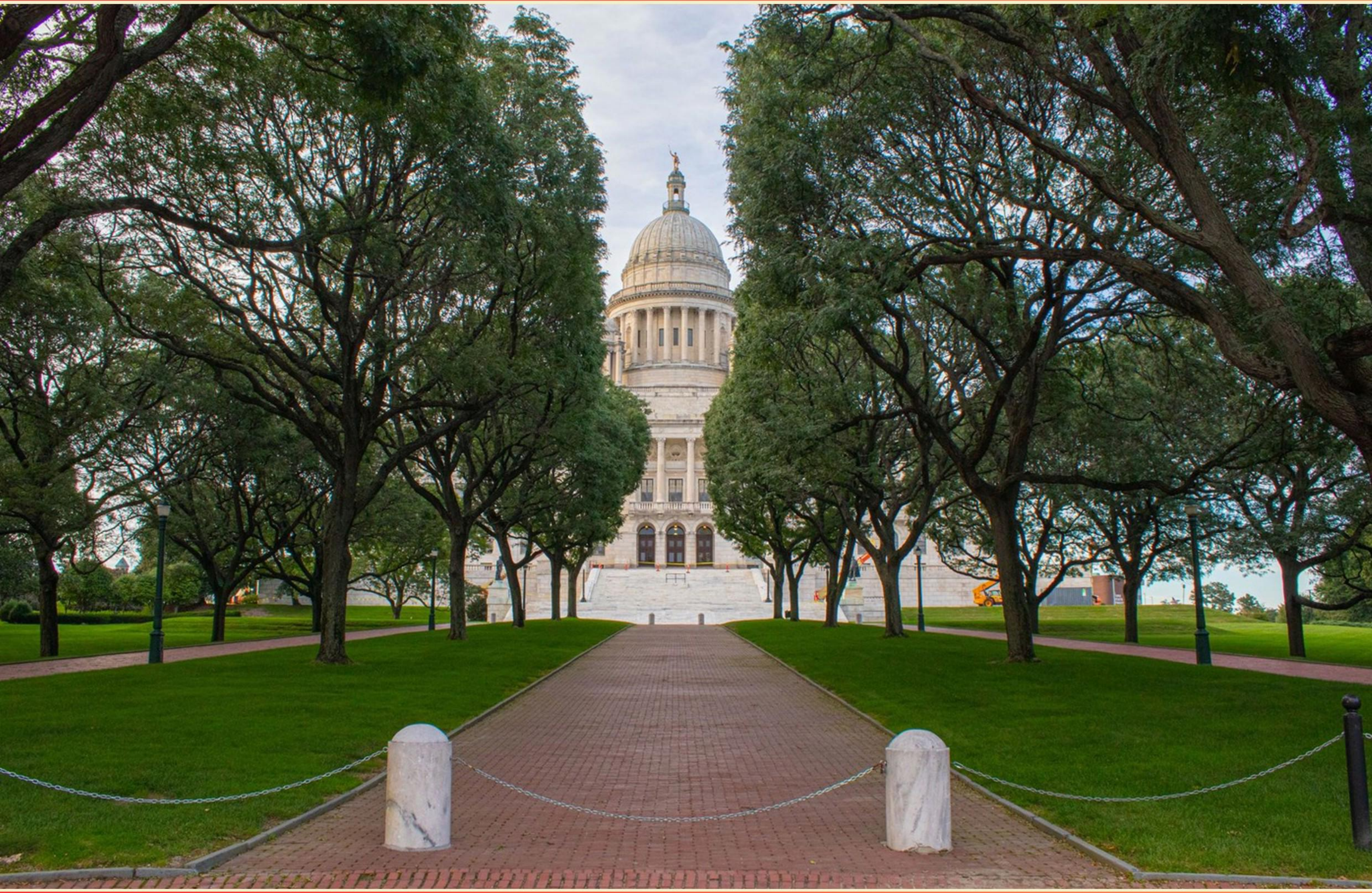
VIRGINIA LIFE AND HEALTH PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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

