

West 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,

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	6
Answers	9
Explanations	11
Next Steps	17

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!

SAMPLE

Questions

- 1. Which type of policy provides Accidental Death coverage to commercial airline passengers?**
 - A. Individual Accident policy**
 - B. Group Accident policy**
 - C. Blanket Accident policy**
 - D. Short-term Accident policy**
- 2. When does the coverage for a life insurance policy become effective after delivery and payment of the first premium?**
 - A. January 15**
 - B. January 26**
 - C. January 8**
 - D. January 14**
- 3. When a policy excludes certain conditions based on past medical history, what is this exclusion known as?**
 - A. Standard Exclusion**
 - B. Pre-existing Condition Exclusion**
 - C. Impairment Rider**
 - D. Across-the-board Exclusion**
- 4. Which of these is NOT a valid reason for the Insurance Commissioner to deny a producer's license renewal?**
 - A. Criminal record**
 - B. Bankruptcy**
 - C. License suspension**
 - D. Fraudulent activity**
- 5. In the case of a claim resulting from driving while intoxicated, who is responsible for paying the medical bills?**
 - A. The insurer**
 - B. The insured**
 - C. The at-fault party**
 - D. The passenger**

- 6. What does a co-insurance clause in health insurance entail?**
- A. The insured pays a fixed rate for all services**
 - B. The insured shares a percentage of costs after the deductible is met**
 - C. The insurer covers all costs after the premium is paid**
 - D. The insured must pay the total costs initially**
- 7. What is the primary purpose of a coinsurance clause in a Major Medical policy?**
- A. To increase premium costs**
 - B. To limit coverage amounts**
 - C. To discourage overutilization of insurance coverage**
 - D. To guarantee full payment for all services**
- 8. When is rebating considered illegal in health insurance policies?**
- A. Every time it occurs**
 - B. When it affects the choice of insurance**
 - C. Only when it involves cash**
 - D. During a promotional period**
- 9. How long must one be disabled to become eligible for Social Security disability benefits?**
- A. 3 months**
 - B. 5 months**
 - C. 6 months**
 - D. 12 months**
- 10. Which settlement option provides payments to an annuitant but no residual value for beneficiaries?**
- A. Fixed Amount**
 - B. Life Income**
 - C. Joint Survivor**
 - D. Period Certain**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which type of policy provides Accidental Death coverage to commercial airline passengers?

- A. Individual Accident policy**
- B. Group Accident policy**
- C. Blanket Accident policy**
- D. Short-term Accident policy**

The correct choice is the Blanket Accident policy because it is specifically designed to cover a group of individuals against accidental injuries and deaths that might occur under specific circumstances, including while traveling on a commercial airline. Blanket Accident policies typically cover groups of people such as travelers or participants in events, providing due coverage without requiring individual applications for each person. This is particularly relevant for commercial airline passengers, as these policies can offer coverage broadly for unexpected incidents that could happen while traveling. Since these policies are meant for temporary or short-term situations affecting a group, they align well with the nature of airline travel, where passengers are part of a collective group that might face similar risks during their journey. Other alternatives, like the Individual Accident policy, focus on providing coverage for personal accidents for a single policyholder and would not be suitable for a group of passengers. The Group Accident policy is more generalized and does not specifically address coverage during travel. The Short-term Accident policy typically provides limited time coverage and is not specifically tailored for situations like airline travel.

2. When does the coverage for a life insurance policy become effective after delivery and payment of the first premium?

- A. January 15**
- B. January 26**
- C. January 8**
- D. January 14**

The effective date of coverage for a life insurance policy typically depends on the specific provisions outlined in the insurance contract. Generally, coverage becomes effective on the date the policy is delivered and the first premium is paid, as stipulated by the company's guidelines. In this scenario, if the policy indicates that the coverage begins on a specific date after these actions are completed, then B is chosen as the correct option. This suggests that the policy specifies coverage activation as January 26, demonstrating the importance of understanding the conditions under which a life insurance policy takes effect. It is crucial to carefully review the policy details because each insurance company may establish distinct guidelines regarding the effective date. In practice, this can vary significantly based on the application date, underwriting requirements, or additional clauses that may be included in the policy contract. Hence, the answer reflects the company's policy and helps ensure that individuals are aware of when they are officially covered under their life insurance policy.

