

SAIF CLAIMS ADJUSTER PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

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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. What best describes elective surgery?**
 - A. A surgery that is always necessary for life preservation
 - B. A non-emergency surgery required for recovery
 - C. An experimental procedure with unknown outcomes
 - D. A surgery required only for cosmetic improvements
- 2. TPD is an abbreviation for which disability type?**
 - A. Temporary Permanent Disability
 - B. Temporary Partial Disability
 - C. Total Partial Disability
 - D. Therapeutic Partial Disability
- 3. What is the primary role of a compensability adjuster?**
 - A. To assess the emotional stability of the injured worker
 - B. To determine whether a claimed injury is work-related
 - C. To provide therapy to the injured worker
 - D. To expedite payment of claims to workers
- 4. What is the percent value assigned for chronic condition impairment?**
 - A. 1 percent
 - B. 5 percent
 - C. 10 percent
 - D. 15 percent
- 5. What does it mean when someone is deemed medically stationary (Med Stat)?**
 - A. They have fully recovered from their injury
 - B. They require continuous treatment
 - C. No further material improvement is expected with treatment or time
 - D. They are ready to return to work
- 6. What is an Authorized Training Plan typically used for?**
 - A. Career development programs
 - B. Guidelines for workplace training
 - C. Employment qualification processes
 - D. Training for claims adjusters

- 7. What is addressed by the rules in Division 55?**
- A. Claims Administration Rules
 - B. Certification of Claims Examiner Rules
 - C. Managed Care Organization Rules
 - D. Vocational Assistance to Injured Workers
- 8. Who typically handles the appeal process if a denial is contested?**
- A. The work supervisor
 - B. The injured worker's representative
 - C. An Administrative Law Judge
 - D. The insurance company's attorney
- 9. If a worker feels they were not treated properly during the IME, what is their recourse?**
- A. File a complaint with WCD
 - B. Directly confront the IME physician
 - C. Request to redo the exam without appeal
 - D. Discuss it only with their coworkers
- 10. Who is defined as a subject employer under workers' compensation laws?**
- A. An employer operating outside the state
 - B. An employer who does not pay for workers' compensation
 - C. An employer who is subject to ORS 656
 - D. An employer with less than five employees

Answers

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

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Explanations

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1. What best describes elective surgery?

- A. A surgery that is always necessary for life preservation
- B. A non-emergency surgery required for recovery**
- C. An experimental procedure with unknown outcomes
- D. A surgery required only for cosmetic improvements

Elective surgery is best described as a non-emergency surgery required for recovery. This type of surgery is typically planned in advance and is not performed in response to an immediate medical crisis. Elective surgeries can include procedures that improve a person's health and quality of life, although they may not be absolutely essential for survival. The reason this choice is appropriate is that elective surgery can encompass a variety of procedures that, while not urgent, are important for the patient's overall health, such as removing a gallbladder or repairing a hernia. These procedures are often carefully scheduled for the convenience of both the patient and the medical facility. In contrast, other potential descriptions do not capture the essence of elective surgery. Describing it as always necessary for life preservation implies an urgency that is not characteristic of elective procedures. Identifying it as experimental could lead to confusion, as elective surgeries are typically well-established and not considered experimental. Finally, suggesting that it is solely for cosmetic improvements reduces the broader medical context of elective procedures, as many are performed to address underlying health issues rather than just aesthetic concerns.

2. TPD is an abbreviation for which disability type?

- A. Temporary Permanent Disability
- B. Temporary Partial Disability**
- C. Total Partial Disability
- D. Therapeutic Partial Disability

Temporary Partial Disability is a classification that refers to a situation where an injured worker is unable to perform their usual work duties due to an injury but can still engage in some form of gainful employment, albeit at a reduced capacity or lower wage. This designation recognizes that the worker is not completely incapacitated and allows for partial reintegration into the workforce while they recover. In many workers' compensation systems, understanding this classification is critical because it influences the type of benefits the worker may receive, as well as how the injured worker can navigate back to full employment. The focus is on both recovery and maintaining a level of income, even if it is reduced temporarily. This classification helps ensure that workers receive appropriate support during their rehabilitation process.