Table of Contents

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

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. **The life income joint and survivor settlement option guarantees what to recipients?**
   - A. Equal payments to all recipients
   - B. Income for 2 or more recipients until they die
   - C. Payment of interest on death proceeds
   - D. Payout of the entire death benefit

3. **What is typically true about term life insurance?**
   - A. It builds cash value
   - B. It is generally more expensive than whole life
   - C. It provides coverage for a specific time period
   - D. It guarantees renewal without underwriting

4. **If a man names his wife as the only beneficiary of his whole life policy and she dies, what happens to the policy proceeds when he dies?**
   - A. The insured's firstborn child will receive the proceeds
   - B. Both children will share equally on a per-capita basis
   - C. The insurance company will keep the proceeds
   - D. The proceeds will go to the insured's estate

5. **In health insurance, what does "EOB" stand for?**
   - A. End of Benefits
   - B. Eligibility of Benefits
   - C. Explanation of Benefits
   - D. Extension of Benefits

6. When is a surrender charge typically applied?

A. When the policyholder sells the policy to another party

B. When the policyholder withdraws cash value or cancels the policy within a specified period

C. When the insurance company changes the policy terms

D. When the policyholder reaches a certain age

7. What does "in-network" mean in health insurance?

A. Providers who charge higher rates

B. Providers who are not contracted with insurance companies

C. Providers that offer services at reduced rates due to contracts

D. Providers located outside the state

8. What is the difference between a participating and a non-participating insurance policy?

A. A non-participating policy pays dividends to policyholders

B. A participating policy does not provide coverage for term life

C. A participating policy pays dividends to policyholders

D. A non-participating policy allows for cash value accumulation

9. What does "reinsurance" involve?

A. Insurance purchased by policyholders

B. An insurance product for personal use

C. Insurance that helps companies manage risk

D. Insurance focused on investment returns

10. An insured's life insurance policy includes a conversion option. What does this generally allow?

A. To convert term insurance to a whole life policy

B. To convert cash value to premium payments

C. To transfer beneficiaries without restrictions

D. To switch from one insurer to another freely

Answers

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

Explanations

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. The life income joint and survivor settlement option guarantees what to recipients?

A. Equal payments to all recipients

B. Income for 2 or more recipients until they die

C. Payment of interest on death proceeds

D. Payout of the entire death benefit

The life income joint and survivor settlement option is designed to provide ongoing income to two or more recipients for the duration of their lives. This means that as long as at least one of the recipients is alive, they will continue to receive payments. This settlement option is particularly beneficial for couples or partners, as it ensures that the survivor will not face a loss of income upon the death of the other recipient. The nature of this option is rooted in the concept of joint survivorship, where the arrangement supports the financial needs of both parties as long as one of them remains living. By contrast, the other options focus on different aspects of payment structures. While equal payments may be a concern in some financial arrangements, the joint and survivor option specifically addresses longevity and continuous income rather than uniformity in payment amounts. Payment of interest on death proceeds relates to how interest might accumulate on the insurance policy proceeds but does not guarantee income for recipients over their lifetimes. Payout of the entire death benefit refers to the complete distribution of the policy amount upon death, which does not encapsulate the promise of ongoing income that the joint and survivor option provides. Thus, the correct choice reflects the fundamental purpose of guaranteeing income for two or more recipients until they pass away.

3. What is typically true about term life insurance?

A. It builds cash value

B. It is generally more expensive than whole life

C. It provides coverage for a specific time period

D. It guarantees renewal without underwriting

Term life insurance provides coverage for a specific time period, which is a fundamental characteristic of this type of policy. It is designed to offer a death benefit for a predetermined term, such as 10, 20, or 30 years. If the policyholder passes away during this period, the beneficiaries receive the death benefit. However, if the policyholder outlives the term, the coverage expires, and there is typically no payout, which differentiates it from permanent life insurance options that build cash value and provide lifetime coverage. This characteristic is crucial for those seeking affordable life insurance for a certain period, such as while raising children or paying off a mortgage. Understanding this aspect helps individuals evaluate their insurance needs based on their financial responsibilities and goals during a defined life stage.