3. When a policy excludes certain conditions based on past medical history, what is this exclusion known as?

- A. Standard Exclusion**
- B. Pre-existing Condition Exclusion**
- C. Impairment Rider**
- D. Across-the-board Exclusion**

The situation described in the question pertains to the practice of excluding certain medical conditions from coverage based on an individual's prior medical history. This specific exclusion is commonly referred to as a pre-existing condition exclusion. When an insurance policy mentions a pre-existing condition exclusion, it outlines that any health issues or complications that existed before the effective date of the insurance policy will not be covered. This is a standard practice in many types of health and life insurance to manage risk and maintain the viability of the insurance system. The other terms, while relevant in various contexts within insurance, do not accurately reflect the exclusion of coverage due to pre-existing conditions. For example, an impairment rider specifically adjusts the premiums or coverage details for individuals with existing health issues, rather than strictly excluding coverage as a whole. Therefore, it is crucial to understand that pre-existing condition exclusions are explicitly tied to the medical history of an applicant, directly influencing the coverage terms of a given insurance policy.

4. Which of these is NOT a valid reason for the Insurance Commissioner to deny a producer's license renewal?

- A. Criminal record**
- B. Bankruptcy**
- C. License suspension**
- D. Fraudulent activity**

The correct choice indicates that bankruptcy is not a valid reason for the Insurance Commissioner to deny a producer's license renewal. In many jurisdictions, including West Virginia, while a criminal record, license suspension, and fraudulent activity directly relate to the integrity and trustworthiness of an insurance producer, bankruptcy by itself does not necessarily reflect on an individual's character or ability to act responsibly in the capacity of an insurance producer. Bankruptcy is often a financial issue that can occur to anyone and does not inherently imply dishonesty or untrustworthiness. It is recognized that individuals and businesses may face unforeseen circumstances leading to financial distress, but this does not automatically disqualify them from holding a license. Therefore, without direct ties to misconduct or regulatory concerns, bankruptcy is not typically grounds for denial of license renewal. In contrast, reasons such as a criminal record that may involve felonious behavior, a suspension of a license indicating prior regulatory issues, or any history of fraudulent activity are significant red flags that suggest potential risks to consumers, making those valid grounds for denial of a license renewal.

5. In the case of a claim resulting from driving while intoxicated, who is responsible for paying the medical bills?

- A. The insurer**
- B. The insured**
- C. The at-fault party**
- D. The passenger**

In situations where a claim arises from driving while intoxicated, the insured is typically responsible for paying their own medical bills. This is largely due to the fact that many insurance policies contain clauses that exclude coverage for claims resulting from illegal activities, which includes driving under the influence. Insurance is designed to protect individuals from unforeseen accidents and liabilities that occur while adhering to the law, and intoxicated driving is a clear violation of it. Moreover, the implications of liability and responsibility also play a significant role. If the insured was driving intoxicated, the insurer may deny coverage for the medical expenses related to any injuries sustained in the accident. Therefore, because the insured was engaged in illegal behavior at the time of the incident, they are accountable for their own medical costs, reinforcing the notion that insurance serves to mitigate risks associated with lawful activities rather than provide coverage for actions that violate legal statutes.

6. What does a co-insurance clause in health insurance entail?

- A. The insured pays a fixed rate for all services**
- B. The insured shares a percentage of costs after the deductible is met**
- C. The insurer covers all costs after the premium is paid**
- D. The insured must pay the total costs initially**

A co-insurance clause in health insurance refers to the shared financial responsibility between the insured and the insurer for covered healthcare expenses after the deductible has been met. When policyholders have a co-insurance clause, they agree to pay a certain percentage of the costs for services, while the insurer pays the remaining percentage. This means that even after the deductible—an amount that the insured must pay before coverage kicks in—has been satisfied, the costs of further medical services are not borne entirely by the insurer. For instance, if a health insurance plan includes an 80/20 co-insurance split, this means that after the deductible is paid, the insurance company will pay 80% of the covered charges, and the insured is responsible for the remaining 20%. This structure not only helps manage costs for the insurer but also encourages insured individuals to be more mindful of their healthcare expenses, as they will have an out-of-pocket cost associated with each visit or treatment. Understanding this concept is essential for navigating health insurance plans, as it impacts the overall cost-sharing between the insurer and the insured, making it a critical element in determining healthcare affordability.

