

## Insurance Agents (HEALTH) Question Bank - English

Sr.No	Question Body	Alternative 1	Alternative 2	Alternative 3	Alternative 4	Correct Alternative
1	Life Insurance Corporation of India(LIC) was set up under which of the following acts?	Life Insurance Corporation Act, 1956	The Insurance Act, 1938	Life Insurance Companies Act, 1912	Indian Insurance Companies Act, 1928	1
2	Which of the following social security scheme is a Health Insurance plan?	PMVVY	PMFBY	PMJAY	PMSBY	3
3	In the olden days, Chinese traders used to keep their goods in different boats while sailing through treacherous waters. Analyse why?	Chinese boats were small and they carried heavy goods	The Chinese Government mandated that goods should be distributed among multiple shipping companies so that there is equal distribution of business	Chinese traders placed their goods in multiple boats because it provided insurance against total loss	Chinese traders placed their goods in multiple boats because it was cheap	3
4	What is the cost of risk directly proportional to?	Probability and impact of the loss	Impact of the loss alone	Probability of loss and object of insurance	Impact of loss and the object of insurance	1
5	Which of the below statement is incorrect?	Under mutuality, the funds of various individuals are combined	Mutuality is also known as pooling	Under mutuality we have funds flow from one source to many	Mutuality provides protection against the economic loss arising as a result of one's untimely death. This loss is shouldered and addressed through having a fund that pools the contributions of many who have entered into the life insurance contract	3
6	The earliest type of modern insurance was in the form of protection by business guilds or societies in Europe especially _____ in the 14th century.	Spain	France	Germany	Italy	4
7	In terms of Breach of Utmost Good Faith, which of the following is not correct	Concealment is Intentional Non-Disclosure	Concealment is Unintentional Non-Disclosure	Fraudulence is Intentional Misrepresentation	Hiding existence of a disease is intentional Non-Disclosure	2
8	Explain difference between peril and hazard.	Peril is the cause of loss and hazard is the consequence of that loss	Peril is the consequence of loss while hazard increases the probability of loss	Hazard is the direct cause of loss while peril increases/decreases the probability of loss	Peril is probability of loss while hazard is related to impact of loss	2
9	The IRDA was established in the year _____ under the IRDA Act, 1999.	1999	2000	2002	2003	2
10	Losses caused by an earthquake are _____	Critical	Collaborative	Corollary	Common	1
11	Who is protected under the In-Contestability Clause included under a Life Assurance Policy?	Insurer	Insured	Insurance Agent	Insurance Broker	2
12	Who among the Following, is Likely to be Exposed to Accidental Hazard, in His or Her Occupation? Choose the Most Appropriate Option.	Medical-Professional	Tourist-Guide	Demolition-Experts	Marketing-Executive, Who is regularly on the Field.	3
13	Which principle of insurance implies if the same property is insured with more than one insurance company	Contribution	Uberrima fides	Subrogation	Proximate cause	1
14	_____ is a corollary principle of Indemnity	Insurable Interest	Uberrima fides	Subrogation	Proximate cause	3
15	Who among the Following, is Likely to be Exposed to Health-Hazard, in His or Her Occupation?	Yoga-Instructor	Film-Stunt-Artist	Dancer in a Night-Club	Person, Exposed to Mining Dust	4

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16	Why Do, Insurers need Material Information?	For Documentation Purposes.	Decide on the Risk- Acceptance, and the Terms and Conditions, Associated.	To Comply with the Regulatory Requirements.	To Improve the Customer-Service.	2
17	Compare: Gambling and Insurance.	Gambling and Insurance, Both, are the Same.	Gambling has No Insurable Interest involved, but Insurance does have.	Insurance has Only Profitable Outcomes, while, Gambling could result in Losses.	Gambling is Legally Enforceable, but, Insurance is Not.	2
18	Select a Scenario, that showcases the Principle of Uberrima Fides.	Timely Payment of Premium.	Disclosing All Material Information on the Insurance Proposal- Form.	Faking All Material Information on the Insurance Proposal- Form.	Disclosing All Irrelevant Information on the Insurance Proposal- Form.	2
19	Label the Interest, that the Insured has, in the Subject-Matter of Life Assurance. Choose the Most Appropriate Option.	Speculative Interest	Wager Interest	Insurable Interest	Indemnity Interest	3
20	Expectations stated under Section 59 of the Insurance Rules 1939 for advance payment of premium.	No risk to be assumed unless premium is received in advance	Insurance cannot be sold on credit basis in India	Accepting premiums in instalment in respect of Sickness Insurance, Group Personal Accident Insurance, Medical Benefits Insurance and Hospitalisation Insurance Schemes subject to certain conditions	None of the above	3
21	Examine the conditions mentioned below and tell us which is not a valid condition for returning a policy during the free look period. I: Option must be exercised within 15 days of receiving the policy document II: Communication has to be in writing III: Communication can be verbal or written	I only	II only	III only	I and III	3
22	Section 45 (Indisputability Clause) of Insurance Act, protects the Insured, from Rejection of Claim, by the Insurer; provided the Policy has completed --. Choose the Most Appropriate Option.	One Year	Three Years	Five Years	Seven Years	2
23	As per the Suicide Clause, if the Life-Assured Dies, as a Result of Suicide, After 3 Years of the Issue of Policy, What Does the Beneficiary Receive as the Claim?	Nothing	Premium, Paid by the Life-Assured.	(2 × Premium), Paid by the Life-Assured.	Full Face-Amount of the Policy.	4
24	What Does, First Premium Receipt (F.P.R.), signify?	Free-Look Period has ended.	It is the Evidence, that the Policy-Contract has begun.	Policy cannot be cancelled, Now.	Policy has acquired a Certain Cash-Value.	2
25	Identify the Document, that evidences a Contract, between the Insurer and the Insured.	Proposal-Form	Claim-Form	Nomination-Form	Policy-Document	4
26	Which One of the Following Statements, is <u>In-Correct</u> , with Regard to Numerical Rating Method of Underwriting?	Under this Method, Underwriters assign the Positive Rating-Points for All Negative or Adverse Factors.	Under this Method, Underwriters assign the Positive Points for Any Positive or Favourable Factors.	Under this Method, the Total Number of Points, so assigned, will decide How Much Extra- Mortality-Rating (E.M.R.), it has been given.	Under this Method, if the Extra-Mortality-Rating (E.M.R.) is Very High, Insurance may even be declined.	2
27	Which One of the Following Statements, is <u>In-Correct</u> , with Regard to Judgement Method of Underwriting?	Under this Method, Subjective Judgement is used.	This Method is especially used in Case of Complex Cases.	In this Method, the Company may seek Expert Opinion of Medical Doctor.	In this Method, the Underwriter assign Positive or Negative Rating-Points to the Adverse Factors.	4

