benefit rider?**
 - A. Term insurance**
 - B. Whole life insurance**
 - C. Juvenile insurance**
 - D. Universal insurance**
- 3. What does Medicare Part A primarily cover?**
 - A. Outpatient care**
 - B. Inpatient hospital stay**
 - C. Physical therapy**
 - D. Prescription drugs**
- 4. How can a disability income policy limit the insured's income potential?**
 - A. By imposing penalties on earnings**
 - B. By utilizing benefit limits**
 - C. By applying a waiting period**
 - D. By restricting job opportunities**
- 5. Which of the following is NOT an appropriate use of life insurance for business purposes?**
 - A. Protecting key employees**
 - B. Covering business owners**
 - C. Providing for the business during ownership transfers**
 - D. Covering entry level employees**

6. One of the key roles of the Banking and Insurance Commissioner is to?

- A. Set premiums for life insurance**
- B. Establish continuing education requirements**
- C. Authorize insurance policies**
- D. Conduct insurance claims investigations**

7. Under what condition are group disability benefits considered tax-free to the insured?

- A. When the employer pays the premiums**
- B. When the recipient pays the premiums**
- C. When no claims are made**
- D. When the benefits are paid directly to the hospital**

8. What is the grace period for health insurance premium payments?

- A. 5 days**
- B. 10 days**
- C. 30 days**
- D. 15 days**

9. What is likely to happen during the application process for life or health insurance?

- A. Insurer will not examine medical history**
- B. Medical history may be reviewed and reported**
- C. Only the current health status will be considered**
- D. Insurers will rely solely on the applicant's declaration**

10. Major medical insurance will typically cover medical expenses that result from?

- A. Accidental injuries**
- B. A negative reaction to prescribed medication**
- C. Routine check-ups**
- D. Cosmetic procedures**

Answers

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

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Explanations

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1. During which phase is a health insurance policy usually in force before benefits are paid?

- A. Pre-existing conditions phase**
- B. Waiting period**
- C. Coverage period**
- D. Open enrollment period**

The waiting period is a specific timeframe outlined in a health insurance policy during which coverage is not in effect for certain claims, particularly for new conditions or for specific benefits. This phase is crucial because it allows the insurer to manage risk effectively. When a policyholder enrolls in a health insurance plan, there is often a designated waiting period before they can access benefits for certain treatments or procedures. This period ensures that individuals do not immediately claim benefits after enrolling or switching plans, which helps stabilize insurance pools and prevent abuse of the insurance system. In this context, a waiting period ensures that the insurance company is protected against potential losses from individuals who might seek coverage only when they know they will need expensive care. During this time, although the policy is active, there are still restrictions on the benefits that can be utilized. The other phases mentioned, like pre-existing conditions and open enrollment, have different implications in the broader context of health insurance but do not represent the period during which benefits are withheld as clearly as the waiting period does. The coverage period typically refers to the time when benefits are actively available, while pre-existing conditions often relate to specific exclusions rather than a defined time-limited withholding of benefits. Open enrollment is the timeframe when individuals can enroll in or make changes

2. Which type of life insurance is commonly associated with a Payor Benefit rider?

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

The Payor Benefit rider is specifically designed to provide coverage for the premium payments in the event the payor, typically a parent or guardian, becomes disabled or passes away. This rider is commonly associated with juvenile insurance policies, which are meant to insure the lives of children. Juvenile insurance is often purchased by parents for their children, allowing the policy to remain in force even if the parent can no longer make premium payments. The Payor Benefit ensures that the child's insurance coverage continues without interruption, thus safeguarding their future insurability and ensuring that the policy's cash value continues to grow. While other types of life insurance products, such as term, whole, and universal insurance, can have various riders, the Payor Benefit rider is uniquely valuable in the context of juvenile policies, making sure that the children remain covered despite any unforeseen circumstances that may impact the payor's ability to maintain the policy.

