Ohio Health Final Exam

#1. If the insured under a disability income insurance policy changes to a more hazardous occupation after the policy has been issued, and a claim is filed, the insurance company should do which of the following?
   a) Exclude coverage for on-the-job injury.
   b) Adjust the benefit in accordance with the increased risk.
   c) Cancel the policy.
   d) Increase the premium.

#2. Accident and sickness policies with an annual or semi-annual premium mode must provide a grace period for payment of past due premiums of at least
   a) 7 days.
   b) 10 days.
   c) 30 days.
   d) **31 days**.

#3. For how many days of skilled nursing facility care will Medicare pay benefits?
   a) 90
   b) **100**
   c) 30
   d) 60

#4. When a person is insured under both a group accident and sickness policy and an individual accident and sickness policy, what provision may be used in the group policy to prevent an insured from collecting in full from each policy?
   a) Deductible provision
   b) Indemnity provision
   c) **Coordination of Benefits provision**
   d) Copayment provision
#5. Which of the following would be considered an illegal inducement to purchase insurance?
   a) Mailing an agency brochure to a prospective client
   b) Listing the insurance companies the agency represents in a letter
   c) Inviting prospective clients to the grand opening of the producer's new office
   d) Confirming future dividends in a life insurance proposal

#6. In the state of Ohio, all individual and group health insurance plans that include maternity benefits must provide how many hours of inpatient care following a cesarean delivery?
   a) 24 hours
   b) 48 hours
   c) 72 hours
   d) 96 hours

#7. What document describes an insured’s medical history, including diagnoses and treatments?
   a) Attending Physician’s Statement
   b) Physician’s Review
   c) Individual Medical Summary
   d) Comprehensive Medical History

#8. An insurance company markets a standard accident and health policy as a Medicare supplement policy. The company is guilty of
   a) Rebating.
   b) Restraining trade.
   c) Misrepresentation.
   d) Coercion.

#9. Which of the following is true regarding a term health policy?
   a) It is noncancelable.
   b) It is nonrenewable.
   c) It is conditionally renewable.
   d) It is guaranteed renewable.
#10. A new employee who meets HIPAA eligibility requirements must be issued a health coverage on what basis?
   a) Noncancelable
   b) Nondiscriminatory
   c) Indemnity
   d) **Guaranteed**

#11. Which of the following statements concerning group health insurance is correct?
   a) Each employee receives a policy.
   b) Under group insurance, the insurer may reject certain individuals from coverage.
   c) **The employer is the policyholder.**
   d) Only the employer receives a certificate of insurance.

#12. An insured buys a Medicare Supplement insurance policy from a new insurer; this policy will replace one provided to her by another insurer. Which of the following must provide her with a Notice of Replacement?
   a) The Director's office
   b) The Medicare
   c) The existing insurer
   d) **The replacing insurer**

#13. Which of the following is true regarding coverage for adopted children in group health policies?
   a) Children’s rider must be added to the policy to cover adopted children.
   b) Adopted children are covered as long as the health plan is contributory.
   c) **Adopted children are covered on the same basis as other dependents.**
   d) Adopted children can only be covered by individual health policies.
#14. To be eligible for a Health Savings Account, an individual must be covered by a
   a) Nondeductible health plan.
   b) Health plan with no deductible.
   c) **High Deductible Health Plan.**
   d) Low deductible health plan.

#15. A children's group is planning a summer camp. What kind of accident and health policy could cover all of the participants without requiring individual applications and identifying each of the children attending the camp?
   a) Travel policy
   b) **Blanket policy**
   c) Franchise policy
   d) Group accident and sickness policy

#16. Sally purchases an individual health insurance policy on September 1. On September 7 her doctor informs her that she is four months pregnant. Her coverage will most likely pay
   a) **All expenses except those related to the pregnancy.**
   b) Only expenses related to the pregnancy.
   c) Nothing.
   d) All expenses.

