

Virginia Life and Health 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

- 1. What is the purpose of a long-term care insurance policy?**
 - A. To provide reimbursement for outpatient services**
 - B. To cover costs associated with long-term care services, such as nursing homes or assisted living**
 - C. To insure against job-related injuries**
 - D. To cover medical expenses for brief hospital stays**
- 2. If Bonnie wants to retain all ownership rights while naming her husband as a beneficiary, what type of beneficiary designation should she choose?**
 - A. Irrevocable beneficiary**
 - B. Revocable beneficiary**
 - C. Secondary beneficiary**
 - D. Tertiary beneficiary**
- 3. What is a key factor in calculating fair market value?**
 - A. The historical price of the property**
 - B. The price at which similar properties have sold recently**
 - C. The original purchase price of the property**
 - D. The opinion of a single appraiser**
- 4. What is a "face amount" in a life insurance policy?**
 - A. The total premiums paid into the policy**
 - B. The initial amount of coverage provided under the policy**
 - C. The value of the policy after a claim**
 - D. The amount of cash value available in the policy**
- 5. What is the primary benefit of having an insurance policy with a "low loss ratio"?**
 - A. Higher payouts for claims**
 - B. Lower premiums for policyholders**
 - C. Increased coverage limits**
 - D. Guaranteed renewals without underwriting**

- 6. Which of the following best describes a critical aspect of comprehensive health insurance?**
- A. It covers only catastrophic events**
 - B. It excludes preventive care services**
 - C. It provides coverage for a full range of medical services**
 - D. It typically has a high deductible**
- 7. Who is referred to as the "policyholder" in insurance?**
- A. The insurance agent managing the account**
 - B. The person responsible for paying the premium only**
 - C. The individual or entity owning an insurance policy**
 - D. Any person listed on the insurance claim**
- 8. What is the main goal of insurance fraud laws?**
- A. To increase premiums for all policyholders**
 - B. To facilitate faster claims processing**
 - C. To prevent false claims and protect insurers**
 - D. To create more complex policies**
- 9. Which aspect is important when evaluating in-network vs. out-of-network health services?**
- A. Cost-sharing differences**
 - B. Provider availability**
 - C. Service quality**
 - D. All of the above**
- 10. What is the role of an underwriter in life insurance?**
- A. They determine the coverage limits for the policy**
 - B. They assess risk and determine the premium for coverage**
 - C. They handle claims made by beneficiaries**
 - D. They invest the premium funds in financial markets**

Answers

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

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Explanations

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1. What is the purpose of a long-term care insurance policy?

- A. To provide reimbursement for outpatient services
- B. To cover costs associated with long-term care services, such as nursing homes or assisted living**
- C. To insure against job-related injuries
- D. To cover medical expenses for brief hospital stays

Long-term care insurance policies are specifically designed to provide financial support for the costs associated with long-term care services, which include care in nursing homes, assisted living facilities, and potentially in-home care. The primary purpose of these policies is to help individuals cover the expenses that arise when they require assistance with daily living activities due to chronic illness, disability, or other age-related issues. Unlike health insurance, which typically focuses on medical treatments and acute care, long-term care insurance recognizes the need for ongoing assistance that is not generally covered by standard health plans. The importance of this insurance becomes evident when considering the high costs of long-term care, which can quickly deplete an individual's savings if not adequately planned for. By having a long-term care insurance policy, individuals can receive the necessary care without placing a significant financial burden on themselves or their families, ensuring they receive the appropriate level of support for their needs.

2. If Bonnie wants to retain all ownership rights while naming her husband as a beneficiary, what type of beneficiary designation should she choose?

- A. Irrevocable beneficiary
- B. Revocable beneficiary**
- C. Secondary beneficiary
- D. Tertiary beneficiary

Choosing a revocable beneficiary designation allows Bonnie to retain all ownership rights over the policy while naming her husband as a beneficiary. With a revocable beneficiary, she can change the beneficiary at any time without needing the consent of the named beneficiary. This flexibility means she maintains full control over the policy, including the rights to adjust or revoke the beneficiary designation as her circumstances change. In contrast, an irrevocable beneficiary would require her to relinquish certain rights, as she would no longer be able to alter the beneficiary without the agreement of the irrevocable beneficiary. While secondary and tertiary beneficiaries are terms used to designate additional beneficiaries in case the primary beneficiary is unavailable, they do not relate to ownership rights or the ability to change the designated beneficiary. Thus, for Bonnie to hold all ownership rights while naming her husband as a beneficiary, a revocable beneficiary is indeed the appropriate choice.