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28	Mr. Vimal is a 32-Years' Old, Healthy, Non-Smoker, Teetotaler Individual; Who applies for Life Assurance from ABC Limited Insurance Company. Which One of the Following Statements, will Hold True, with Regard to Risk-Acceptance by the Insurance Company?	Risk will be Accepted at Ordinary Rates.	Risk will be Accepted With an Extra, Over the Tabular Rate of Premium.	Risk will be Accepted, With a Lien on Sum- Assured.	Risk will be Accepted, With a Restrictive Clause.	1
29	If, Mr. Brijesh, a 40-Years' Old Individual, is perceived as a 'Sub-Standard Risk', by the Insurance Company, then, Which One of the Following Statements, will Hold True, with Regard to Risk-Acceptance by the Insurance Company?	Risk will be Accepted at Ordinary Rates.	Risk will be Accepted at Lower Rates.	Risk will be Accepted With an Extra, Over the Tabular Rate of Premium.	Risk will be Declined.	3
30	What is meant by 'Risk-Classification'? Choose the Most Appropriate Option.	The Process, in which, Individual Lives are Categorised and Assigned to Different Risk-Classes, Depending on the Degree of Risks, they Pose.	The Tendency of People, Who suspect or know that, their Chance of Experiencing a Loss is High, to seek-out the Insurance, Eagerly; and to gain in the Process.	The Process of Evaluating Each Proposal for Life- Assurance in Terms of the Degree of Risk, it represents; and then Deciding: Whether or Not to Grant the Insurance, and on What Terms.	The Process, in which, the Applicants, Who are Exposed to Similar Degrees of Risk, are Placed in the Same Premium-Class.	1
31	On payment of claim, the life insurance policy-	Can be reinstated on payment of pro-rata premium	Stands cancelled	Automatically terminates	Continues till the end of the policy period	3
32	On payment of claim, the individual fidelity guarantee policy-	Can be reinstated on payment of pro-rata premium	Stands cancelled	Automatically terminates	Continues till the end of the policy period	3
33	Arbitrators appoint _____ who presides the meeting.	A President	A Chairman	An Umpire	A Judge	3
34	Dispute relating to question of liability are to be settled through_____.	Arbitration	Communication	Litigation	Understanding	3
35	Mr. Nimesh bought a 20-Years' Unit-Linked Insurance Plan (U.L.I.P.). In the Event: Mr. Nimesh dies, Within the Policy-Term, Which of the Following, will be paid?	Surrender-Value will be paid.	Premiums paid will be Returned, After Deducting the Dues.	Lower of Sum-Assured or Fund-Value, will be paid.	Higher of Sum-Assured or Fund-Value, will be paid.	4
36	In Case of Presumption of Death of Life-Assured, Which One of the Following Documents, needs to be submitted, by the Nominee?	Death-Certificate from Municipal Corporation.	Decree from a Competent Court.	Employer's Certificate	Inquest-Report	2
37	Mr. Brijesh purchased a 20-Years' Unit-Linked Insurance-Plan (U.L.I.P.), from ABC Insurance Company. If Mr. Brijesh Dies, Before the Maturity of the Policy, then Insurance Company will have to pay -	Surrender-Value	Premiums, After Deducting the Dues.	Lower of Sum-Assured or Fund-Value.	Higher of Sum-Assured or Fund-Value.	4
38	Which One of the Following Claims, can be Payable, Only to the Assignee or Nominee?	Death-Claim	Maturity-Claim	Survival-Benefit	Surrender-Value	1
39	Which One of the Following Documents, needs to be submitted, by the Nominee, in the Event of Natural Death of the Life-Assured? Choose the Most Appropriate Option.	Inquest Report	Death-Certificate	Post-Mortem Report	First Information Report (F.I.R.)	2

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40	Which of the below statement/statements is/are true with regard to a proposal form? A) The proposal form can be filled in by the proposer in written or electronic format. B) The proposal form contains the details of insurance cover, warranties, terms and conditions. C) The insurer can decide whether to accept or reject the proposal for insurance based on the information in proposal form.	A & B	A & C	Only C	All of them	2
41	Declaration of the proposer in the proposal form converts _____ of Utmost Good Faith to _____ of Utmost Good Faith.	Legal Duty, Common Law Principle	Contractual Duty, Common Law Principle	Common Law Principle, Contractual Duty	Common Law Principle, Legal Duty	3
42	You are an insurance agent. Mr. Mahesh has approached you as a customer to buy some insurance. You hear from friends that Mr. Mahesh is involved in sale of pirated goods and all the resultant cash is invested in buying life insurance. What should you do?	Concentrate on completing the sale and securing commission	Report suspicious transaction along with all the information you have about Mr. Mahesh	Blackmail Mr. Mahesh and try to get some monetary benefits out of him	Keep mum about the transaction	2
43	Important information that a prospectus discloses includes: I. Any incentives to reward policyholders for early entry II. Any incentives to reward policyholders for continued renewals III. Any incentives to reward policyholders for favourable claims experience	Only I	I and II	II and III	I, II and III	1
44	If Complex Language is used to word a Certain Policy-Document, and it has given Rise to an Ambiguity, How Will it generally be construed?	In Favour of the Insured.	In Favour of the Insurer.	The Policy will be declared as Void, and the Insurer will be asked to Return the Premium, With Interest, to the Insured.	The Policy will be declared as Void, and the Insurer will be asked to Return the Premium, to the Insured, Without Any Interest.	1
45	Which of the Following, is <u>Not</u> a Part of a Standard Policy-Document?	Policy Schedule	Standard Provisions	Policy-Specific Provisions	Policy Forfeiture Provisions	4
46	Gives us, an Example of a Standard Policy-Provision.	A Clause, Precluding the Death Due to Pregnancy, for a Lady, Who is Expecting at the Time of Writing the Contract.	Suicide Clause	A Clause, Precluding Certain Illnesses.	A Clause, Granting Certain Privileges to the Policy-Holder.	2
47	Potential Value means-	The value of premiums that is arrived at by persuading the customer to buy additional products	Future premiums that may be expected to be received if existing business is retained	The value of premiums that could be derived by persuading the customer to buy additional products	Future premiums that is expected to be received if existing business is retained	3
48	Elements of Trust are A) Communication, B) Attraction, C) Belief, D) Presence	A & B	A, B & C	A, C & D	A, B & D	4
49	_____ is the most important step in sales process.	Interview	Prospecting	Handling objections	Closing the sale	2