#17. An insurer suspects an agent of fraud and cancels his appointment. Which authority, if any, should be notified?
   a) NAIC
   b) None
   c) Federal Insurance Regulation Board
   d) **The Superintendent**
#18. Which provision allows the policyholder a period of time, while coverage is in force, to examine a health insurance policy and determine whether or not to keep it?
   a) Probationary Period
   b) **Free Look Period**
   c) Grace Period
   d) Elimination Period

#19. Most Medicare Supplemental policies provide for skilled nursing care for what time period?
   a) After the first 30 days of a Medicare covered stay
   b) For as long as the insured is in the nursing care facility
   c) For the first 100 days of Medicare coverage
   d) **From day 21 through day 100 of a stay in a skilled nursing care facility**

#20. Pete, the owner of a TV sales store, is the insured under a disability buy-sell policy. Were Pete to die or become disabled, the policy would provide
   a) The store manager's salary.
   b) Disability insurance for Pete.
   c) **Cash to Pete's business partner to accomplish a buy-out.**
   d) The rent for the building.

#21. Which of the following does the Insuring Clause NOT specify?
   a) What kind of losses are covered
   b) The insurance company
   c) The insured
   d) **The doctors**

#22. A waiver of premium provision may be included with which kind of health insurance policy?
   a) Dread disease
   b) **Disability Income**
   c) Basic medical
   d) Hospital indemnity
#23. Which of the following would be considered an unfair claims settlement practice?
   a) Requesting the insured to submit a signed proof of loss statement after the insured has already verbally advised the insurer of the claim
   b) Requesting the insured swear under oath concerning the facts of the claim
   c) Delaying a settlement of the claim for 30 days in order for the insurer to conduct an investigation
   d) **Advising the insured that if the claim goes to arbitration, the insured would probably receive less than what is currently being offered**

#24. If an insurer becomes insolvent, which of the following would pay benefits to policyholders?
   a) **The Guaranty Association**
   b) The NAIC fund
   c) The State
   d) A federal reserve fund

#25. A policy which covers medical costs related to a specific condition is called a
   a) **Dread Disease Policy.**
   b) Condition-Specific Policy.
   c) Specific Condition Policy.
   d) Limited Coverage Policy.

#26. Bud is interested in enrolling in a HIC. What document can he request that contains all information necessary to help him make an informed choice as to whether he should apply?
   a) HIC introductory document
   b) Buyer's guide
   c) **Solicitation document**
   d) Outline of coverage

#27. Regarding LTC, as the elimination period gets shorter, the premium gets
   a) Remains constant.
   b) Premiums are not based on elimination periods.
   c) Lower.
   d) **Higher.**
#28. Which of the following is correct regarding Business Overhead Expense insurance?
   a) Benefits received are received tax free.
   b) Benefits received are taxable income the employee.
   c) Premiums are not tax deductible.
   d) **Premiums are tax deductible.**

#29. A man is injured while robbing a convenience store. How does his major medical policy handle the payment of his claim?
   a) **Claim is denied if his policy contains the Illegal Occupation provision.**
   b) 50% of claim will be paid.
   c) If the man is not convicted, he will get 75% of his claim paid.
   d) The claim is paid in full.

#30. Which of the following is INCORRECT concerning Medicaid?
   a) It provides medical assistance to low-income people who cannot otherwise provide for themselves.
   b) It pays for hospital care, outpatient care, laboratory and x-ray services.
   c) The federal government provides about 56 cents for every Medicaid dollar spent.
   d) **It is solely a federally administered program.**

#31. An insurer neglects to pay a legitimate claim that is covered under the terms of the policy. Which of the following terms best describes what the insurer has violated?
   a) Adhesion
   b) **Consideration**
   c) Good Faith
   d) Representation
#32. An insured has an Accidental Death & Dismemberment policy with a principal value of $50,000. He loses sight in both eyes in a hunting accident. How much will he receive?

a) $100,000
b) $25,000
c) $0
d) $50,000

#33. How is emergency care covered for a member of an HMO?

a) An HMO emergency specialist will cover the patient.
b) A member of an HMO can receive care in or out of the HMO service area, but care is preferred in the service area.
c) A member of an HMO may receive care at any emergency facility, at the same cost as if in his/her own service area.
d) HMOs have salaried member physicians, but they do not cover emergency care.

#34. Which renewal option does NOT guarantee renewal and allows the insurance company to refuse renewal of a policy at any premium due date?

a) Guaranteed renewable
b) Noncancelable
c) Optionally renewable

#35. What are the members of the Medical Information Bureau required to report?

a) Information about an individual's intentional injuries
b) Adverse medical information about individuals
c) Any claims an individual has made
d) Information about unpaid hospital bills
#36. All of the following statements concerning workers compensation are correct EXCEPT
   a) A worker receives benefits only if the work related injury was not his/her fault.
   b) Workers compensation laws are established by each state.
   c) All states have workers compensation.
   d) Benefits include medical, disability income, and rehabilitation coverage.

