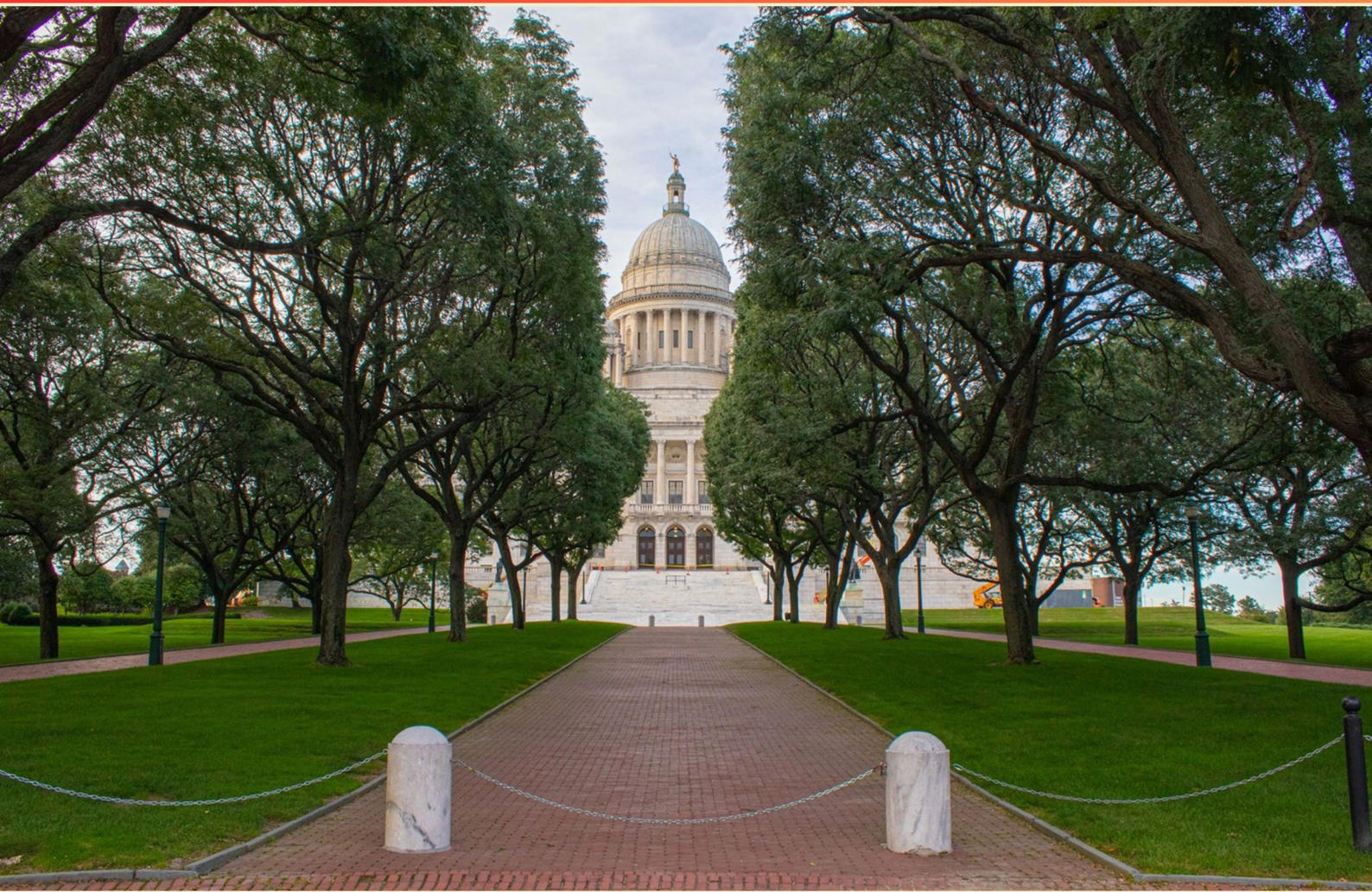


VIRGINIA LIFE AND HEALTH PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. What is meant by "beneficiary" in a life insurance context?**
 - A. The person or entity designated to receive the death benefit
 - B. The individual who pays the insurance premiums
 - C. The insurance company providing the coverage
 - D. The agent advising the policyowner
- 2. If an insured misstates their age on a life insurance application, what might be the consequence?**
 - A. No change whatsoever
 - B. Automatic lapse of the policy
 - C. Recession of the policy
 - D. Adjustment in the amount of death benefit
- 3. A father adds a Payor Benefit rider to a life insurance policy on his teenage daughter. Under what condition will the rider waive premium payments?**
 - A. If the father is disabled for at least a year
 - B. If the daughter is disabled for more than 3 months
 - C. If the daughter is disabled for any length of time
 - D. If the father is disabled for more than 6 months
- 4. An employee misstates their age when enrolling in a group life plan. What will happen if the employee dies after reaching the maximum age of the policy?**
 - A. The beneficiary receives nothing
 - B. The beneficiary receives the full death benefit
 - C. The premium amount will be adjusted to reflect the correct age
 - D. The policy will continue as usual
- 5. What characterizes a short-term health insurance plan?**
 - A. A permanent insurance option
 - B. A plan providing comprehensive health coverage
 - C. A temporary insurance policy for limited periods
 - D. A policy with unlimited coverage

- 6. If a life insurance policy is described as "permanent," what does it mean?**
- A. The policy can be terminated without notice
 - B. The coverage lasts a lifetime, given premiums are maintained
 - C. The policy can only be used for a year
 - D. The policy covers accidental deaths only
- 7. The Waiver of Cost rider is typically associated with which type of life insurance?**
- A. Universal Life
 - B. Whole Life
 - C. Joint and Survivor
 - D. Term Life
- 8. What does insurable interest in life insurance refer to?**
- A. The policyholder must have a financial interest in the life of the insured
 - B. The insured must be a family member of the policyholder
 - C. The policyholder must be the beneficiary of the policy
 - D. The insured's age must be below a certain threshold
- 9. What is a premium tax credit in health insurance?**
- A. A subsidy to help lower health insurance premiums
 - B. A type of penalty for not having insurance
 - C. A fee paid to insurance brokers
 - D. A tax deduction for medical expenses
- 10. Why might a policyholder reconsider withdrawing cash value from a life insurance policy?**
- A. There are no tax implications for withdrawals
 - B. Surrender charges can decrease the overall value received
 - C. The policy will automatically renew
 - D. The cash value accumulates interest at a higher rate