3. What does Medicare Part A primarily cover?

- A. Outpatient care
- B. Inpatient hospital stay**
- C. Physical therapy
- D. Prescription drugs

Medicare Part A is primarily designed to cover inpatient hospital stays, which means it provides insurance for services received when a patient is admitted to a hospital. This includes costs associated with room and board, nursing services, and any necessary hospital supplies. Part A is crucial for beneficiaries who may require hospitalization due to serious illness or injury, ensuring they have financial coverage during their recovery period. While other parts of Medicare address different aspects of healthcare, such as outpatient services, rehabilitation, and prescription drugs, they fall under separate components of the Medicare program. For example, outpatient care is covered under Medicare Part B, while prescription drugs are typically covered under Part D. This specialization ensures that beneficiaries have a comprehensive array of coverage for various medical needs throughout the Medicare program.

4. How can a disability income policy limit the insured's income potential?

- A. By imposing penalties on earnings
- B. By utilizing benefit limits**
- C. By applying a waiting period
- D. By restricting job opportunities

A disability income policy primarily focuses on providing financial support to individuals who are unable to work due to a disabling condition. One of the ways it can limit the insured's income potential is through benefit limits. These limits determine the maximum amount of income that the policy will pay out to the insured, which is often a percentage of their pre-disability earnings. For example, if an individual earns \$5,000 a month and the policy has a benefit limit of 60% of their income, the maximum monthly payment they would receive while disabled would be \$3,000. This means that even though they might have higher expenses or income requirements, the insurance policy restricts the payout to a certain ceiling, hence limiting their income potential during the disability period. Understanding benefit limits is crucial because it directly impacts an individual's financial situation during their recovery or inability to work. Other options like penalties on earnings, waiting periods, or job restrictions do not effectively address how the policy itself sets a cap on the amount the insured can receive, which is a key factor in income limitation.

5. Which of the following is NOT an appropriate use of life insurance for business purposes?

- A. Protecting key employees**
- B. Covering business owners**
- C. Providing for the business during ownership transfers**
- D. Covering entry level employees**

Life insurance can serve various important functions in a business context, such as protecting key employees, ensuring that business obligations are met in the event of an owner's death, or facilitating smooth ownership transfers through financial support. These applications make sense as they aim to mitigate potential financial losses that could result from the death of someone critical to the company's operations or ownership structure. In contrast, using life insurance to cover entry-level employees is generally not considered a suitable application for business purposes. Entry-level employees typically do not hold the same level of impact or responsibility that would make their absence critically detrimental to the company's viability. The cost associated with insuring those in lower-impact positions may outweigh the potential benefit to the business if they were to pass away. Therefore, while every employee is valuable, life insurance in a business context is more appropriately applied to roles that are pivotal to the organization's success and continuity.

6. One of the key roles of the Banking and Insurance Commissioner is to?

- A. Set premiums for life insurance**
- B. Establish continuing education requirements**
- C. Authorize insurance policies**
- D. Conduct insurance claims investigations**

The role of the Banking and Insurance Commissioner includes overseeing the insurance industry within the state. One of their important responsibilities is to establish continuing education requirements for insurance producers and professionals. This ensures that those working in the insurance field maintain their knowledge and skills in an industry that is constantly evolving due to changes in regulations, products, and market conditions. By enforcing continuing education, the Commissioner helps to safeguard consumer interests by ensuring that insurance professionals are informed and capable of providing quality service. While the Commissioner does play a role in various areas of the insurance industry, such as the oversight of insurance policies and handling consumer complaints, establishing continuing education requirements is a critical function that promotes professionalism and enhances the overall competency of those who operate within the industry. This is essential for ensuring that licensed individuals remain up-to-date with current laws, products, and ethical standards in the insurance market.