7. What is the primary purpose of a coinsurance clause in a Major Medical policy?

- A. To increase premium costs**
- B. To limit coverage amounts**
- C. To discourage overutilization of insurance coverage**
- D. To guarantee full payment for all services**

The primary purpose of a coinsurance clause in a Major Medical policy is to discourage overutilization of insurance coverage. Coinsurance requires policyholders to share a portion of the costs of their medical care after the deductible has been met. Typically, this means that the insurer will cover a certain percentage of the costs, while the insured is responsible for the remaining percentage. This financial responsibility encourages insured individuals to be more mindful of the services they use, as they are incentivized to consider the cost of care, therefore helping to control unnecessary or excessive utilization of healthcare services. In contrast to this, increasing premium costs, limiting coverage amounts, and guaranteeing full payment for all services are not the primary functions of a coinsurance clause. Premium costs are influenced by various factors, including risk assessment and coverage levels, but are not a direct result of having a coinsurance clause. Similarly, while a coinsurance setup may indirectly affect overall coverage amounts through cost sharing, its fundamental goal is not to impose limits but rather to balance cost sharing between the insurer and the insured. Lastly, a coinsurance clause does not guarantee full payment for services rendered, as insured individuals must pay their designated share of costs, which directly opposes the concept of full payment.

8. When is rebating considered illegal in health insurance policies?

- A. Every time it occurs**
- B. When it affects the choice of insurance**
- C. Only when it involves cash**
- D. During a promotional period**

Rebating in health insurance refers to the practice where an agent offers an incentive or compensation to a potential policyholder as part of a sale, which is not specifically authorized by the insurance policy terms. The legality of rebating is particularly concerned with whether it influences the choice of insurance by the consumer. When rebating affects the choice of insurance, it can lead to anti-competitive practices and create an uneven playing field in the insurance market, undermining the principles of fair competition and consumer protection. Regulators aim to maintain an environment where decisions are made based on the merits of the insurance product rather than inducements offered by agents or brokers. Thus, any rebating that takes the form of cash payments or other benefits that influence a consumer's choice is considered illegal. The other options do not encapsulate the legal framework surrounding rebating appropriately. Many forms of rebating do occur outside of a sale impacting the choice of insurance and are not outright illegal in every instance; rather, it is the influence on the decision-making process that raises legal and ethical concerns. Additionally, the nature of promotional periods does not inherently determine the legality of rebating, as legality is primarily tied to how it affects the consumer's decision-making process rather than when it occurs.

9. How long must one be disabled to become eligible for Social Security disability benefits?

- A. 3 months**
- B. 5 months**
- C. 6 months**
- D. 12 months**

To qualify for Social Security disability benefits, an individual must demonstrate that they are unable to engage in "substantial gainful activity" due to a medical condition that is expected to last for at least a year or result in death. The key point here is the requirement of a waiting period before benefits can begin. This waiting period is specifically set at five full calendar months following the onset of the disability. This means that although one may be considered disabled from the start of the condition's severity, they must wait five months after that date before they can start receiving benefits. The approach taken by the Social Security Administration is designed to ensure that individuals who are truly unable to work are appropriately supported, while also managing the system's resources effectively. Hence, the answer indicating five months aligns perfectly with the regulations governing Social Security disability eligibility.

10. Which settlement option provides payments to an annuitant but no residual value for beneficiaries?

- A. Fixed Amount**
- B. Life Income**
- C. Joint Survivor**
- D. Period Certain**

The Life Income settlement option is designed to provide regular payments to the annuitant for their lifetime. One of the defining characteristics of this option is that once the annuitant passes away, no further payments are made to any beneficiaries, leaving no residual value. The primary focus of this settlement is to ensure that the annuitant receives a steady income for as long as they live, without concern for what happens afterward regarding remaining account values. In contrast, other options such as Fixed Amount and Joint Survivor do not have this limitation. The Fixed Amount option allows for a specific dollar amount to be paid periodically but may have provisions for residuals depending on the contract terms. The Joint Survivor option typically continues payments until both designated individuals have passed away. Period Certain payments can provide income for a set time regardless of the annuitant's lifespan, allowing for potential residual benefits. Therefore, Life Income is distinctly recognized for its feature of providing payments solely to the annuitant, with no final benefit to heirs after the annuitant's death, making it the appropriate choice for this question.

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://westvirginalifeandhealth.examzify.com>

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