#37. An agent is suspected of committing an illegal business practice. What can be issued that would legally ban the agent from committing this act again?
   a) Stop-action decree
   b) **Cease and desist order**
   c) Writ of noncompliance
   d) Restraint of trade order

#38. Medicare Supplement policies contain all the following core benefits EXCEPT
   a) Coverage for hospitalization from the 61st through the 91st day in any Medicare benefit period.
   b) **Coverage for the first surgery in a two part inpatient surgical procedure.**
   c) Coverage for the first 3 pints of blood.
   d) Coverage for the coinsurance amount of Medicare eligible expenses.

#39. A brain surgeon has an accident and develops tremors in her right arm. Which disability income policy definition of total disability will cover her for all losses?
   a) "Any occupation" - less restrictive than other definitions
   b) "Any occupation" - more restrictive than other definitions
   c) "Own occupation" - less restrictive than other definitions
   d) "Own occupation" - more restrictive than other definitions
#40. An association could buy group insurance for its members if it meets all of the following requirements EXCEPT
   a) Has a constitution and by-laws.
   b) **Has at least 50 members.**
   c) Holds annual meetings.
   d) Is contributory.

#41. Which of the following best describes the MIB?
   a) It’s a rating organization for health insurance.
   b) **It’s a nonprofit organization that maintains underwriting information on applicants for life and health insurance.**
   c) It’s a government agency that collects medical information on the insured from the insurance companies.
   d) It’s a member organization that protects insured against insolvent insurers.

#42. Marsha pays her Major Medical Insurance annually on March 1, each year. Last March she forgot to mail her premium to the company. On March 19, Marsha had an accident and broke her leg. Her insurance company would
   a) Pay half of her claim because she had an outstanding premium.
   b) **Pay the claim.**
   c) Hold the claim as pending until the end of the grace period.
   d) Deny the claim.

#43. A 30-year-old man is killed instantly when a drunk driver’s car slams into his truck. His beneficiary receives triple the amount of the stated death benefit. What provision allows this?
   a) **Multiple indemnity rider**
   b) Guaranteed insurability
   c) Irrevocable beneficiary
   d) Other insurance in this insurer
#44. Which of the following LTC Coverages would NOT encourage an insured to receive care at home?
   a) Home Health Care
   b) Adult Day Care
   c) **Residential Care**
   d) Respite Care

#45. The Superintendent issues a cease and desist order. A hearing is held in order to determine whether the order should be continued. After the hearing, the Superintendent decides to continue the order. The agent wants to appeal this decision. Which of the following is true?
   a) The order cannot be appealed, but the duration of the order can.
   b) There is not enough information to answer this question.
   c) The order cannot be appealed at this point, since it is the final order.
   d) **The order can be appealed.**

#46. Insurance companies may be classified according to the legal form of their ownership. The type of company organized to return any surplus money to their policyholders is
   a) A stock company.
   b) **A mutual insurer.**
   c) A reciprocal company.
   d) A fraternal insurer.

#47. If an insurance company wishes to order an inspection report on an applicant to assist in the underwriting process, and if a notice of insurance information practices has been provided, the report could contain all of the following information, EXCEPT the applicant's
   a) Habits.
   b) Prior insurance.
   c) **Ancestry.**
   d) Credit history.
#48. An HIC has determined that an insured made an intentional misrepresentation on his insurance application. What action can the HIC take?
   a) It can fine the insured
   b) **It can cancel or decide not to renew the policy**
   c) It can take no action if the policy has been in force for at least 2 years
   d) It can take no action at all

#49. The Probationary Period is
   a) **A specified period of time that a person joining a group has to wait before becoming eligible for coverage.**
   b) The number of days the insured has to determine if he/she will accept the policy as received.
   c) The stated amount of time when benefits may be reduced under certain conditions.
   d) The number of days that must expire after the onset of an illness before benefits will be earned.