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50	An agent need not recommend insurance in certain situations. One of the situation can be-	Where the prospect is interested in reducing the cost of handling the risk.	When the risk involved is non-insurable.	Where the risk involved can be managed by means other than insurance.	All of the above	3
51	When is a cover note issued to proposer?	When the underwriting process is complete and policy is issued	When the negotiations for insurance are in progress and policy document is prepared	When the underwriting process is complete and policy not is issued	When the negotiations for insurance are in progress and policy document is issued	3
52	During which period, insurance policy can be returned and refund of premium obtained?	Coverage period	Free Look Period	Waiting Period	Grace Period	2
53	If the policy is being purchased electronically, it is agent's duty to-	Help the customer to open e-Insurance Account through registered insurance repository	Help the customer to register for e-Insurance Policy with OTP through registered insurance repository	Help the customer to open e-vault for Insurance Policy through registered insurance repository	Help the customer to generate e-Insurance Policy through registered insurance repository	1
54	The customer has choice to continue with same insurer or to switch to another insurance company in following kind of policies:	Term Insurance Policy	Motor Third Party Policy	Endowment Policy	Unit Linked Insurance Policy	2
55	Which of the following is not a contributor towards Customer Lifetime value	Historical	Present	Potential	Speculated	4
56	Which of the following is NOT an example of non verbal communication?	Signaling okay with a hand gesture	Gesturing in an empty room	Wearing jewelry	Raising your voice	2
57	The ability to perform the promised service dependably and accurately, can be termed as _____	Tangible	Reliability	Assurance	Responsiveness	2
58	The knowledge, competence and courtesy of service providers and their ability to convey trust and confidence, can be termed as _____	Reliability	Assurance	Responsiveness	Tangible	2
59	Select the Correct Statement, with Regard to Grace-Period. Choose the Most Appropriate Option.	The Standard Length of the Grace-Period is 1 Month or 31 Days.	The Standard Length of the Grace-Period is One Quarter.	The Standard Length of the Grace-Period is One Week.	The Standard Length of the Grace-Period is One Fort-Night.	1
60	No one else in the insurance company has _____ the client's problems as much as an agent does.	ownership of	responsibility towards	duty towards	role in resolving	1
61	In case where the complaint of a customer is not satisfactorily resolved, the complaint may be raised with-	Insurance Grievance Redressal Mechanism	Grievance Redressal Officer	Consumer Complaints Registration System	Integrated Grievance Management System	4
62	IGMS stands for-	Insurance Grievance Management System	Integrated Grievance Management System	IRDAI Grievance Management System	Initial Grievance Management System	2
63	Defect means-	Imperfection in the quality of product / service	deficiency in the nature of product / service	inadequacy in the manner of performance of the product	All of the above	4
64	Consumer dispute redressal agencies are not established at-	National level	District level	City level	State level	3
65	District Commission has the powers of _____.	High Court	Supreme Court of India	Small Causes Court	Civil Court	4
66	Appeals against orders passed by State Consumer Disputes Redressal Commission are accepted for hearing at _____.	High Court	State Commission	Civil Court	National Commission	4
67	Which Consumer dispute redressal agency is established by the Central Government?	State Commission	National Commission	District Commission	Both District & State Commission	2
68	A complaint can be filed with the Consumer Dispute Redressal Agencies by-	The advocate	The agent authorised by the consumer	The Consumer or his authorised agent	Only the consumer	3