4. If a man names his wife as the only beneficiary of his whole life policy and she dies, what happens to the policy proceeds when he dies?

A. The insured's firstborn child will receive the proceeds

B. Both children will share equally on a per-capita basis

C. The insurance company will keep the proceeds

D. The proceeds will go to the insured's estate

When a policyholder names a specific beneficiary who subsequently passes away before the insured, the designated beneficiary may no longer be eligible to receive the policy proceeds upon the death of the insured. In the scenario described, since the man's wife was the sole beneficiary and she has died, the proceeds from the whole life policy will typically default to the insured's estate. This is due to the principle that, in the absence of a living beneficiary, the benefits are payable to the estate, which is then governed by the terms of the deceased's will or state intestacy laws if no will exists. The alternatives presented do not account for the loss of the beneficiary. If the firstborn child or both children were to inherit the proceeds, there would need to be a provision in place or a contingent beneficiary named, which is not indicated in the scenario. The insurance company retaining the proceeds would not be the standard procedure in this case, as the proceeds would typically be transferred to the estate for distribution rather than held by the insurer.

5. In health insurance, what does "EOB" stand for?

A. End of Benefits

B. Eligibility of Benefits

C. Explanation of Benefits

D. Extension of Benefits

The term "EOB" stands for "Explanation of Benefits," which is a crucial document that health insurance companies send to policyholders after a healthcare service is rendered. The EOB provides detailed information about the services received, the amount billed, the amount covered by the insurance, and any amount the insured is responsible for paying. This document serves several important purposes. It helps individuals understand how their insurance plan is working for them and provides transparency in the billing process. The EOB outlines what the insurer has paid and why certain procedures or services may not be covered or may have limitations. This can help policyholders in managing their healthcare costs and understanding their coverage better. Considering the other options, "End of Benefits," "Eligibility of Benefits," and "Extension of Benefits" do not accurately reflect the purpose or function of the document described as an EOB. They may refer to concepts related to insurance but do not denote the specific information provided through the Explanation of Benefits.

6. When is a surrender charge typically applied?

A. When the policyholder sells the policy to another party

B. When the policyholder withdraws cash value or cancels the policy within a specified period

C. When the insurance company changes the policy terms

D. When the policyholder reaches a certain age

A surrender charge is typically applied when the policyholder withdraws cash value or cancels the policy within a specified period. This charge is a penalty imposed by the insurer primarily to discourage early withdrawals or cancellations. It serves to cover the costs associated with underwriting and maintaining the policy, which the insurer has incurred. In many life insurance policies, especially whole life or universal life policies, there is often a surrender period during which this charge is applicable. After this period expires, the policyholder usually can access their cash value or cancel the policy without incurring any penalties. This is important for the insurer to recover some of the expenses involved in issuing the policy, thus making it a common practice in the industry. The other situations listed do not typically involve surrender charges. Selling the policy to another party involves a different process known as a policy transfer or assignment, which does not incur surrender fees. Changes to policy terms by the insurance company pertain to modifications in coverage, premiums, or conditions, but surrender charges are not relevant in that context. Finally, there is no direct correlation between surrender charges and the policyholder reaching a certain age; age does not dictate the application of these charges. Therefore, the correct understanding revolves around withdrawals or cancellations within a specified timeframe