#50. Which provision concerns the insured’s duty to provide the insurer with reasonable notice in the event of a loss?
   a) Claims Initiation
   b) Consideration
   c) **Notice of Claim**
   d) Loss Notification

#51. An insured’s long-term care policy is scheduled to pay a fixed amount of coverage of $120 per day. The long-term care facility only charged a $100 per day. How much will the insurance company pay?
   a) $100 a day
   b) **$120 a day**
   c) 20% of the total cost
   d) 80% of the total cost
#52. An insured is covered under a Medicare policy that provides a list of network healthcare providers that he must use in order to receive coverage. In exchange for this inconvenience, he is offered a lower premium. Which type of Medicare policy does he own?

a) Limited  
b) HMO  
c) Network  
d) Select

#53. Which renewability provision allows an insurer to terminate a policy for any reason, and to increase the premiums for any class of insureds?

a) Conditionally renewable  
b) Cancelable  
c) Guaranteed renewable  
d) Optionally renewable

#54. The period of time immediately following a disability during which benefits are not payable is

a) The residual period.  
b) The elimination period.  
c) The probationary period.  
d) The grace period.

#55. If an agent has an administrative action taken against him or her in another jurisdiction, how many days does the agent have to report this to the Superintendent after the final disposition?

a) 7 days  
b) 15 days  
c) 30 days  
d) 45 days
#56. Which of the following statements is INCORRECT regarding substance abuse coverage in Ohio?

a) All accident and sickness policies issued in Ohio must include benefits coverage for the treatment of alcoholism/substance abuse for each eligible person under the policy.

b) Deductibles apply to coverage under a substance abuse program.

c) Persons receiving substance abuse coverage must recertify the need for additional treatment every 30 days.

d) Services under the treatment plan must be provided under the clinical supervision of a licensed physician or psychologist in an approved alcohol/substance abuse treatment facility.

#57. Anna loses her left arm in an accident that is covered by her Accidental Death and Dismemberment policy. What kind of benefit will Anna most likely receive from this policy?

a) The capital amount in monthly installments

b) The principal amount in monthly installments

c) The capital amount in a lump sum

d) The principal amount in a lump sum

#58. Who protects the insureds from delayed and unpaid claims on their property and casualty policies because of insurer insolvency?

a) The Superintendent

b) The Ohio Automobile Insurance Plan

c) The Ohio Joint Underwriters Association

d) The Ohio Property and Casualty Insurance Guaranty Association

#59. Following an injury, Jill, age 66 and covered under Medicare Parts A & B, was treated by her physician on an out-patient basis. How much of her doctor's bill will Jill be required to pay out-of-pocket?

a) 20% of covered charges above the deductible

b) 80% of covered charges above the deductible

c) All reasonable charges above the deductible according to Medicare standards

d) A per office call deductible
#60. What happens to agent’s appointments when the agent’s license is suspended?
   a) They are transferred to another agent.
   b) They are not affected.
   c) **They are void.**
   d) They must be fulfilled.

#61. On its advertisement, a company claims that it has funds in its possession that are, in fact, not available for the payment of losses or claims. The company is guilty of
   a) Unfair claim practice.
   b) Rebating.
   c) **Misrepresentation.**
   d) Concealment.

#62. What type of policy allows the insurance company to cancel the health policy at any time?
   a) Noncancelable
   b) **Cancelable**
   c) Renewable
   d) Guaranteed renewable

#63. Which is NOT a characteristic of group health insurance?
   a) Dependents of insureds can be covered under group health plans.
   b) Group coverage may be converted to individual coverage if the group contract is ended.
   c) The actual policy is called the "master contract".
   d) **A policy is issued to each insured individual.**
#64. Which of the following would NOT be a violation of unfair practices in health insurance?

a) A health insurance provider disenrolled a subscriber who started receiving Medicare.

b) An insurer denied coverage to an individual who intentionally misrepresented a material fact on a claim.

c) A health insuring corporation nonrenewed a policy due to an individual’s health status-related factor.

d) An insurer discriminated against an enrollee on the basis of age.

#65. Mr. R. purchases a health insurance policy for his daughter, who recently graduated from college. The daughter receives the required medical examination, and the insurance application. Who needs to sign the application?

a) The daughter since she is the proposed insured

b) Both Mr. R. and his daughter

c) The agent, Mr. R and his daughter

d) Mr. R. since he is purchasing the policy

#66. Each insurer must maintain a complete file containing all forms of advertising used to solicit all policy forms in the state for a minimum of how many years?

a) 7

b) 3

c) 4

d) 5

#67. An insolvent insurer is one who is unable to pay its obligations when they are due or has fewer assets than liabilities for a period of

a) 5 years.

b) 2 years.

c) 3 years.

d) 4 years.
#68. Which of the following statements is true concerning the alteration of optional policy provisions?

a) An insurer may change the wording of optional provisions, regardless of its effect on the policyholder.

b) An insurer may change the wording of optional policy provisions that would adversely affect the policyholder but must first receive state permission before the change goes into effect.

c) Once any kind of provision is written, it cannot be changed.

d) An insurer may change the wording of optional provisions, as long as the change does not adversely affect the policyholder.