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69	The Ombudsman passes an award to insured within _____ from the date of receipt of all the requirements from the insured and insurer.	2 months	15 days	3 months	1 month	3
70	Consumer protection Act. comprises of _____ quasi-judicial machinery	One-tier	Three-tier	Two-tier	Four-tier	2
71	Which of the following statement is incorrect with regard to process of filing a complaint with a Consumer Court?	No one else other than the complainant himself / herself can file a complaint with the State or National Commission	There is no fee for filing a complaint with State Commission or National Commission	The complaint can be filed personally or can even be sent by post	No advocate is necessary for the purpose of filing a complaint	1
72	If a policyholder wishes to file a complaint against any insurance company directly with State Commission, then in which of the following cases can he / she do so?	Where the value of goods/services and compensation claimed is up to Rs 20 lakh	Where the value of goods/services and compensation claimed exceeds Rs. 20 lakh but does not exceed Rs. 100 lakh.	Where the value of goods/services and compensation claimed exceeds Rs.100 lakh.	Where the value of goods/services and compensation claimed exceeds Rs. 10 crores	2
73	Which of the following statement is incorrect with regard to the State Commission?	This redressal authority has original, appellate and supervisory jurisdiction	It entertains appeals from the National Commission	It has original jurisdiction to entertain complaints where the value of goods/service and compensation, if any claimed exceeds Rs. 1Crore but does not exceed Rs. 10 Crore	No fees is charged to file a complaint with state commission	2
74	Which of the following rules is incorrect with regards to the Award that can be passed by the Ombudsman?	The Award should be more than Rs. 50 lakh	The Award should be made within a period of 3 months from the date of receipt of complaint	The insurer shall comply with the Award and send a written intimation to the Ombudsman within 15 days of the receipt of such acceptance letter	If the insured does not intimate in writing the acceptance of such Award, the insurer may not implement the Award	1
75	In case of rejection of application, the applicant is communicated the reasons for the rejection in writing within -	25 days of receiving the application	30 days of receiving the application	21 days of receiving the application	14 days of receiving the application	3
76	The insurer is required to communicate his final decision on the review application made by applicant within _____.	25 days	15 days	30 days	20 days	2
77	Whom can the aggrieved insurance agent appeal to in case of cancellation of appointment?	Designated Official	Appellate Authority	Appellate Official	Appellate Officer	4
78	An aggrieved agent can appeal within _____ and the officer will give the decision within _____.	45 days, 30 days	30 days, 20 days	25 days, 30 days	20 days, 15 days	1
79	The applicant who passes the Insurance Agency Examination is issued a pass certificate by the examination body. The validity of this certificate is _____ within which the applicant can apply for the appointment as an agent with any insurer for the first time.	Six months	24 months	12 months	36 months	3
80	What as per the code of conduct mentioned in the IRDAI (Appointment of Agents) Regulations, 2016, the insurance agents are prohibited from -	Demand / receive share of benefit from insurer	Inducing the prospect to omit a material fact in the proposal form	Soliciting or procuring insurance business without setting up a registered office	Issuing insurance advertisement	2
81	An agent's appointment can be cancelled / suspended if he -	Discloses material facts in the application	Violates terms of policy	Fails to retain the clients on renewal of the policy	Furnishes wrong / false information	4

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82	When is the name of blacklisted agent removed from the black list?	When the agent resigns from his appointment as agent by the insurer	When the suspension against the agent is revoked by the authority	When the agent submits his written oath to the authority regarding strictly adhering to the code of conduct in future	When the agent surrenders his appointment as agent by the insurer	2
83	Which of the below Act has provisions for monitoring and control of operations of insurance companies?	IRDA Act, 1999	Deposit Insurance and Credit Guarantee Corporation Act, 1961	Public Liability Insurance Act, 1991	The Insurance Act, 1938 and subsequent amendment	4
84	Which One of the Following Bodies, can issue the License to work as Individual Agents, in India?	Finance Ministry	Government of India	Life Insurance Corporation (L.I.C.) of India and General Insurance Corporation (G.I.C.) of India, Jointly.	Insurance Regulatory and Development Authority of India (I.R.D.A.I.)	4
85	Insurance Agents, who hold the Licence to act as Agents for Both: Life Insurer, General Insurer, Health Insurer, and Each of the Two Mono-Line Insurers, are called --.	Brokers	Corporate Agents	Third-Party Administrators (T.P.A.s)	Composite Insurance Agents	4
86	Minimum Academic Qualification of a Sepcified Person is --.	Class 10	Class 12	Graduate	Post-Graduate	2
87	An Applicant, seeking an Appointment as an Insurance Agent of an Insurer, shall submit an Application in Form: --, to the --- of the Insurer.	I-A, Designated Official	A.I-A, Appellate Officer	I-B, Designated Official	I-B, Appellate Officer	1
88	Which of the following factors are mostly in the control of an individual for maintaining good health	Social factors	Genetic factors	Environmental factors	Lifestyle factors	4
89	Which diseases are spread due to bad hygiene and environmental sanitation	Cancer and AIDS	Hypertension and diabetes	Influenza and chickenpox	None of the above	3
90	Does a country's social and economic progress depend on the health of its people	No, there is no relationship between the two	Yes, there is a direct relationship between the two	The relationship is indirect	The relationship is uncertain	2
91	What is the main aim of healthcare services	To create more jobs for healthcare providers	To promote, maintain, monitor or restore health of people	To make healthcare facilities expensive	To make healthcare services difficult to access	2
92	Which of the following statements is true regarding the setting up of healthcare facilities	Healthcare facilities should be based on the probability of the incidence of more severe illnesses like Hepatitis B	Healthcare facilities should be based on the frequency of less severe illnesses like cold and cough	Healthcare facilities should be based on the availability of nearest railway station	Healthcare facilities should be based on the investment capacity of healthcare providers	1
93	Which of the following statements is true regarding secondary healthcare services	They are provided by primary care physicians	They are only available to inpatients	They are the first point of contact for patients within a health system	They include ambulance facilities and diagnostic services	4
94	Which healthcare provider would Mr. Sagar most likely visit first if he is feeling sick	A specialist at a hospital	A primary healthcare provider	A dentist	A pharmacist	2
95	Which of the following defines primary healthcare	Healthcare services provided by doctors, nurses and small clinics	Healthcare services provided by medical specialists	Specialized consultative healthcare	Ambulance services and pathology services	1
96	Which health insurance scheme aims to provide comprehensive medical care to central government employees and their families	Central Government Health Scheme	Employees' State Insurance Scheme	Commercial Health Insurance	None of the above	1