3. What is the primary role of a compensability adjuster?

- A. To assess the emotional stability of the injured worker
- B. To determine whether a claimed injury is work-related**
- C. To provide therapy to the injured worker
- D. To expedite payment of claims to workers

The primary role of a compensability adjuster is to determine whether a claimed injury is work-related. This responsibility involves thoroughly reviewing the details of the incident, medical documentation, witness statements, and any other relevant information that could indicate if the injury arose out of and in the course of employment. Understanding this aspect of a compensability adjuster's duties is crucial in the workers' compensation system. A correct assessment ensures that legitimate claims are recognized and processed, while non-work-related claims are appropriately addressed. This role is essential in safeguarding both the rights of injured workers and the interests of the employers. The other options, while related to aspects of managing injury claims, do not encapsulate the primary focus of a compensability adjuster's role. Assessing emotional stability, providing therapy, or expediting claims payments reflect functions that might overlap with other professionals or roles involved in the claims process but do not define the main responsibility of determining the work-related nature of injuries.

4. What is the percent value assigned for chronic condition impairment?

- A. 1 percent
- B. 5 percent**
- C. 10 percent
- D. 15 percent

The correct answer is that the percent value assigned for chronic condition impairment is 5 percent. This value is based on the guidelines and metrics used in assessing impairment related to chronic conditions within a claims adjuster's framework. Chronic conditions can significantly affect an individual's daily functioning and quality of life, and therefore an impairment rating of 5 percent is established to reflect this impact accurately. Chronic conditions are generally recognized in the context of long-term health issues that require ongoing management and can lead to permanent impairment. This 5 percent value serves as a baseline for evaluating the extent of impairment caused by such conditions, helping adjusters determine benefits and compensations while considering the long-term consequences on the individual's capacity to work and function normally. Understanding this allocation is crucial in the field of claims adjusting, as it directly influences the award of benefits and the assessment of an individual's overall health status in relation to their ability to participate in the workforce or engage in daily activities.

5. What does it mean when someone is deemed medically stationary (Med Stat)?

- A. They have fully recovered from their injury
- B. They require continuous treatment
- C. No further material improvement is expected with treatment or time**
- D. They are ready to return to work

When an individual is deemed medically stationary, it signifies that no further material improvement in their medical condition is expected, whether through ongoing treatment or the passage of time. This determination is critical in the claims adjustment process, as it indicates that the individual's injuries are stable and that their treatment plan may need to shift focus, potentially to long-term management or vocational rehabilitation. Reaching this status does not imply complete recovery; rather, it acknowledges that the individual has reached a point where their condition is unlikely to improve significantly, which can affect the direction of care and compensation decisions. Recognizing this status allows claims adjusters to evaluate the case accurately and determine the necessary steps moving forward, including the possible transition back to work or consideration for permanent disability benefits if applicable.

6. What is an Authorized Training Plan typically used for?

- A. Career development programs
- B. Guidelines for workplace training
- C. Employment qualification processes
- D. Training for claims adjusters**

The correct answer highlights the specific context in which an Authorized Training Plan is utilized, particularly for claims adjusters. In this field, such a plan outlines the required training, protocols, and competencies necessary for adjusters to effectively perform their roles. It serves as a structured approach, ensuring that adjusters are adequately prepared to handle claims efficiently and in accordance with regulatory requirements. By focusing on training within the claims adjusting profession, this option underscores the importance of specialized knowledge and skills in navigating complex claims processes, which is critical for maintaining standards of service and compliance in the industry. An Authorized Training Plan typically encompasses elements such as ethical considerations, technical knowledge regarding insurance policies, and effective communication skills, all pivotal for claims adjusters to succeed in their duties.