#69. An agent makes a mistake on the application and then corrects his mistake by physically entering the necessary information. Who must then initial that change?

a) Agent

b) **Applicant**

c) Executive officer of the company

d) Insured

#70. If a policy has a 3-year pre-existing condition clause, this indicates that an insured will not be covered for all of the following EXCEPT

a) **A congenital condition of which the client was not aware.**

b) A condition which the client knew was inherited from his father, who never needed any significant medical treatment, so he has it checked a couple of times each year.

c) A condition which the client's physician told her last June wouldn't be serious enough to need treatment for at least one year.

d) A growth, noticed eighteen months ago, which the client didn't think was serious enough to have treated.

#71. Agents who change the state of residence must notify the Superintendent within how many days of any change in address?

a) **30**

b) 10

c) 15

d) 20
#72. Which of the following would be sufficient violation to warrant rejection, revocation, or suspension of an insurance agent's license?
   a) An unintentional misrepresentation of the terms of a contract
   b) A moving violation ticket
   c) A denied license in another state
   d) Public drunkenness

#73. For how long must health insurers maintain records of complaints and responses?
   a) 1 year after the complaint was resolved
   b) 3 years after the complaint was filed.
   c) 5 years after the complaint was reviewed by the Director
   d) 7 years

#74. Jack was treated for hypertension prior to applying for a major medical policy. If Jack incurs medical expenses related to hypertension, the insurer will likely exclude coverage because the hypertension represents a/an
   a) Pre-existing condition.
   b) Substandard risk.
   c) Recurrent disability
   d) Uninsurable risk.

#75. What would an Accidental Death and Dismemberment (AD&D) policy pay the principal amount for, other than accidental death?
   a) Loss of hearing
   b) Loss of 1 hand
   c) The loss of 2 or more limbs
   d) The loss sight in 1 eye
#76. If an applicant intends to replace any existing accident and sickness policy with a Medicare supplement policy, what must the agent furnish to the applicant?
   a) Proof of insurance
   b) A notice regarding replacement
   c) A copy of the application
   d) A signed copy of the replacement notice

#77. Which of the following is a statement that is guaranteed to be true, and if untrue may breach an insurance contract?
   a) Concealment
   b) Indemnity
   c) Representation
   d) Warranty

#78. What is the purpose of coinsurance provisions?
   a) To split liability among different insurance companies.
   b) For the insurance company to prevent overutilization of the policy.
   c) To have the insured pay premiums to more than one company.
   d) To let insurance companies share the income from the premiums they get paid.

#79. When a client is considering replacing existing health insurance, all of the following would be areas of concern EXCEPT
   a) Waivers for impairments.
   b) Reciprocity.
   c) Time limit on certain defenses.
   d) Pre-existing conditions.
#80. Shelia has an embolism in her brain. After a week-long hospitalization and subsequent bed rest, she is allowed to work again. Three months later, she develops a second brain embolism. Which provision would determine whether a new set of benefits would cover the second embolism?

a) Elimination Period Provision
b) Relapse Clause
c) Corridor Clause
d) **Recurrent Disability Provision**

#81. If a firm has between 2 and 50 employees that are actively engaged in business during the preceding calendar year, what is its classification?

a) Partnership
b) Participating plan
c) Group
d) **Small Employer**

#82. Which of the following is NOT a mandatory provision under the Uniform Provisions Law as applied to accident and health policies?

a) Entire contract
b) **Change of occupation**
c) Time limit of certain defenses
d) Physical examination and autopsy

#83. When Linda suffered a broken hip, she notified her agent, in writing, within 12 days of the loss. However, her agent did not notify the insurance company until 60 days after the loss. Which of the following statements correctly explains how this claim would be handled?

a) **The insurer is considered to be notified since the notification to agent equals notification to the insurer.**
b) The insurer may delay the payment of this claim for up to 6 months.
c) The insurer may settle this claim for less than it otherwise would have had the notification been provided in a timely manner.
d) The insurer may deny the claim since it was not notified within the required 20-day time frame.
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#84. Benefit periods for individual short-term disability policies will usually continue from
   a) Three months to three years.
   b) **Six months to two years.**
   c) Two years to age 65.
   d) One week to four weeks.

