

OHIO Life Insurance Agent Series 11-44

Ohio Department of Insurance OH-Life-Agent-Series-11-44

Version Demo

Total Demo Questions: 21

Total Premium Questions: 211

Buy Premium PDF

<https://passqueen.com>

support@passqueen.com

Topic Break Down

Topic	No. of Questions
Topic 1, Insurance Regulation	41
Topic 2, General Insurance	20
Topic 3, Life Insurance Basics	13
Topic 4, Life Insurance Policies	31
Topic 5, Life Insurance Policy Provisions, Options, and Riders	61
Topic 6, Annuities	26
Topic 7, Federal Tax Considerations	16
Topic 8, Qualified Plans	3
Total	211

QUESTION NO: 1

The only beneficiary named in a life insurance policy died before the insured. The policyowner did not name a new beneficiary. When a claim is filed, the death benefit would be paid to the:

- A. Beneficiary's estate.
- B. Insured's estate.
- C. Insured's next of kin.
- D. Policyowner.

ANSWER: B

Explanation:

Insured's estate. is correct because the named beneficiary did not survive the insured and no replacement or contingent beneficiary was designated. A life insurance beneficiary designation directs the insurer who is entitled to receive policy proceeds at the insured's death. When that designation fails because there is no living beneficiary entitled to take the benefit, the proceeds are payable to the insured's estate, subject to the policy's applicable settlement provisions. The personal representative of the estate then receives the death benefit and administers it as an estate asset. Distribution will occur under the insured's valid will, if one exists, or under Ohio's laws of intestate succession if there is no valid will. This result also makes clear why a policyowner should periodically review beneficiary designations after deaths, divorce, births, and other significant life events. Ohio law recognizes the importance of beneficiary designations in determining entitlement to life-insurance proceeds; see [Ohio Revised Code section 3911.10](#). Rules governing distribution of an estate when a person dies without a will are found in [Ohio Revised Code section 2105.06](#).

QUESTION NO: 2

Which statement is generally true regarding the insurance superintendent's access to an agent's business records?

- A. Records can be accessed by court order only
- B. The agent must make the records available upon the superintendent's request
- C. The superintendent has no access to an agent's business records because of privacy rights
- D. Authorization must come from the National Association of Insurance Commissioners (NAIC)

ANSWER: B

Explanation:

The agent must make the records available upon the superintendent's request. Ohio's insurance regulatory framework gives the Superintendent of Insurance broad authority to examine and investigate insurance-related business activities in order to enforce the state insurance laws and protect policyholders and consumers. That authority necessarily includes reviewing relevant books, records, accounts, papers, and other documents held by persons engaged in the business of insurance, including licensed agents when the records are pertinent to an examination or investigation. An agent's duty to cooperate means the records must be produced when properly requested by the Department of Insurance; the superintendent does not need to obtain a separate court order merely to exercise the statutory examination authority. The records may be reviewed to determine compliance with licensing requirements, marketing and sales practices, premium handling, policy transactions, and other obligations imposed on insurance producers. This access is regulatory and is subject to the scope of the superintendent's lawful inquiry, rather than being defeated by a general claim of business-record privacy. Ohio Revised Code section 3901.07 describes the superintendent's examination powers and access to records. The Ohio Department of Insurance also identifies investigations and enforcement as part of its consumer-protection and regulatory role. See [Ohio Revised Code 3901.07](#) and the [Ohio Department of Insurance](#).

