

# Self Insured Practice Test (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**

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- 1. What is the penalty percentage for an employer failing to obtain workers compensation coverage?**
  - A. 10%
  - B. 15%
  - C. 20%
  - D. 25%
- 2. How much stronger is the dominant hand compared to the non-dominant hand?**
  - A. 5% stronger
  - B. 10% stronger
  - C. 5% weaker
  - D. 10% weaker
- 3. The employee's right major index finger fails to clear the mid-palm on active flexion by 3/4". What is the percentage of permanent disability if the employee also has a 25% weighted grip loss?**
  - A. 2%
  - B. 4%
  - C. 5%
  - D. 7%
- 4. When can an employer request a second opinion under Labor Code 4062(b)?**
  - A. Where there is a dispute about the need for spinal surgery
  - B. Where the employee has lost an eye
  - C. Where there is an issue about AOE/COE
  - D. Where there is a dispute about the need for medical treatment
- 5. Once an employee's TTD benefits are exhausted, what is typically the next potential benefit they may receive?**
  - A. Rehabilitation benefits
  - B. Permanent disability benefits
  - C. Medical benefits
  - D. Wage replacement

**6. The employee has an injury resulting in permanent disability of 15 percent. If the employer wants you to comprise and release the claim for \$12,500, you should?**

- A. Advise the employer it is okay**
- B. Advise the employer it is against public policy**
- C. Comprise and Release the claim with wording that the extra money is for resignation**
- D. Prepare a stipulated findings and award for 15%**

**7. Which fingers are most commonly involved in Dupuytren's Contracture?**

- A. Little and ring fingers**
- B. Index and thumb**
- C. Ring and middle**
- D. Index and little fingers**

**8. How many cervical vertebrae are there in the human spinal column?**

- A. 5**
- B. 7**
- C. 9**
- D. 14**

**9. If an examiner fails to document the return-to-work date and delays payment, what should be the first action taken?**

- A. Call the doctor's office and verify the return to work date**
- B. Pay benefits immediately**
- C. Call the employer to confirm the return to work date**
- D. Request authorization to pay benefits**

**10. How long do Self Insurance plans have to notify an applicant that their application is deficient?**

- A. 14 days**
- B. 10 days**
- C. 20 days**
- D. 30 days**

## **Answers**

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

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## **Explanations**

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**1. What is the penalty percentage for an employer failing to obtain workers compensation coverage?**

- A. 10%**
- B. 15%**
- C. 20%**
- D. 25%**

The penalty percentage for an employer failing to obtain workers compensation coverage is 10%. This lower penalty rate is designed to encourage compliance without imposing overly severe financial burdens on businesses that may unintentionally neglect this requirement. The rationale behind this percentage is rooted in the principle of promoting workplace safety and ensuring that employees are protected in the event of work-related injuries or illnesses. By imposing a 10% penalty, regulatory bodies aim to motivate employers to correct their non-compliance promptly rather than face an excessively punitive fine, which might discourage business operations or lead to closure. Employers are strongly encouraged to maintain the required coverage to safeguard both their employees and their financial interests, as failure to comply can result in legal and financial repercussions beyond just the penalty, such as liability for injuries and legal fees.

**2. How much stronger is the dominant hand compared to the non-dominant hand?**

- A. 5% stronger**
- B. 10% stronger**
- C. 5% weaker**
- D. 10% weaker**

The dominance of one hand over the other, often referred to as hand dominance, typically results in measurable strength differences. Research indicates that the dominant hand is generally stronger than the non-dominant hand, and studies have shown that this difference commonly falls around 10%. This can be attributed to greater muscle coordination, neural efficiency, and familiarity with the motor tasks executed by the dominant hand. This 10% strength advantage is significant in various physical activities and can influence performance in sports, manual labor, and everyday tasks. Understanding this difference is crucial in fields such as rehabilitation and sports science, where tailored strength training programs might take hand dominance into account to improve overall performance and balance between the two sides of the body.