#85. The provision which states that both the printed contract and a copy of the application for the contract between the policyowner and the insurer is called
   a) Complete contract.
   b) **Entire contract.**
   c) Total contract.
   d) Aleatory contract.

#86. Workers compensation insurance covers a worker's medical expenses resulting from work related sickness or injuries and covers loss of income from
   a) Plant or office closings.
   b) Temporary job lay-offs.
   c) **Work-related disabilities.**
   d) Job termination.

#87. Which of the following would be an example of an insurer participating in an unfair competition practice of discrimination?
   a) Making malicious statements about the insured based on their race
   b) Charging different premium rates to the insured in different insuring classes
   c) Charging the insured higher premiums based on their life expectancy
   d) **Charging the insured higher premiums based on their race**
#88. In comparison to consumer reports, which of the following describes a unique characteristic of investigative consumer reports?
   a) They provide additional information from an outside source about a particular risk.
   b) They provide information about a customer's character and reputation.
   c) The customer has no knowledge of this action.
   d) **The customer's associates, friends, and neighbors provide the report's data.**

#89. If an insurer makes a statement that its policies are guaranteed by the existence of the Life and Health Guaranty Association, which of the following is true?
   a) The statement is mandatory.
   b) Reference to the Association is required for some lines of insurance.
   c) Such statements are encouraged in insurance solicitation.
   d) It would be considered an unfair trade practice.

#90. In which of the following locations would skilled care most likely be provided?
   a) At a physician's office
   b) **In an institutional setting**
   c) At the patient's home
   d) In an outpatient setting

#91. A man works for Company A and his wife works for Company B. The spouses are covered by health plans through their respective companies that also cover the other spouse. If the husband files a claim,
   a) Both plans will pay the full amount of the claim.
   b) **The insurance through his company is primary.**
   c) The insurance through his wife's company is primary.
   d) The insurance plans will split the coverage evenly.
#92. How often must health insuring corporations, other than specialty health care insurers, provide current company information, providers list, methods of operation and other reports to its insured?
   a) Quarterly
   b) Annually
   c) Biennially
   d) Monthly

#93. Frank's insurance agent proposed an individual health insurance policy that is guaranteed renewable. If Frank accepts this policy, the insurer agrees that
   a) Frank will always be able to pay the premiums.
   b) The company will renew the policy until Frank has reached age 65.
   c) The company will change the premium rate based upon Frank's health only.
   d) The premium rate can never be changed for any reason.

#94. A group accident and sickness policy must cover at least how many employees, members, or people with or without one or more members of the immediate family?
   a) 25
   b) 50
   c) 2
   d) 10

#95. Which of the following is NOT a duty of the Superintendent?
   a) Develop insurance rates
   b) Enforce violations of the Insurance Code
   c) Regulate insurance rates.
   d) License insurance agents and companies
#96. Ray has an individual major medical policy that requires a coinsurance payment. Ray very rarely visits his physician and would prefer to pay the lowest premium possible. Which coinsurance arrangement would be best for Ray?

a) 90/10  
b) 50/50  
c) 75/25  
d) 80/20

#97. Kevin and Nancy are married; Kevin is the primary breadwinner and has a health insurance policy that covers both him and his wife. Nancy has an illness that requires significant medical attention. Kevin and Nancy decide to legally separate, which means that Nancy will no longer be eligible for health insurance coverage under Kevin. Which of the following options would be best for Nancy at this point?

a) COBRA  
b) Apply for social security benefits  
c) Apply for coverage under the same group policy that covers Kevin  
d) Convert to an individual insurance policy with 31 days so she won’t have to provide evidence of insurability

#98. Tim and Tom are twins. When they applied for life insurance from Company A, the insurance company found that while neither of them smoked and both had a very similar lifestyle, Tim was in a much stronger financial position than Tom. Because of this, the company charged Tim a higher rate for his insurance. This practice is called

a) Twisting.  
b) Interdependent sale.  
c) Post underwriting.  
d) Discrimination.

#99. Items stipulated in the contract that the insurer will not provide coverage for are found in the

a) Benefit Payment clause.  
b) Consideration clause.  
c) Exclusions.  
d) Insuring clause.
#100. HIC benefits are paid in which of the following methods?
   a) Reimbursement checks
   b) Medical service credit
   c) Medical services
   d) Tax deductions