

New York Life, Accident, and Health Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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

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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

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- 1. Which life insurance policy would likely include an automatic premium loan provision?**
 - A. Term life
 - B. Whole life
 - C. Universal life
 - D. Variable life
- 2. What type of insurance policy is generally tax-deductible for an employer?**
 - A. Group life insurance
 - B. Individual life insurance
 - C. Accidental death and dismemberment insurance
 - D. Short-term disability insurance
- 3. False advertising of an insurance policy is categorized as what?**
 - A. Fraud
 - B. Misrepresentation
 - C. Negligence
 - D. Deception
- 4. What does a Medicare Advantage enrollee typically pay for services?**
 - A. Annual deductible only
 - B. Full cost of all services
 - C. Small co-pay per visit or per service
 - D. No cost for any services
- 5. How many hours per week must employees regularly work to be eligible for coverage within a small employer health plan?**
 - A. 30 hours
 - B. 20 hours
 - C. 15 hours
 - D. 25 hours

- 6. Which of these factors does NOT influence an individual's need for life insurance?**
- A. Number of dependents
 - B. Self-maintenance expenses
 - C. Outstanding debts
 - D. Annual income
- 7. In health insurance, what does "pre-existing condition" refer to?**
- A. A medical condition that existed before obtaining insurance coverage
 - B. A condition diagnosed after enrollment
 - C. A chronic illness diagnosed during policy duration
 - D. A temporary ailment treated before insurance activation
- 8. What type of insurance rider is designed to help pay for nursing home expenses for someone without a terminal illness?**
- A. Temporary disability rider
 - B. Critical illness rider
 - C. Long-term care benefit rider
 - D. Accidental death benefit rider
- 9. Which of the following types of plans primarily covers preventive care?**
- A. Major medical plans
 - B. Catastrophic plans
 - C. Wellness programs
 - D. Short-term health plans
- 10. What type of annuity pays an income to two or more annuitants until the death of the last annuitant?**
- A. Single life annuity
 - B. Joint life annuity
 - C. Joint and survivor annuity
 - D. Fixed term annuity

Answers

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

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Explanations

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1. Which life insurance policy would likely include an automatic premium loan provision?

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

The automatic premium loan provision is primarily associated with whole life insurance policies. This feature allows the insurer to automatically use the accumulated cash value of the policy to cover premium payments that are due if the policyholder fails to make the payment. This ensures that the policy does not lapse due to non-payment, as the cash value acts as a backup source of funds for premiums. Whole life policies are designed to provide lifelong coverage with predetermined premiums and a cash value component that grows over time. The automatic premium loan provision is a safeguard for policyholders, helping maintain their insurance coverage even in challenging financial situations. In contrast, term life insurance does not accumulate cash value, universal life insurance offers flexible premium payments and death benefits, and variable life insurance allows for investment options with fluctuating cash values. None of these types typically include an automatic premium loan provision to the extent that whole life policies do, as they function under different principles of coverage and investment.

2. What type of insurance policy is generally tax-deductible for an employer?

- A. Group life insurance**
- B. Individual life insurance
- C. Accidental death and dismemberment insurance
- D. Short-term disability insurance

Group life insurance is typically the type of insurance policy that is tax-deductible for an employer. This deduction is possible because group life insurance is set up to benefit multiple employees, and premiums paid by the employer are considered a business expense. This means that the employer can deduct these premium payments on their tax return, which can be a significant financial advantage. In contrast, individual life insurance premiums are usually not tax-deductible for employers because the policy is tied to a single employee rather than a group. Accidental death and dismemberment insurance, while it may have different tax implications, does not offer the same level of tax deductibility as group life coverage. Short-term disability insurance typically is provided for employee benefits, but the deductibility can vary based on how it is structured and the specific circumstances of the employer and employee contributions.

