

# South Carolina Life and Health Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

# 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

SAMPLE

# 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!

## Questions

SAMPLE

1. What does ERISA stand for?

- A. Employee Retirement Income Security Act
- B. Employee Resources Investment Security Act
- C. Employment Retirement Insurance Security Act
- D. Employees' Rights and Investment Security Act

2. Which procedure is an example of endodontic treatment?

- A. Wisdom teeth extraction
- B. Root canal
- C. Teeth whitening
- D. Dental implants

3. What is the maximum length of time that an insurer can defer payment of a cash surrender value of an annuity in South Carolina?

- A. 3 months
- B. 6 months
- C. 1 year
- D. 12 months

4. What is the primary purpose of long-term care insurance?

- A. To cover emergency medical expenses
- B. To provide a safety net for retirement
- C. To cover custodial or personal care services
- D. To supplement health insurance premiums

5. Under ERISA, what must a plan offer to participants who wish to appeal benefit denials?

- A. A written notice without reasons
- B. An informal verbal discussion
- C. A detailed explanation of the reasons for denial
- D. A refund of contributions

6. What is one of the primary benefits considered in a disability income policy?

- A. Cost of living adjustments
- B. Bonuses for long-term claims
- C. Replacement of lost wages
- D. Tax-free payouts

7. Under what condition may a carrier discontinue coverage for small group health benefit plans?

- A. Company expansion
- B. Failure to pay premium prior to the end of the grace period
- C. Change in business ownership
- D. Reduction in workforce

8. All of the following are key factors in underwriting life insurance EXCEPT?

- A. Age
- B. Health status
- C. Marital status
- D. Occupation

9. What is the purpose of a Medicare Supplement Policy?

- A. To provide additional income
- B. To fill in the gaps of Part A and Part B Medicare
- C. To cover dental and vision costs
- D. To offer long-term care coverage

10. In a workplace accident involving employees, who is most likely to be covered under Workers' Compensation?

- A. The person who caused the accident
- B. The onlooker
- C. The person injured while performing a task
- D. Both individuals involved in the race

## Answers

SAMPLE

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

SAMPLE

## Explanations

SAMPLE

1. What does ERISA stand for?

- A. Employee Retirement Income Security Act**
- B. Employee Resources Investment Security Act
- C. Employment Retirement Insurance Security Act
- D. Employees' Rights and Investment Security Act

The correct response is rooted in the full name of the federal law, which is the Employee Retirement Income Security Act. ERISA was enacted in 1974 to protect the interests of employee benefit plan participants and their beneficiaries. It establishes minimum standards for pension plans in private industry, helping to ensure that employees receive the benefits that have been promised to them. This law governs various aspects of employer-sponsored retirement plans and health benefits, ensuring accountability and transparency. While the other choices present variations of the ERISA acronym, they do not accurately reflect the legislation's full title or scope of impact. Recognizing the correct title is fundamental to understanding both the specifics of the law and its implications for employee benefits and retirement plans in the United States.

2. Which procedure is an example of endodontic treatment?

- A. Wisdom teeth extraction
- B. Root canal**
- C. Teeth whitening
- D. Dental implants

Endodontic treatment refers specifically to procedures that involve the dental pulp and tissues surrounding the roots of a tooth. A root canal is a prime example of this type of treatment because it is performed to remove infected or damaged pulp from inside a tooth. During a root canal procedure, the dentist will clean out the infected pulp, disinfect the inside of the tooth, and then fill it with a material designed to seal it off from further infection. The goal of this treatment is to alleviate pain, save the tooth, and prevent further issues from arising. Other options listed do not fall under endodontics. Wisdom teeth extraction involves the removal of teeth, which is a surgical procedure but not related to the pulp of the tooth. Teeth whitening is a cosmetic procedure aimed at enhancing the appearance of teeth without any surgical intervention related to the dental pulp. Dental implants involve replacing missing teeth rather than treating existing teeth and their internal structures. Thus, root canal treatment is distinctly characterized as endodontic, focusing directly on pulp health and preservation.