7. Under what condition are group disability benefits considered tax-free to the insured?

- A. When the employer pays the premiums**
- B. When the recipient pays the premiums**
- C. When no claims are made**
- D. When the benefits are paid directly to the hospital**

Group disability benefits are considered tax-free to the insured when the recipient pays the premiums. This is due to the IRS guidelines that state if an employee pays for the disability insurance premium out of their pocket with after-tax dollars, any benefits received from that policy will not be subject to income tax. In contrast, if the employer pays for the premiums, the benefits received may be taxable, as the employer contributions were made with pre-tax dollars. This taxation principle applies to many group insurance benefits and highlights the difference between how premiums are handled between employer-paid and employee-paid plans. Receiving benefits without making contributions, as in scenarios where no claims are made or when benefits are paid directly to a hospital, does not affect the tax status of the benefits concerning the insured. Thus, the key factor that determines the tax-free status of group disability benefits is whether the insured pays the premiums themselves.

8. What is the grace period for health insurance premium payments?

- A. 5 days**
- B. 10 days**
- C. 30 days**
- D. 15 days**

In the context of health insurance, the grace period is a specific time frame following the due date of a premium payment during which the policyholder can make their payment without losing coverage. This is an important consumer protection that ensures individuals do not lose their health insurance immediately upon missing a payment. In New Jersey, the standard grace period for health insurance premium payments is indeed 30 days. During this period, the insurer cannot cancel the policy for non-payment, allowing the policyholder time to make the payment and maintain their coverage. After this grace period, if the premium is still unpaid, the insurance company may proceed to terminate the policy. The other options do not align with the regulations established for grace periods in health insurance contexts. A grace period of 5, 10, or 15 days is too short and does not meet the standards necessary to protect consumers adequately, which is why the 30-day grace period is critical for both consumer rights and maintaining continuous health coverage.

9. What is likely to happen during the application process for life or health insurance?

- A. Insurer will not examine medical history
- B. Medical history may be reviewed and reported**
- C. Only the current health status will be considered
- D. Insurers will rely solely on the applicant's declaration

During the application process for life or health insurance, one of the key steps involves a thorough evaluation of the applicant's medical history. This review is crucial because it helps insurers assess the overarching health risks associated with insuring an individual. By examining medical history, insurers can identify any pre-existing conditions, previous treatments, and other relevant health issues that may impact the underwriting process and determination of coverage. Insurers generally obtain this information through declarations made by the applicant, medical records, or even additional information from healthcare providers when necessary. This thorough approach allows insurers to make informed decisions regarding coverage eligibility, premiums, and policy terms. It also underscores the importance of the application process in ensuring that the risk is accurately assessed. In contrast, options suggesting that the insurer will not examine medical history, consider only current health status, or rely solely on the applicant's declaration fail to recognize the comprehensive nature of the underwriting process, which typically combines information obtained from various sources, including a detailed medical history evaluation.

10. Major medical insurance will typically cover medical expenses that result from?

- A. Accidental injuries
- B. A negative reaction to prescribed medication**
- C. Routine check-ups
- D. Cosmetic procedures

Major medical insurance is designed to cover a wide range of significant medical expenses. The correct answer is that it typically covers medical expenses resulting from a negative reaction to prescribed medication. This type of insurance is meant to handle serious health issues and unexpected health crises, including complications arising from prescribed treatments. In the context of major medical insurance, the coverage is comprehensive and includes instances where a patient's health is jeopardized due to medications they were advised to take. This aligns with the purpose of major medical insurance, which is to provide financial support for substantial medical costs that arise from serious health incidents. Other options, while they may seem plausible at first glance, fall outside the primary scope of what major medical insurance is typically intended to cover. Accidental injuries are generally covered as they are often unexpected and can lead to significant medical expenses. However, the focus on reactions to prescribed medications highlights the specific nature of the coverage, especially when it relates to serious health implications. Routine check-ups and cosmetic procedures usually are not covered by major medical plans as they are considered preventive or elective, which do not fall under the typical catastrophic events major medical insurance is designed to address.

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://newjersey-lifeandhealth.examzify.com>

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

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