QUESTION NO: 3

If an agent does NOT send a refund to a policyholder within an acceptable time frame, the agent may:

- A. Be barred from seeking an appeal
- B. Receive a deduction in commissions
- C. Be charged interest on the refund amount
- D. Have his or her license suspended or revoked

ANSWER: D

Explanation:

“Have his or her license suspended or revoked” is correct because an Ohio insurance agent is accountable for the proper and timely handling of money received in connection with insurance transactions, including money that must be returned to a policyholder. A failure to remit a refund may constitute improper withholding of funds, depending on the surrounding facts and the agent’s obligations. Under Ohio Revised Code section 3905.14, the Superintendent of Insurance may take disciplinary action against an insurance agent for improperly withholding, misappropriating, or converting money received in the course of insurance business. The available administrative sanctions include suspending, revoking, or refusing to renew the agent’s license, as well as imposing a civil penalty. This rule reflects the fiduciary-like trust placed in licensees who receive premiums, refunds, and other consumer funds. The issue is not merely whether the agent ultimately intends to repay the money; prompt, accurate handling of policyholder funds is a core licensing obligation. Before final disciplinary action, the statute provides for notice and an opportunity for a hearing, subject to the applicable administrative procedures. See [Ohio Revised Code 3905.14](#) and the Ohio Department of Insurance’s [agent licensing information](#).

QUESTION NO: 4

Term life insurance is more appropriate than whole life insurance when the:

- A. Policyowner wants to borrow against the life insurance policy values.
- B. Policyowner desires an accumulation of cash values.
- C. Maximum protection is needed, but the insured cannot afford premium payments for permanent insurance.
- D. Insured needs low-cost permanent life insurance protection.

ANSWER: C

Explanation:

“Maximum protection is needed, but the insured cannot afford premium payments for permanent insurance.” is correct because term life insurance is designed to provide a stated death benefit for a specified period, without the cash-value component and lifelong coverage features that ordinarily make permanent life insurance more expensive. Eliminating those permanent-policy features generally permits the same initial death-benefit amount to be purchased for a lower premium. This makes term insurance particularly suitable where the protection need is substantial but temporary or where the insured’s present budget does not support the higher premiums of whole life or another permanent policy. For example, an individual may need significant death-benefit protection while children are financially dependent, while a mortgage remains unpaid, or during years in which income replacement is especially important. The policy can match the duration of that need, such as ten, twenty, or thirty years. Ohio consumer guidance recognizes that life insurance products differ in duration, premiums, and cash-value characteristics, and consumers should consider both the amount and length of coverage needed. The National Association of Insurance Commissioners also explains the fundamental distinction between term coverage and permanent cash-value life insurance. See the [Ohio Department of Insurance life insurance consumer resources](#) and the NAIC’s [Life Insurance consumer guide](#).

QUESTION NO: 5

Which of the following is an element of insurable risks?

- A. Risk must be expected.
- B. The loss must be calculable.
- C. Risk must be financially insignificant.
- D. Cost of insurance must be unaffordable.

ANSWER: B

Explanation:

The loss must be calculable. Insurance operates by pooling many similar exposure units and charging premiums that are sufficient to cover anticipated claims, expenses, and required financial reserves. For that process to work, an insurer must be able to estimate both the likelihood that covered losses will occur and the probable severity of those losses. This requirement is commonly described as a loss that is calculable or determinable. Actuarial analysis uses credible historical data, probability, underwriting information, and claim-cost experience to develop those estimates. When loss frequency and severity can be reasonably projected across a group, the insurer can establish rates, evaluate the policy's financial soundness, and maintain the reserves needed to pay benefits when claims arise. Calculability does not require an insurer to know the precise amount or timing of any individual claim in advance. Instead, it requires that aggregate losses for a sufficiently large and comparable group can be estimated with reasonable reliability. This principle is fundamental to the risk-transfer function of life insurance and other insurance products. The National Association of Insurance Commissioners describes actuarial standards and insurance oversight resources at <https://content.naic.org/>, and the Ohio Department of Insurance provides insurance regulatory information at <https://insurance.ohio.gov/>.

QUESTION NO: 6

What annuity payout option has no additional payouts regardless of when the annuitant dies?

- A. Life only.
- B. Cash refund.
- C. Life certain.
- D. Installment refund.