**3. The employee's right major index finger fails to clear the mid-palm on active flexion by 3/4". What is the percentage of permanent disability if the employee also has a 25% weighted grip loss?**

- A. 2%**
- B. 4%**
- C. 5%**
- D. 7%**

To determine the percentage of permanent disability in this scenario, it's essential to understand how range of motion and grip strength loss factor into overall impairment. When evaluating a finger's ability to flex, a failure to clear the mid-palm on active flexion indicates a significant functional impairment. Specifically, a 3/4" deficit in flexion can be quantified to represent a certain degree of disability. In addition to the failure in active flexion, the presence of a 25% weighted grip loss further compounds the employee's functional limitations. When assessing disabilities, these two factors—joint motion and grip strength—are often combined to arrive at a more accurate representation of overall impairment. The 5% figure reflects a cumulative assessment, as it considers both the specific limitation in range of motion of the major index finger and the substantial grip loss. Experts in workers' compensation cases typically utilize established guidelines to assign a percentage based on these individualized assessments, which, in this situation, correctly leads to a 5% permanent disability rating. This approach aligns well with standard practices in disability evaluations, where the evaluation of individual parts can contribute cumulatively to a greater overall impairment percentage. The knowledge of why these specific measurements factor into the disability rating helps solidify understanding of how

**4. When can an employer request a second opinion under Labor Code 4062(b)?**

- A. Where there is a dispute about the need for spinal surgery**
- B. Where the employee has lost an eye**
- C. Where there is an issue about AOE/COE**
- D. Where there is a dispute about the need for medical treatment**

The correct answer relates specifically to situations involving disputes regarding the necessity of spinal surgery. Labor Code 4062(b) provides a framework for when an employer can request a second opinion, and it explicitly includes instances where medical treatment, particularly significant procedures like spinal surgery, is in contention. This provision safeguards both the employer's interest in managing medical costs and the employee's right to receive appropriate care. In the case of spinal surgery, the implications for the worker's health and recovery are substantial, making it crucial for both parties to ensure that the proposed treatment is necessary and justified. Thus, the legislation allows for a second opinion in these scenarios to provide clarity and prevent unnecessary procedures that could result in financial or physical risks. The other options do not explicitly connect with the provisions established in Labor Code 4062(b) for seeking a second opinion regarding the necessity of medical services. For instance, losing an eye or dealing with issues of AOE (arising out of employment) and COE (course of employment) pertains more to compensability and the classification of injuries than to the evaluation of specific medical treatment decisions, which is the focus of the correct choice.

**5. Once an employee's TTD benefits are exhausted, what is typically the next potential benefit they may receive?**

- A. Rehabilitation benefits**
- B. Permanent disability benefits**
- C. Medical benefits**
- D. Wage replacement**

When an employee's Temporary Total Disability (TTD) benefits are exhausted, the next potential benefit they may receive is typically Permanent Disability Benefits. This is because once TTD benefits, which provide financial support during the recovery period when an employee cannot work at all, come to an end, the situation of the employee may shift from temporary incapacity to a permanent one due to the injury. Permanent Disability Benefits are designed to compensate the employee for any long-term impacts of their injury that may affect their ability to work and earn a living in the future. This can be due to residual impairments or limitations resulting from the initial injury sustained while working. Other options such as rehabilitation benefits focus on the employee's recovery and return to work but are usually not the immediate next step after TTD ends. Medical benefits always continue as needed based on the care required for the injury but do not replace income. Wage replacement is a general term that refers to various types of benefits, with TTD being a specific type, so once that is exhausted, wage replacement would transition to permanent disability benefits if applicable. Thus, the pathway to permanent disability benefits makes sense as the next logical step in the benefits process following the conclusion of TTD benefits.