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97	Which section of the Income Tax Act allows individuals to deduct premiums paid towards Health Insurance from taxable income	Section 80 B	Section 80 C	Section 80 E	Section 80 D	4
98	Which type of health insurance policy is allowed to be deducted from taxable income under Section 80 D of the Income Tax Act	Any health insurance policy	Only policies provided by the Government	Only policies provided by life insurers	Only policies provided by non-life insurers	1
99	Which of the following statements is true about the development of health insurance in India	The first standardised health insurance product for individuals and their families in India was introduced in 2001 by private players in the insurance sector	The Central Government Health Scheme (CGHS) was introduced for blue-collar workers employed in the formal private sector	Employees' State Insurance Scheme (ESIS) provides comprehensive health services through a network of its own dispensaries and hospitals for blue-collar workers employed in the formal private sector	Health insurance in India began with the introduction of commercial health insurance by non-life insurers in 1986	3
100	Which of the following is not a type of private health care provider in India	Solo practitioners	Diagnostic laboratories	Corporate hospitals	Government clinics	4
101	The following intermediary facilitates carrying out of pre-insurance medical examinations in connection with underwriting of the health insurance policies	Insurance Broker	Third Party Administrator	Surveyor and Loss Assessor	Reinsurance Broker	2
102	All the statements given below related to Employees' State Insurance Scheme are true EXCEPT:	This scheme was introduced for central government employees and provides comprehensive health services through a network of its own dispensaries and hospitals	ESIC (Employees State Insurance Corporation) is the implementing agency	All workers earning wages up to Rs. 15,000 are covered under the contributory scheme	Employee and employer contribute 1.75% and 4.75% of pay roll respectively; state governments contribute 12.5% of the medical expenses	1
103	All the statements given below related to Central Government Health Scheme are true EXCEPT:	The Central Government Health Scheme (CGHS), which was introduced in 1954	The CGHS is only for the central government employees including pensioner and their family member working in civilian jobs	It aims to provide comprehensive medical care to employees and their families and is fully funded by the employer (central government)	The services are provided through CGHS's own dispensaries, polyclinics and empanelled private hospitals.	3
104	All the options given below are lifestyle factors that determine the health of any individual EXCEPT:	Exercising	Eating within limits	Safe drinking water	Avoiding worry	3
105	Which of the following is an example of communicable disease caused due to environmental factors like bad hygiene?	Influenza	Malaria	Dengue	Asbestosis	1
106	Which of the following is an example of communicable disease caused due to environmental factors like bad hygiene?	Chickenpox	Malaria	Dengue	Asbestosis	1
107	What type of information is included in the medical questionnaire required in case of adverse medical history in the proposal form	PAN Number	Personal bank details	Detailed information on diseases such as Diabetes, Hypertension, Chest pain or Coronary Insufficiency or Myocardial Infarction	Details of any other insurance with other insurer	3
108	What information does the insurer consider when deciding to accept a proposal	Details of the insured	Details of the subject matter	Previous history of insurance and claim experience	All of the above	4

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109	What does UIN in Health Insurance Stand for	The unique identification number of the policy document	The unique identification number of the insurer	The unique identification number of the product	The unique identification number of the policyholder	3
110	What is a condition in an insurance contract	It is a provision in the contract that can be changed at any time	It is a provision in the contract that outlines the rights of the policyholder	It is an optional provision that may or may not be included in the agreement.	It is a provision in the contract that forms the basis of the agreement	4
111	Which of the following statements about conditions in an insurance policy is true	A breach of condition makes the policy voidable at the option of the insured	A breach of condition makes the policy voidable at the option of the insurer	They are not important in determining the basis of the agreement	They are optional provisions in an insurance contract	2
112	What is an endorsement in insurance policy	A document attached to the policy that covers all perils and exclusions	A document that specifies the standard terms and conditions of the policy	A document that sets out changes or amendments to the policy	A document that provides additional coverage to the policy	3
113	Identify the true statement I. Critical illness policies are usually available for persons in the age group of 21 years to 65 years. II. The sum insured offered under these policies is quite low.	Only I is true	Only II is true	Both I and II are true	Both I and II are false	1
114	Which of the following is an example of package policy? I. Health plus life combi product II. Shopkeepers policy III. Householder's policy	Only I	I and II	II and III	I,II and III	3
115	What is the free look in period for health insurance policies	15 days	20 days	30 days	45 days	1
116	A Life Assurance Company paid the Treatment Costs to the Insured, During the Event of Hospitalisation of the Insured, During the Policy-Term. This is an Example of --.	Survival-Benefit Payments	Surrender-Value	Rider-Benefit	Conditional Assignment	3
117	Ms. Kavita purchases a Critical Illness (C.I.) Rider, along with, a Term Assurance Plan, from ABC Insurance Company. How Will, the Company ascertain the Claim for the Critical Illness (C.I.) Rider? Choose the Most Appropriate Option.	Claim will be ascertained, as per the Conditions, stipulated in the Policy.	Claim will be ascertained, based on the Dates, which are determined, at the Beginning of the Contract, it-self.	Claim will occur, when the Policy-Holder decides to cancel the Contract.	Claims will be ascertained, based on the Medical and Other Records, provided by the Policy-Holder, in Support of Her Claim.	4
118	What are the two broad categories of health insurance products	Home care covers and personal accident covers	Indemnity covers and hospital cash (fixed benefit) covers	Dental covers and critical illness covers	Out-patient covers and travel covers	2
119	Which category of health insurance products constitutes the bulk of the health insurance	Indemnity covers	Home care covers	Personal accident covers	Hospital cash (fixed benefit) covers	1
120	What is the other name for Fixed benefit covers	Out-patient covers	Travel covers	Dental covers	Hospital cash	4
121	Which of the following is true regarding long term health products offered by Life Insurance Companies	Premium for such products shall remain unchanged for at least a period of every block of four years	Premium for such products shall remain unchanged for at least a period of every block of two years	Premium for such products shall remain unchanged for at least a period of every block of three years	Premium for such products shall remain unchanged for at least a period of every block of five years	3
122	What is the minimum size of a Group for which Group Health Insurance Policy can be issued	3	5	9	7	4