Answers

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

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Explanations

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1. What is meant by "beneficiary" in a life insurance context?

- A. The person or entity designated to receive the death benefit**
- B. The individual who pays the insurance premiums
- C. The insurance company providing the coverage
- D. The agent advising the policyowner

In the context of life insurance, a "beneficiary" is the person or entity designated to receive the death benefit upon the death of the insured individual. This role is critical to the functionality of a life insurance policy because it ensures that the monetary benefit intended for the insured's loved ones or chosen parties is distributed according to the policyholder's wishes. When creating a life insurance policy, the policy owner can select one or more beneficiaries, which could include family members, friends, or charities, providing them financial support at a difficult time. Understanding who the beneficiary is helps clarify the purpose of life insurance, which is to provide additional financial security and peace of mind. The beneficiary's designation is an essential aspect of the policy and influences the financial planning strategies of the insured individual. In contrast, the other choices relate to different aspects of life insurance: the premium payer, the insurance company, and the agent are all integral to the insurance process but do not embody the concept of a beneficiary directly related to the distribution of benefits upon a claim.

2. If an insured misstates their age on a life insurance application, what might be the consequence?

- A. No change whatsoever
- B. Automatic lapse of the policy
- C. Recession of the policy
- D. Adjustment in the amount of death benefit**

When an insured misstates their age on a life insurance application, the consequence typically involves an adjustment in the amount of the death benefit. Life insurance premiums are largely based on the age of the insured; therefore, if the insured's actual age is different from what was stated, the insurance company can adjust the policy accordingly. For example, if the insured is older than what was declared, the premiums paid may have been lower than what should have been charged based on their actual age, and, in the event of a claim, the insurer may adjust the death benefit to reflect what it would have been had the correct age been provided. This adjustment ensures that the policy remains equitable for both the insurer and the insured according to the risk represented by their true age. This approach provides a balance between the insurance company needing to ensure they are covering the correct risk level while still allowing the policy to remain in effect instead of lapsing or being rescinded, which would negatively impact the insured's coverage.