3. What is a key factor in calculating fair market value?

- A. The historical price of the property
- B. The price at which similar properties have sold recently**
- C. The original purchase price of the property
- D. The opinion of a single appraiser

A key factor in calculating fair market value is the price at which similar properties have sold recently. This approach is based on the principle of substitution, which states that the value of a property is influenced by the prices of comparable properties in the same market. When assessing fair market value, recent sales data of comparable real estate provides a reliable benchmark, considering current market conditions and trends. This method offers a real-time reflection of what buyers are willing to pay and sellers are willing to accept, creating a more nuanced and relevant understanding of value compared to historical prices, original purchase prices, or subjective opinions. Therefore, analyzing recent transactions helps ensure that the estimated fair market value aligns closely with actual market dynamics.

4. What is a "face amount" in a life insurance policy?

- A. The total premiums paid into the policy
- B. The initial amount of coverage provided under the policy**
- C. The value of the policy after a claim
- D. The amount of cash value available in the policy

The "face amount" in a life insurance policy refers to the initial amount of coverage provided under the policy. This is the amount that is guaranteed to be paid out to the beneficiaries upon the death of the insured, assuming the policy is in force and all conditions are met. The face amount is often specified in the policy documents and is a critical component in determining the level of financial protection offered to the insured's loved ones. In context, the other options represent different aspects of life insurance policies but do not accurately describe the face amount. The total premiums paid into the policy relate to the costs incurred by the policyholder but do not reflect the coverage amount. The value of the policy after a claim typically refers to the payout, while the cash value available in the policy pertains to the accumulated savings component of certain types of policies, such as whole life insurance. Therefore, option B is the correct definition related to life insurance coverage.

5. What is the primary benefit of having an insurance policy with a "low loss ratio"?

- A. Higher payouts for claims**
- B. Lower premiums for policyholders**
- C. Increased coverage limits**
- D. Guaranteed renewals without underwriting**

A low loss ratio indicates that an insurance company has a relatively low amount of claims compared to the premiums it collects. This is significant for several reasons. When an insurer maintains a low loss ratio, it often means that it is managing its risk effectively and that fewer claims are being paid out than expected. As a result, the insurer can afford to pass some of these savings on to policyholders in the form of lower premiums. Lower premiums make insurance more affordable and attractive for consumers, encouraging them to purchase coverage. The overall health of the insurance company, reflected through a low loss ratio, can contribute to a more stable pricing environment for policyholders. On the contrary, the other options do not directly connect to the implications of a low loss ratio in the same manner. For instance, higher payouts for claims and increased coverage limits are typically influenced by other factors, such as the policy terms and the specific risk profile of the insured, rather than the overall loss ratio. Similarly, guaranteed renewals without underwriting are more related to the policyholder's relationship with the insurer and the terms of the policy than to the company's loss experience.

6. Which of the following best describes a critical aspect of comprehensive health insurance?

- A. It covers only catastrophic events**
- B. It excludes preventive care services**
- C. It provides coverage for a full range of medical services**
- D. It typically has a high deductible**

The choice that best describes a critical aspect of comprehensive health insurance is that it provides coverage for a full range of medical services. Comprehensive health insurance is designed to address a broad spectrum of healthcare needs, including not just emergency and hospital care, but also preventive services, outpatient care, prescription drugs, mental health services, and sometimes additional benefits like rehabilitation and maternity care. The intent behind this type of insurance is to ensure that individuals are protected against a wide variety of health-related expenses, thereby promoting overall health and wellness. This contrasts sharply with policies that only cover catastrophic events, which would leave individuals vulnerable to high medical costs for routine care. Additionally, while some plans might have high deductibles, comprehensive coverage would typically aim to minimize out-of-pocket costs for a wide array of services rather than impose high barriers to accessing regular and preventive care.