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123	What is the maximum tenure for Credit Linked Group Personal Accident policies offered by General Insurers and Health Insurers	5 years	1 year	2 years	3 years	1
124	What is the provision in case an insured has taken health policies from multiple insurance companies that provide fixed benefits	The insurance companies will split the claim payment evenly	Each insurance company will make claim payments independently according to their policy's terms and conditions	The insured must choose one policy to use for all claim payments	The insured must provide proof of which policy they want to use for each claim	2
125	What is the purpose of IRDA Guidelines on Standardization in health insurance	To provide more confusion among insurers and customers	To make it difficult for customers to compare products and take a considered decision	To remove the confusion among insurers, service providers, TPAs, and hospitals	To limit the number of health insurance providers in the market	3
126	What types of insurance products do the IRDA guidelines on standardization in Health Insurance apply to	All insurance product	All health insurance products, including PA and Domestic/Overseas travel	All health insurance products, excluding group policies	All general and health insurance products, excluding PA and Domestic/Overseas travel - Indemnity based health products Offered by general / health insurers	4
127	What is the purpose of a Hospitalization indemnity policy	To only provide coverage for expenses before and after hospitalization	To indemnify the policyholder by covering expenses during hospitalization	To provide coverage for all medical expenses	To exclude expenses related to hospitalization	2
128	What is the minimum prescribed period of hospitalization after which the policy provisions come into force	24 hours	12 hours	36 hours	48 hours	1
129	Which of the following procedures are covered under the policy	Dental procedures	Eye surgeries	Cosmetic surgeries	None of the above	2
130	Which of the following statements is true about the indemnity based Medclaim policy	The policy does not cover infants	The policy does not cover Sr.Citizen	The policy does not cover expenses related to hospitalization	The policy covers only inpatient hospitalization expenses	4
131	What are Post hospitalization expenses	Expenses incurred during hospitalization	Expenses incurred after hospitalization	Expenses incurred before hospitalization	Expenses not covered by insurance	2
132	What is the duration of cover for Pre and Post hospitalization expenses	60 days pre and 30 days post hospitalization	90 days pre and 30 days post hospitalization	30 days pre and 90 days post hospitalization	30 days pre and 60 days post hospitalization	4
133	What is a family floater policy	Only the individual can be covered under this policy	Only the dependent family members can be covered under this policy	A policy that offers a single sum insured which floats over the entire family	None of the above	3
134	In a family floater policy, how is the premium calculated	Based on the age of the oldest member of the family	Based on the age of the youngest member of the family	Based on the sum insured chosen for each individual insured	None of the above	1
135	Why do insurance companies collect details of pre-existing diseases	To charge improper premiums	To exclude coverage for any future diseases	To provide free treatment for such diseases	To decide on accepting the proposal for insurance	4
136	What is a pre-existing disease	Any disease suffered by an insured person within 12 months prior to commencement of the policy	Any disease suffered by an insured person within 48 months prior to commencement of the policy	Any disease suffered by an insured person within 24 months prior to commencement of the policy	Any disease suffered by an insured person within 36 months prior to commencement of the policy	2
137	What is disease-specific capping in health insurance	A limit on the premium charged for policies covering certain diseases	A limit on the number of claims that can be made for a particular disease	A limit on the amount of coverage provided for specific diseases	A limit on the number of diseases that can be covered under a policy	3

## Insurance Agents (HEALTH) Question Bank - English

138	What is co-payment in health insurance	The portion of the claim amount that the policyholder/insured has to bear	A separate policy taken by the policyholder to cover specific diseases	The percentage of the premium paid by the policyholder/insured	The amount deducted from the Sum Insured after every claim	1
139	Which of the following is a cost-sharing provision in a health insurance policy	Waiting period	Coverage for Day care procedure	Deductible/ Excess	Pre-policy check-up cost	3
140	Who bears the cost of a pre-policy medical check-up in a health insurance policy	Prospective client	Insurer	Government	Healthcare provider	2
141	What is a top-up cover in health insurance	A policy that covers only pre-existing conditions	A policy that covers only day-care procedures	A policy that provides cover for high sums insured over and above a specified amount	A policy that covers only accidents	3
142	What is the entry age for Elderly health insurance plans	50 years	55 years	60 years	65 years	3
143	What is the claim amount in a fixed benefit insurance plan	A fixed sum irrespective of the amount spent by the insured for the named treatment	The amount spent by the insured for the named treatment	A variable amount based on the severity of the ailment	No claim amount is given	1
144	What is the proof required to process a claim in a fixed benefit insurance plan	Detailed bills and invoices of the treatment	Proof of Hospitalization and coverage of ailment under the policy	Doctor's prescriptions and medical reports	None of the above	2
145	What is a critical illness policy	A policy that provides daily cash benefit to the insured person during hospitalization	A policy that provides a fixed sum on diagnosis of certain named critical illness	A policy that covers treatment costs for minor illnesses	A policy that covers only pre-existing conditions	2
146	What is the waiting period for Corona Kavach and Corona Rakshak	90 days	30 days	15 days	60 days	3
147	What is the maximum sum insured option available under Corona Rakshak	Rs. 1 lakh	Rs. 2.5 lakh	Rs. 2 lakh	Rs. 1.5 lakh	2
148	What is the lump sum benefit payable under the standard policy for vector-borne diseases on positive diagnosis requiring hospitalization for a minimum of 72 hours	50% of the sum insured	75% of the sum insured	100% of the sum insured	125% of the sum insured	3
149	What do Health plus Life Combo Products offer	Life insurance cover only	Health insurance cover only	Both life and health insurance covers	None of the above	3
150	What is the aim of Micro-insurance products?	To aim for the protection of high-income people from urban sectors.	To aim for the protection of low-income people from rural and informal sectors.	To aim for the protection of middle-income people from semi-urban sectors.	To aim for the protection of people from developed sectors.	2
151	Which of the following policies was launched by the Government to provide health insurance coverage for the below poverty line (BPL) families in association with insurance companies?	Ayushman Bharat Scheme	Rashtriya Swasthya Bima Yojana (RSBY)	Jan Arogya Bima Policy	Bima Kavach Yojana	2
152	What is the Sum Insured amount for Rashtriya Swasthya Bima Yojana (RSBY)?	Rs. 5,00,000	Rs. 1,00,000	Rs. 50,000	Rs. 30,000	4
153	Which of the following schemes was launched to achieve the vision of Universal Health Coverage (UHC)?	Ayushman Bharat Scheme	Money Back Scheme	Endowment Scheme	Bima Kavach Yojana	1
154	What is the premium amount for Pradhan Mantri Suraksha Bima Yojana (PMSBY)	Rs. 10/- per annum per member	Rs. 12/- per annum per member	Rs. 15/- per annum per member	Rs. 20/- per annum per member	2