3. False advertising of an insurance policy is categorized as what?

- A. Fraud
- B. Misrepresentation**
- C. Negligence
- D. Deception

False advertising of an insurance policy is categorized as misrepresentation because it involves providing inaccurate or misleading information regarding the terms, benefits, or nature of the policy to potential or existing policyholders. Misrepresentation occurs when an insurer or its representatives communicate false information that can influence a consumer's decision-making process. In the context of insurance, ensuring that all communications about products are truthful and transparent is crucial for maintaining trust and protecting consumers. Misrepresentation can have serious legal implications, as it undermines the fundamental principles of fair trade practices and integrity within the industry. While fraud, negligence, and deception all relate to dishonesty or failure to adhere to appropriate standards, they are not as specifically aligned with the act of falsely advertising an insurance policy. Fraud typically involves intentional deception with the aim of financial gain, negligence refers to a failure to take appropriate care, and deception encompasses a broader range of misleading behaviors that may not directly tie to the specifics of insurance policies and advertising practices.

4. What does a Medicare Advantage enrollee typically pay for services?

- A. Annual deductible only
- B. Full cost of all services
- C. Small co-pay per visit or per service**
- D. No cost for any services

A Medicare Advantage enrollee typically pays a small co-pay per visit or per service because these plans are designed to provide a more cost-effective means of receiving healthcare compared to traditional Medicare. Medicare Advantage plans, also known as Medicare Part C, often incorporate additional benefits beyond what is offered through standard Medicare coverage, such as vision, dental, or wellness services. These plans usually establish a network of providers and may require enrollees to share some of the costs associated with their care, which is why small co-pays are common. This cost-sharing helps manage the overall expenses of the healthcare system while allowing enrollees to access medical services. The other options do not accurately reflect how these plans typically work. An annual deductible might be part of some plans, but it is not the only cost incurred. Paying the full cost of all services is not how Medicare Advantage operates, as this would negate the primary purpose of enrolling in a plan that offers coverage. Lastly, while some services may be fully covered, stating that there is no cost for any services is misleading, as co-pays and other out-of-pocket expenses are generally present.

5. How many hours per week must employees regularly work to be eligible for coverage within a small employer health plan?

- A. 30 hours
- B. 20 hours**
- C. 15 hours
- D. 25 hours

To determine eligibility for coverage within a small employer health plan, it is essential to understand the common requirement regarding the number of hours an employee must work. Generally, under small group health insurance rules, employees need to regularly work a minimum of 20 hours per week to be eligible for coverage. This threshold aligns with federal and state regulations aimed at ensuring that employees who work a significant amount of hours are provided access to health benefits. The rationale behind setting the minimum at 20 hours is to balance the interests of both employers and employees; it allows part-time employees to access health coverage while still keeping the requirements manageable for small employers. In contrast, other options reflect lower or higher hour requirements, which do not align with standard eligibility criteria in most small employer health insurance plans. Therefore, 20 hours stands out as the correct minimum threshold for eligibility.

6. Which of these factors does NOT influence an individual's need for life insurance?

- A. Number of dependents
- B. Self-maintenance expenses**
- C. Outstanding debts
- D. Annual income

The need for life insurance is primarily influenced by factors that pertain to the financial responsibilities and dependents of an individual. Each of the other options—number of dependents, outstanding debts, and annual income—reflects critical aspects that would determine how much life insurance coverage a person might need. The number of dependents directly affects how much insurance is necessary to ensure financial stability for those who rely on the insured individual's income. If someone has more dependents, the funds required to maintain their standard of living in the event of the individual's passing will naturally increase. Outstanding debts must also be considered because their existence means that any life insurance payout not only needs to cover living expenses for dependents but also settle any financial obligations left behind. This helps prevent dependents from facing financial loss or challenges. Annual income is essential in determining the level of life insurance needed as it provides a measure of the financial resources available to the family. The greater the income, the more coverage may be needed to replace that income for dependents in the event of an untimely death. In contrast, self-maintenance expenses are more about the insured's personal lifestyle costs rather than obligations to others. While these expenses are important for the individual's budgeting and financial planning, they do not