7. Who is referred to as the "policyholder" in insurance?

- A. The insurance agent managing the account**
- B. The person responsible for paying the premium only**
- C. The individual or entity owning an insurance policy**
- D. Any person listed on the insurance claim**

The term "policyholder" refers specifically to the individual or entity that owns an insurance policy. This designation implies that the policyholder has control over the policy, including the ability to make decisions related to it, such as filing claims, changing beneficiaries, or even canceling the policy. The policyholder is also responsible for maintaining the coverage by paying the premiums, but ownership of the policy is the key characteristic in this context. Other options do not accurately capture the definition of a policyholder. An insurance agent, while integral to the process of purchasing insurance, does not own the policy; rather, they facilitate the transaction between the insurer and the policyholder. Simply being responsible for paying premiums does not suffice for ownership, as there can be other arrangements where someone may pay the premiums on behalf of the policyholder without owning the policy themselves. Lastly, individuals listed on an insurance claim may have a legitimate interest in the policy due to their involvement in a covered event, but they do not possess the ownership rights or responsibilities that define a policyholder.

8. What is the main goal of insurance fraud laws?

- A. To increase premiums for all policyholders**
- B. To facilitate faster claims processing**
- C. To prevent false claims and protect insurers**
- D. To create more complex policies**

The primary goal of insurance fraud laws is to prevent false claims and protect insurers. These laws are designed to deter fraudulent activities by imposing penalties for those who attempt to deceive insurance companies for personal gain. Fraudulent claims can lead to significant financial losses for insurers, which can ultimately affect the cost of premiums for all policyholders. By minimizing the incidence of fraud, these laws help to maintain the integrity of the insurance system, ensuring that legitimate claims are paid and that companies can operate sustainably. While it might seem that facilitating faster claims processing or creating more complex policies could be goals related to claims management or insurance design, they are not the central focus of fraud laws. Instead, the emphasis is on safeguarding the interests of both the insurers and the honest policyholders by discouraging misconduct that can distort the system.

9. Which aspect is important when evaluating in-network vs. out-of-network health services?

- A. Cost-sharing differences**
- B. Provider availability**
- C. Service quality**
- D. All of the above**

The evaluation of in-network versus out-of-network health services involves a comprehensive understanding of various factors. Cost-sharing differences are crucial as they directly impact an insured individual's financial responsibility. Typically, in-network providers offer lower co-pays, deductibles, and coinsurance due to contractual agreements with insurance companies. This financial contrast can significantly affect out-of-pocket expenses for the insured. Provider availability is another essential aspect. In-network providers often mean easier access to a network of doctors, specialists, and hospitals that accept a particular insurance plan. When providers are in-network, patients usually have a broader selection of healthcare professionals to choose from, reducing wait times and improving continuity of care. Service quality also plays a vital role in this evaluation. While in-network services may be financially advantageous, the quality of care should not be compromised. Patients need to consider whether in-network providers meet their quality standards and if out-of-network specialists may offer superior or specialized care that is worth the additional cost. In summary, all these factors—cost-sharing differences, provider availability, and service quality—are integral to assessing in-network versus out-of-network healthcare options, making the comprehensive approach critical in decision-making regarding health services.

10. What is the role of an underwriter in life insurance?

- A. They determine the coverage limits for the policy**
- B. They assess risk and determine the premium for coverage**
- C. They handle claims made by beneficiaries**
- D. They invest the premium funds in financial markets**

The role of an underwriter in life insurance primarily involves assessing risk and determining the premium for coverage. When an individual applies for life insurance, the underwriter evaluates various factors related to the applicant's health, lifestyle, and other risk indicators. This assessment helps in measuring the likelihood of a claim being made and aids in establishing an appropriate premium that reflects the risk associated with insuring that individual. Underwriters utilize statistical data, health records, and sometimes interviews to analyze the risk profile of the applicant. Based on this analysis, they can accept or decline applications and set the terms of coverage, which includes the premium amount. This process is essential for the insurance company to maintain profitability while providing appropriate coverage to its policyholders. The other roles mentioned in the choices, such as determining coverage limits, handling claims, and investing premium funds, are typically carried out by different professionals within the insurance organization. For instance, while underwriters play a crucial role in the initial assessment and pricing of policies, claims adjusters manage claims, and investment professionals handle the company's investment strategies.

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://valifeandhealth.examzify.com>

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