ANSWER: A

Explanation:

Life only. is the annuity payout option under which income payments continue only for the lifetime of the annuitant and stop immediately when that person dies. It is also commonly called a straight-life annuity or life-income option. There is no guaranteed period, refund feature, survivor benefit, or remaining-value payment attached to this settlement choice. Therefore, no further payout is due to a beneficiary or estate, whether death occurs soon after payments begin or many years later.

Because the insurer's obligation ends at the annuitant's death, the life-only option generally provides the greatest periodic income among comparable annuity settlement options. The payment amount reflects longevity risk: the annuitant may receive payments for a very long time, but accepts the possibility that the total payments received will be less than the amount used to buy the annuity if death occurs early. Ohio's insurance statutes address life-insurance and annuity contract standards in the Ohio Revised Code. See [Ohio Revised Code Chapter 3915](#) and the NAIC's consumer overview, [Life Insurance and Annuities](#).

QUESTION NO: 7

The administrative, technical, and physical safeguards used to access, collect, protect, store, use, and dispose of nonpublic information are established to form a licensee's:

- A. Information security program

- B. Information system
- C. Cybersecurity event
- D. Risk assessment

ANSWER: A

Explanation:

Information security program is correct because Ohio's Insurance Data Security Law defines that term as the administrative, technical, and physical safeguards a licensee uses to access, collect, distribute, process, protect, store, use, transmit, dispose of, or otherwise handle nonpublic information. The wording in the question tracks this statutory definition, including the types of safeguards and the activities performed with nonpublic information.

Ohio law requires each licensee to develop, implement, and maintain a comprehensive written information security program based on its risk assessment. The program must protect the security and confidentiality of nonpublic information and the security of the licensee's information system; protect against anticipated threats or hazards; protect against unauthorized access to or use of nonpublic information; and establish retention and destruction practices. In practical terms, the program is the organized framework of policies, procedures, controls, and safeguards used to manage data-security obligations throughout the information life cycle.

The governing definition appears in [Ohio Revised Code section 3965.01](#), and the licensee's duty to maintain the written program is set out in [Ohio Revised Code section 3965.02](#).

QUESTION NO: 8

The applicant must face the possibility of losing something of value in the event of the insured's death. This principle is known as:

- A. Insurable interest
- B. Adverse selection
- C. Indemnification
- D. Viatical settlement

ANSWER: A

Explanation:

Insurable interest is the required relationship or economic interest under which an applicant would experience a real loss if the insured dies. In life insurance, that loss may be financial, such as the loss of income from a spouse or key employee, or arise from a recognized close relationship. The principle ensures that life insurance serves its intended protective purpose: providing financial protection against a loss associated with the death of the insured rather than creating a wager on another person's life.

Ohio law expressly permits a person to procure life insurance on the person's own life and on the life of another individual when the policy owner has an insurable interest in that individual. The relevant statute identifies circumstances establishing that interest, including close family relationships and lawful, substantial economic interests in the other person's continued life, health, or bodily safety. Importantly, the insurable interest requirement is evaluated when the policy is issued. This requirement supports the valid formation of a life insurance contract and protects the public policy underlying life insurance.

See [Ohio Revised Code § 3911.09](#) and the [Ohio Department of Insurance](#).

QUESTION NO: 9

Which rider would allow additional insurance to be purchased at specified dates or events, without additional underwriting?