3. A father adds a Payor Benefit rider to a life insurance policy on his teenage daughter. Under what condition will the rider waive premium payments?

- A. If the father is disabled for at least a year
- B. If the daughter is disabled for more than 3 months
- C. If the daughter is disabled for any length of time
- D. If the father is disabled for more than 6 months**

The Payor Benefit rider is a specialized feature in a life insurance policy designed to ensure that premiums are waived if the payor (in this case, the father) becomes disabled. Typically, this rider stipulates that the premium payments are waived under specific conditions related to the payor's disability. In this scenario, the correct condition involves the father being disabled for a duration exceeding six months. The rationale for this policy is to provide a safety net that protects the insured individual (the daughter) from potential lapses in coverage due to the financial strain that might arise if the payor is unable to work for an extended period. Insurance companies usually require a threshold like six months to ensure that the payor's disability is significant and long-term, thus justifying the waiving of premiums. The other options present different timeframes or conditions regarding the daughter's disability or the father's disability, but they do not align with the specific conditions defined by the typical terms of a Payor Benefit rider. It's important to have these precise conditions laid out in the policy to avoid confusion and ensure that the rider functions as intended when needed.

4. An employee misstates their age when enrolling in a group life plan. What will happen if the employee dies after reaching the maximum age of the policy?

- A. The beneficiary receives nothing**
- B. The beneficiary receives the full death benefit
- C. The premium amount will be adjusted to reflect the correct age
- D. The policy will continue as usual

If an employee misstates their age and subsequently dies after reaching the maximum age of the group life policy, the correct outcome is that the beneficiary will receive nothing. This is because life insurance policies typically have maximum age limits, beyond which coverage is not provided. When the individual enrolled in the policy, the erroneous age could have influenced the issuance of the coverage or the terms under which it was issued. When the accurate age reveals that the individual was beyond the permissible age limit at the time of their death, the insurer can void the coverage due to the misrepresentation. In essence, the insurance company relies on accurate information to underwrite the policy. If the insured person is outside the age limits specified in the policy at the time of death, the coverage is deemed null and void, resulting in no payout to the beneficiary. Thus, while other options might suggest different outcomes regarding adjustments or continued coverage, they do not align with standard underwriting practices in life insurance related to age misrepresentation.

5. What characterizes a short-term health insurance plan?

- A. A permanent insurance option
- B. A plan providing comprehensive health coverage
- C. A temporary insurance policy for limited periods**
- D. A policy with unlimited coverage

A short-term health insurance plan is primarily characterized as a temporary insurance policy that is designed to provide coverage for a limited period of time. These plans are often chosen by individuals who may be in transition, such as those between jobs or waiting for other health insurance coverage to begin. They typically offer a safety net for unexpected medical expenses during these short periods. Short-term plans generally do not provide comprehensive coverage, which distinguishes them from more traditional health insurance policies. They may exclude certain pre-existing conditions, limit the types of benefits offered, and might not fulfill the minimum essential coverage requirements set by the Affordable Care Act. Therefore, the focus on limited durations of coverage and sometimes limited benefits is crucial to understanding the nature of short-term health insurance policies.

6. If a life insurance policy is described as "permanent," what does it mean?

- A. The policy can be terminated without notice
- B. The coverage lasts a lifetime, given premiums are maintained**
- C. The policy can only be used for a year
- D. The policy covers accidental deaths only

When a life insurance policy is described as "permanent," it signifies that the coverage is designed to last for the entire lifetime of the insured, as long as the required premiums are consistently paid. This type of policy differs from term life insurance, which provides coverage for a specified period (usually ranging from one to thirty years) and does not build cash value. Permanent policies often include a cash value component that accumulates over time, providing an additional financial resource for the policyholder during their lifetime. The commitment to providing lifelong coverage is a distinctive characteristic of permanent life insurance, ensuring that beneficiaries will receive the death benefit regardless of when the insured passes away, assuming the policy is kept in force through proper premium payments. This understanding clarifies that options referring to termination without notice, limited one-year duration, or coverage for only accidental deaths do not align with the essence of what makes a policy "permanent."