**6. The employee has an injury resulting in permanent disability of 15 percent. If the employer wants you to comprise and release the claim for \$12,500, you should?**

- A. Advise the employer it is okay**
- B. Advise the employer it is against public policy**
- C. Comprise and Release the claim with wording that the extra money is for resignation**
- D. Prepare a stipulated findings and award for 15%**

The correct approach in this scenario is to recognize the implications of compromising and releasing a claim for a permanent disability without adhering to the established guidelines and regulations. Permanent disability claims usually involve specific amounts determined by state laws, which account for the severity of the injury. Compromise and release agreements can sometimes fall outside public policy if they do not respect these legal frameworks or the rights of the injured worker. In this instance, \$12,500 for a 15 percent permanent disability may not adequately reflect the compensation to which the employee is entitled based on relevant workers' compensation laws. Accepting such an offer may undermine the legal protections that ensure employees receive fair compensation for their injuries. Therefore, advising the employer that proceeding with this offer would be against public policy is the appropriate action, as it emphasizes the importance of abiding by law and ensuring that employees are justly compensated for their work-related injuries.

**7. Which fingers are most commonly involved in Dupuytren's Contracture?**

- A. Little and ring fingers**
- B. Index and thumb**
- C. Ring and middle**
- D. Index and little fingers**

Dupuytren's Contracture primarily affects the little and ring fingers due to the anatomical structures and the pattern of the fibrous tissue that thickens in this condition. This condition involves a shortening and thickening of the palmar fascia, which affects the tendons and ligaments in the hand, leading to a flexion deformity primarily of the fourth (ring) and fifth (little) fingers. The little and ring fingers are most frequently affected because they are positioned at the outer part of the hand, where the palmar fascia is typically more prone to develop contractures. This condition tends to progress slowly, leading to the inability to fully extend these fingers, thereby impacting hand function. While it is possible for other fingers to be involved in Dupuytren's Contracture, the characteristic presentation usually highlights the involvement of the little and ring fingers, aligning with the clinical observations in most patients.

**8. How many cervical vertebrae are there in the human spinal column?**

- A. 5**
- B. 7**
- C. 9**
- D. 14**

The human spinal column consists of seven cervical vertebrae, which are labeled C1 through C7. These vertebrae are situated in the neck region and play a crucial role in supporting the head, allowing for a wide range of motion while also protecting the spinal cord. The configuration of seven cervical vertebrae is a standard anatomical feature in most humans, serving essential functions such as facilitating neck movement and housing essential nerve pathways. Understanding the number and arrangement of these vertebrae is key for healthcare professionals, as it is fundamental to subjects like anatomy and physiology, enabling proper diagnosis and treatment of spinal-related issues.

**9. If an examiner fails to document the return-to-work date and delays payment, what should be the first action taken?**

- A. Call the doctor's office and verify the return to work date**
- B. Pay benefits immediately**
- C. Call the employer to confirm the return to work date**
- D. Request authorization to pay benefits**

The recommended first action in this scenario is to call the doctor's office and verify the return-to-work date. This step is crucial because the doctor's office holds the official medical documentation regarding the employee's condition and fitness for work.

Verifying this information directly helps ensure that the examiner has accurate details about when the employee is medically cleared to return. This action can prevent misunderstandings or errors related to the employee's work status, which are vital for determining the appropriate timing and amount of any benefits the employee may be entitled to. Establishing clear and accurate communication with the physician's office provides a reliable basis for making informed decisions regarding benefit payments. In contrast, paying benefits immediately without confirmation could lead to complications if the return-to-work date is misinterpreted or inaccurate. Similarly, calling the employer or requesting authorization to pay benefits might not yield conclusive information about the medical status and would delay obtaining the necessary details needed for accurate claims handling. Therefore, verifying with the doctor's office is the most effective first step.

**10. How long do Self Insurance plans have to notify an applicant that their application is deficient?**

- A. 14 days**
- B. 10 days**
- C. 20 days**
- D. 30 days**

Self-insurance plans are required to notify an applicant of any deficiencies in their application within a specific timeframe to ensure that the applicant can address any issues promptly. The correct timeframe is established as 14 days. This regulation aims to provide clarity and protection to applicants, allowing them to rectify any incomplete or incorrect information swiftly, thus facilitating the timely processing of their applications. Being notified within this period helps maintain the integrity of the application process while ensuring that applicants are engaged and aware of the status of their submission. Other timeframes such as 10 days, 20 days, or 30 days do not align with the regulatory requirements, which might lead to delays and confusion in the insurance application process.

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

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

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