- A. Guaranteed Renewability

- B. Guaranteed Insurability
- C. Cost of Living
- D. Disability Income

ANSWER: B

Explanation:

Guaranteed Insurability is correct because it gives the policyowner contractual options to buy additional life insurance coverage at stated future times or after specified qualifying life events, without having to provide new evidence of insurability. The purpose is to protect an insured's ability to increase coverage even if their health changes after the original policy is issued. Option dates are commonly tied to specified policy anniversaries or ages, and qualifying events can include events such as marriage or the birth or adoption of a child, subject to the rider's terms. The amount available under each option, the total additional amount permitted, deadlines for exercising an option, and any applicable premium rates are established by the policy and rider. Although the insured need not undergo additional medical underwriting to exercise a valid option, premiums for the added coverage are generally based on the insured's attained age at the time the option is exercised. This makes the rider particularly valuable for someone whose future financial responsibilities may grow but who wants to preserve the right to obtain more protection based on their current insurability. Ohio life-agent examination materials commonly describe guaranteed insurability as a life-policy rider providing future purchase options without evidence of insurability. See the Ohio Department of Insurance's [agent licensing examination content outlines](#) and the [Ohio insurance laws](#).

QUESTION NO: 10

What is the approach to assessing the consumer's need for life insurance that focuses on an individual's future stream of income?

- A. Needs approach
- B. Affordability approach
- C. Human Life Value approach
- D. Return of Investment approach

ANSWER: C

Explanation:

The **Human Life Value approach** is the life-insurance needs-analysis method that focuses on an individual's anticipated future earning capacity. It estimates the economic value of the insured person's life to dependents by projecting future income and then considering factors such as expected working years, taxes, personal consumption, inflation, and investment assumptions. The resulting estimate represents the amount of capital that could help replace the financial contribution the person would otherwise have made to the household if death occurs prematurely. This approach is particularly useful where a family relies substantially on one wage earner and wants to evaluate income-replacement needs over the remainder of that person's working life. In an insurance-sales context, the calculation supports a recommendation that is reasonably related to the consumer's financial circumstances, objectives, and need for protection. Ohio's life-insurance consumer materials emphasize that life insurance can provide financial protection for survivors, including funds to replace income and meet ongoing family obligations. General consumer education from the Insurance Information Institute likewise describes life insurance as a tool for replacing lost income and protecting dependents. See the [Ohio Department of Insurance life insurance consumer information](#) and the [Insurance Information Institute's life-insurance needs guidance](#).

QUESTION NO: 11

Interest earned on a Traditional IRA is taxed:

- A. Prior to contribution.
- B. During the accumulation period.

- C. At distribution.
- D. Only if there is a premature distribution.

ANSWER: C

Explanation:

At distribution is correct because investment earnings, including interest, inside a Traditional IRA generally accumulate on a tax-deferred basis. The account owner does not include annual interest, dividends, or gains in taxable income merely because those amounts are earned within the IRA. Instead, taxation generally occurs when money is withdrawn from the account. Traditional IRA distributions are ordinarily taxable as income to the extent they consist of untaxed contributions and earnings. This deferral allows the full pre-tax value of the account's investments to remain invested until a distribution is made, subject to the applicable IRA distribution rules. If an owner made nondeductible contributions, part of a distribution may be treated as a tax-free return of basis under the IRS's pro-rata rules; however, the earnings portion remains taxable when distributed. A distribution before age 59½ may also trigger an additional tax unless an exception applies, but that potential additional tax does not change the basic timing of income taxation on Traditional IRA earnings. IRS Publication 590-B explains that traditional IRA distributions are generally fully or partly taxable, depending on whether nondeductible contributions were made. See [IRS Publication 590-B, Distributions from Individual Retirement Arrangements](#) and the IRS overview of [Traditional IRAs](#).

QUESTION NO: 12

Which of the following dividend options allows a policyowner to use the dividend to pay all or part of the next premium due on the policy?