7. The Waiver of Cost rider is typically associated with which type of life insurance?

- A. Universal Life**
- B. Whole Life
- C. Joint and Survivor
- D. Term Life

The Waiver of Cost rider is typically associated with Universal Life insurance. This rider provides a significant benefit to policyholders by waiving the cost of insurance when the insured becomes disabled and is unable to pay the premiums. In Universal Life insurance, there are flexible premium payments and the potential for cash value accumulation, which makes the inclusion of a Waiver of Cost rider particularly beneficial. It ensures that the policy remains in force even if the policyholder faces financial challenges due to disability. While Whole Life and Term Life products might offer similar riders, they do not do so under the same flexible structure and accumulation potential that Universal Life provides. Therefore, the association of the Waiver of Cost rider with Universal Life is grounded in its design features and the adaptability which aligns well with the rider's purpose.

8. What does insurable interest in life insurance refer to?

- A. The policyholder must have a financial interest in the life of the insured**
- B. The insured must be a family member of the policyholder
- C. The policyholder must be the beneficiary of the policy
- D. The insured's age must be below a certain threshold

Insurable interest in life insurance fundamentally refers to the requirement that the policyholder has a tangible financial interest in the life of the insured. This requirement ensures that the policyholder would suffer a financial loss or hardship if the insured were to pass away. The concept of insurable interest is vital for preventing moral hazard, as it reinforces a legitimate reason for taking out an insurance policy. For example, a parent has an insurable interest in the life of their child because they would likely incur expenses in the event of the child's death. Similarly, a business might have an insurable interest in the life of a key employee because that person's loss could lead to significant financial repercussions for the company. Thus, the requirement for insurable interest is designed to ensure that insurance contracts are taken out for legitimate reasons, rather than as a means to gamble on another person's life. The other options do not accurately capture the essence of insurable interest. While having family members as insured may create emotional ties, it does not independently establish financial interest. Similarly, being a beneficiary does not inherently indicate insurable interest, as one can be a beneficiary without any financial stake in the insured's life. Lastly, limiting the insured's age does not pertain to the financial interest aspect of

9. What is a premium tax credit in health insurance?

- A. A subsidy to help lower health insurance premiums**
- B. A type of penalty for not having insurance
- C. A fee paid to insurance brokers
- D. A tax deduction for medical expenses

A premium tax credit in health insurance is designed to make coverage more affordable for individuals and families who meet certain income qualifications. This subsidy directly reduces the amount of money you need to pay for your monthly health insurance premiums, thereby lowering the overall cost of obtaining health coverage through the marketplace. The credit is calculated based on your household income and the size of your family, and it helps to ensure that health insurance is more accessible for those who might otherwise struggle to afford it. The premium tax credits play a crucial role in the Affordable Care Act (ACA), aiming to expand access to healthcare by making premiums more manageable for low- to middle-income individuals. By specifically addressing the costs associated with monthly premiums, these credits help support a larger goal of improving health outcomes across various demographics. The other options represent different aspects of the healthcare system but do not correctly define what a premium tax credit is. The penalty for not having insurance refers to the individual mandate, which was aimed at encouraging coverage. A fee paid to insurance brokers pertains to compensation models within the insurance industry, while a tax deduction for medical expenses relates to broader tax provisions that may apply to specific healthcare spending rather than directly impacting insurance premiums. Thus, the correct answer captures the essence of what a premium tax credit

10. Why might a policyholder reconsider withdrawing cash value from a life insurance policy?

- A. There are no tax implications for withdrawals
- B. Surrender charges can decrease the overall value received**
- C. The policy will automatically renew
- D. The cash value accumulates interest at a higher rate

When a policyholder considers withdrawing cash value from a life insurance policy, one of the significant factors to take into account is the presence of surrender charges. These charges can substantially decrease the overall amount that the policyholder would receive from the withdrawal. When an individual withdraws cash value early in the contract or within certain periods, insurance companies typically impose surrender charges as a penalty for accessing funds prematurely. These charges are designed to protect the insurer against the loss of expected premiums and can significantly impact the amount of cash the policyholder ultimately retains. Understanding this can lead to a more informed decision about whether to proceed with the withdrawal or to explore other options that might preserve the cash value longer or avoid penalties. In contrast, other factors mentioned, such as tax implications or interest accumulation rates, do not present the same level of urgency and financial consequence that surrender charges do. Therefore, recognizing the impact of surrender charges helps policyholders make better choices regarding their life insurance policies.

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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!

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