3. What is the maximum length of time that an insurer can defer payment of a cash surrender value of an annuity in South Carolina?

- A. 3 months
- B. 6 months**
- C. 1 year
- D. 12 months

In South Carolina, the maximum period that an insurer can defer the payment of a cash surrender value for an annuity is indeed six months. This regulation is in place to protect policyholders, ensuring that they can access their funds in a reasonable timeframe. This six-month deferral period allows insurers to manage their liquidity effectively while still providing policyholders with a reasonable expectation of prompt access to their funds in the event they choose to surrender their annuity. Understanding this regulation is crucial for both consumers and professionals in the insurance field, as it highlights the balance between the insurer's operational needs and the rights of the policyholders. This limit encourages insurers to maintain sufficient liquidity to honor cash surrender requests, thereby promoting fairness and transparency in the industry.

4. What is the primary purpose of long-term care insurance?

- A. To cover emergency medical expenses
- B. To provide a safety net for retirement
- C. To cover custodial or personal care services**
- D. To supplement health insurance premiums

The primary purpose of long-term care insurance is to cover custodial or personal care services. This type of insurance is specifically designed to help individuals pay for necessary support services that are not typically covered by health insurance or Medicare. These services can include assistance with daily living activities such as bathing, dressing, eating, and mobility, which are critical for individuals who may require ongoing help due to age, disability, or chronic illness. Long-term care insurance is particularly important because many people underestimate their potential need for these services as they age, leading to significant financial strain if they are unprepared. By providing coverage for custodial care, this insurance helps ensure that individuals can access necessary support without depleting their savings or relying solely on family members for assistance. This coverage is distinct from regular health insurance, which generally focuses on medical care rather than personal care needs.

5. Under ERISA, what must a plan offer to participants who wish to appeal benefit denials?

- A. A written notice without reasons
- B. An informal verbal discussion
- C. A detailed explanation of the reasons for denial**
- D. A refund of contributions

Under the Employee Retirement Income Security Act (ERISA), when a benefit claim is denied, participants have the right to a comprehensive understanding of the denial. Specifically, they must receive a detailed explanation of the reasons for the denial of benefits. This requirement ensures transparency and allows participants to comprehend the basis for the decision, enabling them to prepare an informed appeal if they choose to contest the denial. The detailed explanation serves multiple purposes: it informs participants of the specific reasons and criteria used to evaluate their claims, outlines any relevant plan provisions, and indicates any additional information that may be required to support an appeal. This provision is crucial for upholding the rights of participants in employee benefit plans and enhancing the overall fairness of the claims process. The other options lack the detail required by ERISA. A written notice without reasons would not provide the necessary information for participants to understand why their claim was denied. An informal verbal discussion would also fail to meet ERISA standards for transparency and documentation. A refund of contributions is unrelated to the process of appealing a benefit denial and does not help clarify the reasons behind the claim denial.

6. What is one of the primary benefits considered in a disability income policy?

- A. Cost of living adjustments
- B. Bonuses for long-term claims
- C. Replacement of lost wages**
- D. Tax-free payouts

The primary benefit of a disability income policy is the replacement of lost wages. This type of policy is designed to provide financial support to individuals who are unable to work due to a disability, whether temporary or permanent. When a policyholder suffers a qualifying injury or illness, the disability income policy pays a portion of their pre-disability earnings, ensuring they can maintain their standard of living despite being unable to work. While other options may have their relevance in specific contexts, they do not align with the central purpose of a disability income policy. Cost of living adjustments may be included in some policies but are not guaranteed in all cases. Bonuses for long-term claims could be a feature of certain policies but are not a standard benefit meant to address the immediate need for income replacement due to a disability. Tax-free payouts can occur in certain situations based on the policyholder's tax status and how premiums were paid, but again, this is not a primary aim of the policy itself. The core objective remains providing necessary financial support through the replacement of lost wages during a period of incapacitation.