## Insurance Agents (HEALTH) Question Bank - English

155	What is the maximum sum insured provided for death under Pradhan Mantri Suraksha Bima Yojana (PMSBY)	Rs. 1 Lakh	Rs. 3 Lakh	Rs. 5 Lakh	Rs. 2 Lakh	4
156	Who can avail an Overseas Travel Insurance policy	Only Indian citizens travelling abroad for holiday	Only Indian citizens travelling abroad for business	Indian citizens travelling abroad for business, holiday or studies and employees of Indian employers sent on contracts abroad	Only employees of Indian employers sent on contracts abroad	3
157	What is the most common form of group health insurance	Individual policy	Group policy taken by employers covering employees	Personal policy	Family policy	2
158	Identify the true statement I. Health plus life combi products are jointly designed by the two insurers and marketed through the distribution channels of both insurers II. For health plus life combi products, the claims are handled by the insurers jointly	Only I is true	Only II is true	Both I and II are true	Both I and II are false	1
159	What are the benefit payout provided under 'Critical Illness cover'?	Actual medical expenses incurred due to hospitalization	A fixed sum per day for the period of hospitalization	Payout on occurrence of a pre-defined critical illness like heart attack, stroke, cancer etc	All of the above	3
160	Hospital daily cash policy provides towards benefits: I. Incidental expenses II. Expenses not payable under the indemnity policy III. Expenses non payable under Co-pay	Only I	I and II	II and III	I,II and III	2
161	ABC Insurance Company assumes a high interest rate in their premium calculations. This mean that:	Premium charged will be higher	Premium charged will be lower	Premium charged will remain unchanged	Premium charged will fluctuate wildly	2
162	Which of the following health insurance products is a fixed benefit plan for payout on occurrence of a pre-defined critical illness like heart attack, stroke, cancer etc.?	Indemnity cover	Fixed benefits cover	Critical Illness cover	All of the above	3
163	Why is underwriting necessary	To create a large pool of risks for the insurance company	To prevent the insurance company from becoming insolvent	To accept all risks, regardless of premiums	To offer insurance at the lowest possible premium	2
164	Which factor affects morbidity rates in health insurance	Financial status	Gender	Marital status	Educational qualification	2
165	What is moral hazard in health insurance	The physical hazards associated with a health risk	The cost associated with a health risk	The deliberate intention of taking insurance just to collect a claim	The risk assessment and pricing done by the underwriter	3
166	Which of the following statements is true about moral hazard in health insurance	It can prove costly to the insurance company	It refers to the physical hazards of a health risk	It has no impact on the insurance company	It can be beneficial to the insurance company	1
167	Insurers charge lower premiums for which of the following risk types	Standard risks	Substandard risks	Preferred risks	Declined risks	3
168	Who plays a critical role in primary underwriting	Underwriter	Agent or Company representative	Policyholder	Insurance broker	2

## Insurance Agents (HEALTH) Question Bank - English

169	Before issuing a policy, the specific consent of the policyholder for any underwriting loading charged over and above the premium must be obtained. This regulation is for the benefit of	The insurance company	The regulator	The policyholder	The insurance agent	3
170	When can porting be done	Anytime during the policy period	Only at the time of policy issuance	Only after a break in the policy	Only at the time of policy renewal	4
171	Who should the insured make a request for porting to	The new insurer	The old insurer	IRDAI	Any insurance agent	2
172	What is the consequence of breach or concealment of information by the insured in insurance	Increase in premium	Policy becomes void	Decrease in premium	Policy remains unaffected	2
173	When are financial documents usually asked for in insurance	Only in high sum assured coverage	When there is a mismatch between stated income/occupation and coverage sought	Both (B) and (C)	None of the above	4
174	What is the purpose of medical underwriting in health insurance	To determine the premium amount	To determine whether to offer coverage or not	To determine the number of family members to be covered	To determine the type of hospital where the insured can be admitted	2
175	What are the different categories of risk into which the underwriter can classify a proposal	Accept risk at standard rates, extra premium, or decline the cover	Accept risk at an extra premium	Postpone the cover for a stipulated period/ term	All of the above	4
176	In which cities are the premiums for certain products higher due to higher claims cost	Small towns and villages	Tourist destinations	Metros and 'A Class' cities	Industrial hubs	3
177	Which of the following non-employer groups can be offered group health insurance	Employer welfare associations	Customers of a particular business where insurance is offered as an add-on benefit	Borrowers of a bank	All of the above	4
178	What is the main cover under Overseas Travel Insurance policies	Life cover	Home insurance	Health cover	Vehicle insurance	3
179	Which risk group does a person working in underground mines belong to	Risk group I	Risk group II	Risk group III	None of the above	3
180	What is the general age limit for the working population in employer-employee groups	5-70	18-70	30-70	50-70	2
181	From the below given age proof documents, identify the one which is classified as non-standard by insurance companies.	School certificate	Identity card in case of defence personnel	Ration card	Certificate of baptism	3
182	Out of following underwriting methods the process of underwriting is speedy but the premiums may be relatively higher except	Medical underwriting	Non medical underwriting	Numerical rating method	Group insurance	1
183	Group insurance is underwritten mainly on _____.	Law of Uberrima fides	Law of Insurable interest	Law of averages	Law of mutual benefit	3
184	Which One of the Following Statements, is <u>In-Correct</u> , with Regard to Critical Illness (C.I.) Rider? Choose the Most Appropriate Option.	A Specified Amount is Paid, as per the Policy- Terms, in the Event of Diagnosis of a Critical Illness.	The Illness should have been covered in the List of Critical Illnesses, specified by the Insurance Company.	Critical Illness (C.I.) Rider is an Example of the Claims, that may occur, during the Policy- Term.	The Life Assurance Policy Contract Terminates, After the Rider-Payments are Made.	4