7. What does "in-network" mean in health insurance?

A. Providers who charge higher rates

B. Providers who are not contracted with insurance companies

C. Providers that offer services at reduced rates due to contracts

D. Providers located outside the state

"In-network" refers to a group of health care providers who have entered into contracts with an insurance company to provide services at negotiated rates. These contracted providers agree to accept a certain amount as full payment for their services, which typically results in lower costs for patients in the form of reduced co-pays, deductibles, and overall out-of-pocket expenses. When a patient seeks care from an in-network provider, the insurance plan will cover a significant portion of the costs, making it financially advantageous for the insured individual. This arrangement helps both the insurance company and the providers by establishing predictable costs and facilitating a network of care that can manage expenses effectively. The other options do not accurately depict what "in-network" means. Providers who charge higher rates are generally associated with out-of-network care, which typically results in higher costs for patients. Providers not contracted with insurance companies fall into the out-of-network category as well, meaning they do not have agreed-upon rates with the insurance provider. Lastly, the location of providers outside of the state does not inherently relate to their network status, as in-network providers can operate across various locations depending on their agreements with insurance companies.

8. What is the difference between a participating and a non-participating insurance policy?

A. A non-participating policy pays dividends to policyholders

B. A participating policy does not provide coverage for term life

C. A participating policy pays dividends to policyholders

D. A non-participating policy allows for cash value accumulation

A participating policy is one that allows policyholders to receive dividends from the insurance company. These dividends are typically distributed when the insurer has surplus earnings beyond what is needed to cover claims and administrative expenses. Policyholders of participating policies often benefit from these dividends, which can be used in various ways, such as reducing premiums, purchasing additional coverage, or being received as cash. In contrast, non-participating policies do not pay dividends, meaning that policyholders do not share in the insurer's surplus or earnings. This distinction is important because it affects the potential financial benefits that policyholders may experience over the life of the policy. Non-participating policies can be simpler and sometimes have lower premiums, but they do not offer the advantage of dividends that could enhance the policy's value. Understanding this difference is crucial for consumers when deciding between various life insurance products, as it can impact both the cost and potential benefits of coverage.

9. What does "reinsurance" involve?

A. Insurance purchased by policyholders

B. An insurance product for personal use

C. Insurance that helps companies manage risk

D. Insurance focused on investment returns

Reinsurance is a practice where insurance companies purchase insurance to manage their own risk. This arrangement allows primary insurers to mitigate the financial impact of large claims, ensuring that they have sufficient resources to cover potential losses. By transferring portions of risk to other insurers, known as reinsurers, companies can stabilize their operations, maintain solvency, and sustain growth even when faced with high claims or catastrophic events. This process is crucial in the insurance industry, as it helps maintain the overall financial health of insurers, allowing them to offer coverage without overextending their risk exposure. It also enables them to underwrite policies with confidence, knowing they have a safety net against significant losses. In contrast, the other options refer to different aspects of insurance or investment. Insurance purchased by policyholders pertains to end-user protections, personal insurance products deal with direct consumer needs, and investment returns are usually associated with life insurance policies or annuities rather than the mechanism of transferring risk that defines reinsurance.

10. An insured's life insurance policy includes a conversion option. What does this generally allow?

A. To convert term insurance to a whole life policy

B. To convert cash value to premium payments

C. To transfer beneficiaries without restrictions

D. To switch from one insurer to another freely

The conversion option in a life insurance policy primarily grants the policyholder the ability to convert a term life insurance policy into a whole life policy, or sometimes to another type of permanent coverage, without having to provide evidence of insurability. This is a significant benefit as it allows individuals to maintain their coverage even if their health status has changed since the inception of the term policy. When term insurance approaches its expiration date, policyholders often face the challenge of obtaining new coverage, particularly if they have developed health issues that could hinder their ability to secure a new policy. The conversion option alleviates this concern by ensuring that they can continue their life insurance protection through a different type of policy, which accumulates cash value over time, a feature typically associated with whole life insurance. Options that involve converting cash value to premium payments, transferring beneficiaries, or switching insurers do not align with the definition and purpose of a conversion option within life insurance policies. These features pertain to different aspects of life insurance contracts and do not typically come with a conversion feature.

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!