7. Under what condition may a carrier discontinue coverage for small group health benefit plans?

- A. Company expansion
- B. Failure to pay premium prior to the end of the grace period**
- C. Change in business ownership
- D. Reduction in workforce

A carrier may discontinue coverage for small group health benefit plans if there is a failure to pay the premium prior to the end of the grace period. The grace period is a crucial time frame during which an insured party can make a late payment without losing coverage. If payment is not received within this period, the insurer is within its rights to terminate the policy. Payment of premiums is essential to maintaining coverage, and insurers rely on timely payments to manage risk and provide benefits to all enrolled members. Not adhering to these payment obligations can lead to a lapse in coverage, making it a definitive basis for a carrier to discontinue health benefit plans for a group.

8. All of the following are key factors in underwriting life insurance EXCEPT?

- A. Age
- B. Health status
- C. Marital status**
- D. Occupation

In the underwriting process for life insurance, several key factors are examined to assess the risk associated with insuring an individual. Among these factors, age, health status, and occupation are critical as they directly relate to the policyholder's life expectancy and overall health risks. Age is significant because it directly affects the mortality rates and the probability of the insured living long enough for the insurance company to pay out a claim. Health status is paramount since pre-existing conditions or overall health can indicate the risk of early claim payouts. Similarly, occupation plays an essential role since certain jobs may carry higher risks of accidents or health issues, influencing the likelihood of a claim being made. Marital status, while it can provide some context about lifestyle and potential financial dependencies, does not carry the same weight in evaluating risk as the other factors. It is not a direct indicator of health or mortality risk, which are the primary concerns of life insurance underwriting. Therefore, this makes marital status less relevant and is why it is the correct answer for the factor that is not key in underwriting life insurance.

## 9. What is the purpose of a Medicare Supplement Policy?

- A. To provide additional income
- B. To fill in the gaps of Part A and Part B Medicare**
- C. To cover dental and vision costs
- D. To offer long-term care coverage

A Medicare Supplement Policy, also known as Medigap, is specifically designed to complement original Medicare (Parts A and B) by covering many of the out-of-pocket costs that beneficiaries may incur. Medicare pays for a significant portion of healthcare expenses, but there are often deductibles, co-payments, and coinsurance amounts that beneficiaries are responsible for. The purpose of a Medicare Supplement Policy is to fill in these gaps, helping to reduce the financial burden on the insured for services that Medicare covers but does not fully pay for. This type of policy assists with costs such as hospital stays, skilled nursing facility care, hospice care, and some home health care, thus providing financial protection and peace of mind for those who are enrolled in Medicare. It is important to note that while a Medicare Supplement Policy can enhance coverage, it does not cover additional services such as long-term care, dental, or vision expenses, which are typically handled through separate insurance plans.

## 10. In a workplace accident involving employees, who is most likely to be covered under Workers' Compensation?

- A. The person who caused the accident
- B. The onlooker
- C. The person injured while performing a task**
- D. Both individuals involved in the race

Workers' Compensation is designed to provide benefits to employees who are injured in the course of their employment. This system covers medical expenses, lost wages, and rehabilitation costs for workers who suffer injuries while performing their job duties. In the context of a workplace accident, the individual who is most likely to be covered is the person injured while performing a task related to their job. Workers' Compensation insurance is structured to support employees specifically engaged in their work duties at the time of the accident. This coverage is crucial for protecting employees' rights and ensuring they receive necessary support without having to prove fault concerning the accident. The other options do not align with Workers' Compensation coverage. The person who caused the accident, although possibly liable for negligence, is not covered under Workers' Compensation for their own injuries. An onlooker typically does not have any employment relationship with the company and thus would not be eligible for benefits. Similarly, the mention of individuals involved in a race does not pertain to typical workplace duties and would likely be outside the scope of what Workers' Compensation covers, unless explicitly stated within the context of their job responsibilities.

# 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://southcarolina-lifeandhealth.examzify.com>

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

SAMPLE