- A. Reduction of premium dividend option
- B. Cash dividend option
- C. One-year dividend option
- D. Paid-up option

ANSWER: A

Explanation:

The **Reduction of premium dividend option** is correct because it directs a participating life insurance policy's declared dividend toward the premium that is currently due or will next become due. The dividend reduces the policyowner's out-of-pocket premium obligation by the amount applied. For example, when a premium is due and the insurer declares a dividend, the policyowner may use that dividend as a credit against the premium and pay only any remaining balance. If the dividend amount is sufficient, it may pay the entire premium due. This is a standard dividend-election feature of participating policies, which are policies eligible to share in the insurer's divisible surplus. Dividends are not guaranteed; they depend on the insurer's experience and the policy terms. However, once a dividend is declared, this election specifically provides the practical benefit of lowering the premium payment required to keep coverage in force. Ohio's life-insurance rules recognize policy dividends and require that policies describe applicable dividend provisions. See Ohio Revised Code [Section 3915.05](#) and the NAIC's consumer overview of [life insurance](#).

QUESTION NO: 13

Every application for a life insurance policy issued in Ohio must include questions structured to identify and prevent policies being purchased for the purpose of

- A. replacement.
- B. STOLI transactions.
- C. viatical settlements.

D. reinstatement.

ANSWER: B

Explanation:

STOLI transactions is correct. Ohio's life-insurance law requires an insurer issuing a life insurance policy in the state to use an application containing questions designed to ascertain whether the policy is being procured, or was procured, as part of a stranger-originated life insurance transaction. This requirement is aimed at ensuring that coverage is obtained for a legitimate insurance purpose rather than as an investment arrangement for a person or entity lacking the required insurable interest in the insured's life. In a STOLI arrangement, investors or other strangers may induce or finance the purchase of a policy with the expectation of acquiring an interest in the policy or receiving proceeds upon the insured's death. The application questions help insurers identify facts indicating that an arrangement may involve such prohibited conduct, including third-party financing or a prearranged transfer of policy benefits. Ohio specifically addresses these transactions through statutory provisions governing stranger-originated life insurance and the required content of life insurance applications. See Ohio Revised Code section 3915.073, [Life insurance policy applications](#), and section 3915.05, [Insurable interest in lives](#).

QUESTION NO: 14

Which statement is NOT a characteristic of a group life insurance plan?

- A. A master contract.
- B. Probationary periods.
- C. Individual underwriting.
- D. Certificate of insurance.

ANSWER: C

Explanation:

Individual underwriting. is not generally a characteristic of group life insurance. Group life coverage is underwritten primarily on the characteristics of the group as a whole—such as its size, composition, and participation—rather than through full medical and financial underwriting of each individual employee or member. This group-based approach allows eligible members to receive the plan's basic amount of coverage, commonly without evidence of insurability, particularly when they enroll when first eligible. The policyowner, typically an employer or qualifying association, receives the master group policy, while covered participants receive certificates describing their insurance. Group plans may also use an eligibility or probationary period before a new employee can enter the plan. Ohio law specifically contemplates group life insurance issued under a policyholder's master policy and requires that the insurer furnish certificates for persons insured under the group policy. These structural features distinguish group coverage from individually issued life insurance, where the insurer ordinarily evaluates the proposed insured's individual risk before issuing coverage. See Ohio Revised Code § 3917.06 at <https://codes.ohio.gov/ohio-revised-code/section-3917.06> and the Ohio Department of Insurance's life-agent examination information at <https://insurance.ohio.gov/agents/agent-education/examinations>.

QUESTION NO: 15

Reinsurers are a specialized branch of the insurance industry because they

- A. provide insurance to otherwise uninsurable individuals.
- B. provide alternative means.
- C. insure insurers.
- D. keep premiums low.

ANSWER: C

Explanation:

“Insure insurers.” is correct because reinsurance is insurance purchased by an insurance company to transfer or share part of the risk it has assumed under policies issued to its own policyholders. The original, or ceding, insurer remains responsible to its policyholder under the direct insurance contract, but a reinsurer agrees by a separate reinsurance contract to reimburse the ceding insurer for specified portions of covered losses. This arrangement allows an insurer to manage the financial impact of unusually large individual losses, concentrations of similar risks, catastrophic events, and fluctuations in claim experience. By spreading exposure among insurers and reinsurers, reinsurance supports an insurer’s capacity to write and retain business while helping protect its financial stability and ability to meet policy obligations. Ohio law recognizes reinsurance in its insurer-accounting and reserve framework, including provisions governing credit for reinsurance and the conditions under which a domestic insurer may receive that credit. The defining feature is therefore that the reinsurer’s contractual customer is another insurer rather than the individual or business that bought the original insurance policy. See Ohio Revised Code section 3901.62, [Credit for reinsurance—definitions](#), and the National Association of Insurance Commissioners’ [reinsurance overview](#).