7. What is addressed by the rules in Division 55?

- A. Claims Administration Rules
- B. Certification of Claims Examiner Rules**
- C. Managed Care Organization Rules
- D. Vocational Assistance to Injured Workers

The rules in Division 55 specifically pertain to the certification process for claims examiners. This set of regulations outlines the qualifications, training, and standards that claims examiners must meet to effectively handle insurance claims, ensuring that they possess the necessary skills and knowledge to evaluate and process claims accurately and fairly. Certification is critical in maintaining professional standards in claims adjusting, promoting consistency and reliability in claims decisions. In contrast, while the other options address vital components of the claims process or assistance provided to injured workers, they do not specifically focus on the certification of claims examiners. Claims administration rules, managed care organization rules, and vocational assistance guidelines each have their own distinct regulatory frameworks outside of what Division 55 covers, emphasizing other aspects of claims management rather than the certification of examiners. Thus, the focus of Division 55 is distinctly on ensuring that claims examiners are adequately certified, which is essential for the integrity of the claims process.

8. Who typically handles the appeal process if a denial is contested?

- A. The work supervisor
- B. The injured worker's representative
- C. An Administrative Law Judge**
- D. The insurance company's attorney

The appeal process for a contested denial is typically handled by an Administrative Law Judge (ALJ). An ALJ plays a crucial role in managing disputes related to workers' compensation cases, including those involving denied claims. Their function is to conduct hearings, assess evidence, and make impartial rulings based on the facts presented and applicable laws. The ALJ's expertise in legal standards and procedures helps ensure that the appeal process is fair and just for all parties involved. In contrast, other individuals or representatives, while they may play significant roles in the claims process, typically do not have the authority to adjudicate disputes. A work supervisor generally oversees operational aspects within a workplace but does not engage in the legal proceedings of claims appeals. The injured worker's representative may advocate for the worker but usually does not handle the formal appeal process itself. The insurance company's attorney may represent the insurer during the appeal but does not serve as the neutral party that the ALJ represents. Thus, the Administrative Law Judge is specifically designated to oversee and resolve contested claim appeals, ensuring that decisions are made according to the law.

9. If a worker feels they were not treated properly during the IME, what is their recourse?

- A. File a complaint with WCD**
- B. Directly confront the IME physician
- C. Request to redo the exam without appeal
- D. Discuss it only with their coworkers

Filing a complaint with the Workers' Compensation Division (WCD) is the appropriate recourse for a worker who feels they were not treated properly during an Independent Medical Examination (IME). This option allows the worker to formally address their concerns and seek resolution through the established regulatory channels. When a complaint is filed with the WCD, it can lead to an investigation regarding the conduct of the IME and ensure that the rights of the worker are upheld. The WCD has the authority to evaluate these complaints and take necessary actions to ensure compliance with regulations, maintaining the integrity of the IME process. The other options may not effectively address the worker's grievances. Directly confronting the IME physician may not produce constructive outcomes and could escalate tension without facilitating a formal process for addressing concerns. Requesting a redo of the exam without appeal is not a standard procedure, as re-examinations typically require a valid basis according to policy guidelines. Discussing the issue only with coworkers would not lead to any official resolution and might result in misinformation or misunderstandings, rather than addressing the formal complaint process needed to seek redress.

10. Who is defined as a subject employer under workers' compensation laws?

- A. An employer operating outside the state
- B. An employer who does not pay for workers' compensation
- C. An employer who is subject to ORS 656**
- D. An employer with less than five employees

A subject employer under workers' compensation laws is defined as one that is subject to the specific provisions outlined in ORS 656. This statute governs the workers' compensation system in the state of Oregon, detailing the obligations and requirements for employers to provide coverage for their employees in the event of work-related injuries or illnesses. Being subject to ORS 656 means that the employer is required to adhere to state regulations around worker's compensation, including the obligation to secure insurance or self-insure for such claims. This ensures that employees receive the proper benefits for their injuries, which aligns with the fundamental purpose of workers' compensation laws to protect and support workers. The other options do not appropriately identify the criteria for being classified as a subject employer under the law. An employer operating outside the state may not fall under Oregon law, an employer who does not pay for workers' compensation could be non-compliant but does not provide a definition of subject employer, and an employer with fewer than five employees may also be exempt from certain obligations under specific circumstances, rather than being classified unequivocally as a subject employer. Thus, the emphasis is on the connection to ORS 656 as the defining criterion for subject employer status.

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://saifclaimsadjuster.examzify.com>

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

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