7. In health insurance, what does "pre-existing condition" refer to?

- A. A medical condition that existed before obtaining insurance coverage**
- B. A condition diagnosed after enrollment
- C. A chronic illness diagnosed during policy duration
- D. A temporary ailment treated before insurance activation

A pre-existing condition refers to any medical condition that an individual had prior to obtaining health insurance coverage. This term is particularly important in the context of health insurance because it can significantly affect coverage and the premiums an insured person may pay. Insurers often evaluate these conditions when determining eligibility for coverage, waiting periods, or whether to include certain treatments under a plan. This definition serves to clarify the ongoing issues surrounding coverage for those who have had health problems before their insurance policy began. Pre-existing conditions can include anything from a previous diagnosis of diabetes to a history of heart disease, and understanding how they are treated in health insurance policies is crucial for both consumers and those working in the insurance industry. The other options indicate conditions or diagnoses that occur after a person has been enrolled in a health insurance plan or are temporary ailments, which do not align with the medical and insurance terminology defining pre-existing conditions. This distinction is essential for policyholders to understand their rights and coverage options.

8. What type of insurance rider is designed to help pay for nursing home expenses for someone without a terminal illness?

- A. Temporary disability rider
- B. Critical illness rider
- C. Long-term care benefit rider**
- D. Accidental death benefit rider

The long-term care benefit rider is specifically designed to assist in covering expenses related to nursing home care and other long-term care services for individuals who may not have a terminal illness. This rider provides financial support for those who require assistance with daily living activities, which is common in situations where an individual needs long-term care due to aging, chronic illness, or disability. Unlike other riders that focus on specific incidents, such as accidental death or critical illnesses, the long-term care benefit rider acknowledges the need for ongoing support rather than a one-time payout for a defined medical event. This can provide a crucial safety net for individuals and their families navigating the complexities and costs of long-term care situations.

9. Which of the following types of plans primarily covers preventive care?

- A. Major medical plans
- B. Catastrophic plans
- C. Wellness programs**
- D. Short-term health plans

Wellness programs are specifically designed to prioritize and promote preventive care among participants. These programs focus on maintaining and improving overall health, minimizing the risk of disease, and often include services such as regular health screenings, immunizations, nutritional counseling, fitness programs, and lifestyle education. Their foundational goal is to help individuals be proactive about their health rather than reactive, aligning with the philosophy of preventive care that aims to catch potential health issues before they develop into more serious conditions. In contrast, major medical plans typically provide comprehensive coverage for a wide range of health services, including hospitalization and serious illnesses, rather than concentrating on preventive care. Catastrophic plans mainly cover serious health events after the insured has incurred a certain out-of-pocket expense, which does not emphasize preventive services. Short-term health plans are designed for temporary coverage and also do not focus primarily on preventive care; they tend to offer limited benefits and may exclude certain essential health services necessary for effective preventive care.

10. What type of annuity pays an income to two or more annuitants until the death of the last annuitant?

- A. Single life annuity
- B. Joint life annuity
- C. Joint and survivor annuity**
- D. Fixed term annuity

A joint and survivor annuity is designed to provide income to two or more annuitants and continues to pay benefits until the death of the last surviving annuitant. This arrangement ensures that as long as one of the annuitants is alive, they will receive payments, which can provide financial security for both parties. In this type of annuity, the payment amount is typically lower than a single life annuity because the insurer is taking on more risk—the obligation lasts as long as either annuitant is alive. This setup is particularly beneficial for couples or partners who want to ensure that their surviving partner will continue to receive income after one passes away. The other types of annuities mentioned do not fit this description. A single life annuity pays income to only one individual for their lifetime, ceasing payments upon their death. A joint life annuity, while it pays for two annuitants, ends payments when the first of the two passes away, unlike the joint and survivor annuity where payments continue until the last annuitant dies. A fixed term annuity provides income for a specified period regardless of the annuitants' life status, which does not align with the concept of payments continuing until the end of the last annuit

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://newyorklifeaccidenthealth.examzify.com>

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

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