QUESTION NO: 16

All of the following statements apply to the surrender of an annuity contract EXCEPT:

- A. Surrender charges will reduce the contract payout amount
- B. The right to surrender is available on immediate and deferred annuities
- C. The owner has the right to surrender the contract during the accumulation period
- D. Surrender charges diminish over a stated number of years and will eventually disappear

ANSWER: B

Explanation:

The right to surrender is available on immediate and deferred annuities is the exception because surrender rights depend on the annuity’s phase and contract design; they are not generally available in the same way for both types of annuities. A deferred annuity ordinarily has an accumulation period during which its owner may elect to surrender the contract for its cash value, subject to any applicable surrender-charge schedule and tax consequences. By contrast, an immediate annuity is generally purchased to convert a premium into an income stream that begins promptly. Once an immediate annuity has been annuitized and payments have begun, the owner typically cannot simply surrender it for a cash value, because the accumulated value has been exchanged for the insurer’s contractual payment obligation. This distinction is central to evaluating liquidity in annuity recommendations and disclosures. Ohio’s annuity rules require insurers and producers to provide material information relevant to an annuity transaction, including features that affect a consumer’s ability to access contract value. See the Ohio annuity suitability and best-interest regulation at [Ohio Administrative Code 3901-6-04](#) and the Ohio Department of Insurance’s annuity information at [Ohio Department of Insurance](#).

QUESTION NO: 17

Which of the following plans will provide a death benefit to the policy's beneficiary Income tax free?

- A. Annuity.
- B. Whole Life.
- C. Qualified Retirement.
- D. Tax Sheltered Annuity.

ANSWER: B

Explanation:

Whole Life. is correct because it is a form of life insurance, and the amount paid to a beneficiary because of the insured person's death is generally excluded from the beneficiary's gross income for federal income-tax purposes. This treatment applies to the policy's death proceeds, whether the insurer pays them as a lump sum or under certain installment arrangements. The core federal rule is found in Internal Revenue Code section 101, which generally excludes amounts received under a life-insurance contract if paid by reason of the insured's death. A whole-life policy provides permanent life insurance protection for the insured's lifetime as long as required premiums are paid or the policy remains in force; therefore, its stated death benefit is ordinarily paid under this federal income-tax exclusion. The exclusion can be affected by specialized circumstances, including a transfer of the policy for valuable consideration, and interest paid by an insurer on retained death proceeds is generally taxable. Those exceptions do not change the standard licensing-exam rule: a beneficiary's life-insurance death benefit from Whole Life. is income-tax free. See the [text of Internal Revenue Code section 101](#) and the IRS's [Publication 525, Taxable and Nontaxable Income](#).

QUESTION NO: 18

Generally, rates charged for insurance may NOT be:

- A. Discriminatory
- B. Cost prohibitive
- C. Excessive, inadequate, or unfairly discriminatory
- D. Different for persons with differing risk profiles

ANSWER: C

Explanation:

"Excessive, inadequate, or unfairly discriminatory" is correct because Ohio insurance rate regulation is designed to protect both policyholders and insurer solvency while ensuring that similarly situated consumers receive equitable treatment. A rate is excessive when it is unreasonably high in relation to the benefits provided and the insurer's legitimate costs and risk exposure. A rate is inadequate when it is insufficient to support expected losses and expenses, which can threaten an insurer's ability to meet its policy obligations. A rate is unfairly discriminatory when differences in premiums do not reasonably reflect expected differences in loss, expense, or risk characteristics. Ohio's rate standards expressly provide that rates must not be excessive, inadequate, or unfairly discriminatory. The wording is a core regulatory standard: insurers may use actuarially justified classifications and risk-based rating, but the resulting rates must satisfy all three parts of this requirement. This framework promotes fair pricing while preserving an insurer's financial capacity to pay valid claims. See Ohio Revised Code section 3937.02, available through the [Ohio Laws and Administrative Rules website](#), and the Ohio Department of Insurance's [official regulatory website](#).

QUESTION NO: 19

It is unlawful for a person to provide an advertisement which

- A. uses a testimonial.
- B. refers to the insurer's financial rating.
- C. points out coverage advantages of a policy.
- D. uses a policy title to inaccurately describe a coverage.

ANSWER: D

Explanation:

"uses a policy title to inaccurately describe a coverage." is correct because Ohio's life-insurance advertising rules require advertisements to present the policy's true nature accurately. A policy name or title can strongly influence a consumer's understanding of what is being purchased; therefore, using that title in a misleading way—such as implying benefits, scope, or type of coverage that the contract does not actually provide—is prohibited. The rule is designed to ensure consumers can

evaluate life-insurance coverage based on clear, truthful information rather than an inaccurate label or promotional characterization. Ohio Administrative Code rule 3901-6-05 specifically addresses the form and content of life-insurance advertisements and provides that a policy's name must not be used in a manner that is misleading or that has the capacity or tendency to mislead concerning the policy's true nature. This requirement supports informed consumer decisions and reinforces the broader prohibition against misleading representations in insurance advertising. The applicable Ohio rule may be reviewed at [Ohio Administrative Code 3901-6-05](#). The Ohio Department of Insurance also provides insurance consumer and regulatory information at [insurance.ohio.gov](#).

QUESTION NO: 20

To avoid tax consequences, a rollover from a Traditional IRA to another IRA MUST be done within

- A. 30 days.
- B. 45 days.
- C. 60 days.
- D. 90 days.

ANSWER: C

Explanation:

60 days. Under federal tax rules, when a Traditional IRA distribution is paid to the account owner and the owner intends to roll it over to another IRA, the amount generally must be contributed to the receiving IRA no later than the 60th day after receipt. Completing the rollover within this period allows the distribution to remain tax-deferred rather than being currently included in taxable income. The rollover may also avoid the additional tax that can apply to an early distribution when the individual is under the applicable age, provided the transaction satisfies all rollover requirements. The Internal Revenue Service may waive the 60-day deadline in limited circumstances, such as situations involving a financial institution error or other qualifying hardship; however, the standard rule tested for insurance licensing purposes is the 60-day rollover period. This timing requirement applies to an indirect rollover, where funds are distributed to the owner first. A direct trustee-to-trustee transfer is not treated as a rollover for this purpose and does not use the 60-day rule. See the IRS guidance on IRA rollovers at <https://www.irs.gov/retirement-plans/ira-rollovers> and IRS Publication 590-A at <https://www.irs.gov/forms-pubs/about-publication-590-a>.

QUESTION NO: 21

An employee's group life insurance terminates when employment ends. The employee wishes to convert the group coverage to an individual life policy. Which statement is generally true of the conversion privilege?

- A. The employee must provide evidence of insurability before conversion.
- B. The employee may convert within the specified period without evidence of insurability.
- C. The employee may convert only if the employer agrees to continue paying premiums.
- D. The employee may convert only to a policy with the same group premium rate.

ANSWER: B

Explanation:

The employee may convert the coverage within the specified conversion period without providing evidence of insurability. Group life conversion is intended to allow an employee who loses eligibility to obtain individual protection despite a change in health. The converted policy will generally have a premium based on the insurer's rates for the individual's attained age and the policy form selected.