## Insurance Agents (HEALTH) Question Bank - English

185	Third-Party Administrators (T.P.A.s) are Regulated, by Which of the Following Bodies?	Life Insurance Council and General Insurance Council, Jointly.	Insurance Regulatory and Development Authority of India (I.R.D.A.I.)	Insurance Brokers Association of India	Finance Ministry	2
186	What is the true test of an insurer's performance in insurance?	The colour of the insurance company's logo	The number of employees the insurance company has	The claims paying ability of the insurance company	Location of Company office premises	3
187	Who is the first stakeholder and receiver of the claim?	The insurance agent who sold the policy	The person who processes the insurance claim	The insurance company's shareholders	The customer who buys the insurance policy	4
188	Which of the following statements is true regarding Health insurance claim servicing?	Claims can only be serviced by the insurance company itself.	Claims can only be serviced by Third Party Administrators (TPAs).	Claims can be serviced by either the insurance company or TPAs authorized by the insurance company.	Claims can only be serviced by providers/hospitals.	3
189	What happens from the time a health claim is made known to the insurer/TPA to the time the payment is made as per the policy terms?	The claim is rejected immediately	The payment is made without any verification	The claim goes through a set of well-defined steps	The insurer/TPA ignores the claim	3
190	What is claim intimation in the insurance claim process?	The final stage of the claim process	The process of investigating a claim	The act of informing the insurance company of a planned or emergency hospitalization	The process of determining the amount to be paid for a claim	3
191	Which of the following statements is true regarding claim intimation in health insurance?	Claim intimation is not mandatory	Claim intimation is required before 48 hours of hospitalization in case of an emergency	Claim intimation is required within 48 hours of hospitalization in case of an emergency	claim intimation is required before hospitalization in case of planned admission, and within 24 hours of hospitalization in case of an emergency.	4
192	How is claim intimation to Insurer / TPA possible according to the statement?	Only Through telegrams	Only Through fax	Through Mobile Apps/ call centres/ internet/ e-mail	Only Through postal mail	3
193	What happens after a company or TPA receives an intimation about Mr. X's claim?	The claim is immediately approved	The documents are ignored	The details are matched for accuracy and a reference number is generated	The claimant is asked to provide more documents	3
194	Which of the following is true regarding the scrutiny of claims for final settlement on a reimbursement basis?	Claims are accepted without any scrutiny or verification of documents.	Claims are scrutinized for admissibility, sum assured, deductibles, and sub-limits.	Claims are only scrutinized for admissibility, but not for sum assured, deductibles, and sub-limits.	Claims are scrutinized for sum assured, but not for admissibility, deductibles, and sub-limits.	2
195	What action is taken by the company in case the intimation is for a planned surgery under the Cash-less scheme?	Pre-authorization of likely expenditure is given to the hospital	The claim is directly processed	The hospital is contacted for more information	The claim is rejected	1
196	Which of the following alternative modes of treatment may be covered by health insurance policies, but may have sub-limits?	Unani	Siddha	Homeopathy	All of the above	4
197	What is the recent directive of IRDAI regarding telemedicine in medical insurance policies?	Insurers are not allowed to cover telemedicine in their policies.	Telemedicine is allowed only for non-coronavirus-related medical consultations.	Telemedicine is allowed wherever regular medical consultation is allowed.	Policyholders are required to visit the hospital for all medical consultations.	3
198	Which of the following is NOT a factor that decides the claim amount payable?	Sum insured available for the member under the policy	Deductible amount	Balance sum insured available under the policy for the member after taking into account any claim made already	Sub-limits	2

## Insurance Agents (HEALTH) Question Bank - English

199	What are Reasonable and Customary Charges?	Charges that are higher than the prevailing charges in the geographical area	Charges for services or supplies that are unique to a particular provider	Charges that are decided solely by the insurer	Charges for services or supplies that are consistent with the prevailing charges in the geographical area for identical or similar services	4
200	What has been standardized under IRDAI Health Insurance Standardization Guidelines?	Sum insured available for the member under the policy	Balance sum insured available under the policy for the member after taking into account any claim made already	Non-payable items in health insurance	Deductible amount	3
201	How are payments made for a payable claim amount?	By cheque or bank transfer	By cash only	Only by cheque	By transferring the claim money to the insurance company's account	1
202	Which of the following is not a possible reason for denial of health insurance claims?	No active treatment; admission is only for investigation purpose	Illness treated is excluded under the policy	Hospitalization is more than 24 hours	The cause of illness is abuse of alcohol or drugs	3
203	What percentage of submitted health claims are usually denied?	5% to 10%	10% to 15%	15% to 20%	20% to 25%	2
204	What is the time frame within which investigations for suspect claims should be completed?	30 days from the date of receipt of claim intimation	60 days from the date of receipt of claim intimation	90 days from the date of receipt of claim intimation	120 days from the date of receipt of claim intimation	3
205	Within how many days of completing the investigation should a claim be settled?	30 days	15 days	60 days	90 days	1
206	What are some examples of frauds committed in health insurance?	Impersonation	Fabrication of documents	Inflation of expenses	All of the above	4
207	What options are available for customers if their claim is denied?	IRDAI	The Consumer Commissions	Insurance Ombudsman	All of the above	4
208	What is the first step for a customer covered under health insurance to avail the cashless facility?	The customer approaches the treating doctor for admission	The customer approaches the hospital's insurance desk with insurance details	The customer pays the hospital charges in advance	The customer contacts the TPA directly	2
209	Who takes the decision on whether the cashless authorization could be provided or not?	The hospital	The patient	The TPA	The insurer	3
210	What does the hospital do when the patient is ready for discharge?	Check the amount of credit in the account of the patient approved by the TPA against the actual treatment charges covered by Insurance	Request the patient to pay the entire treatment charges in cash	Ask the patient to undergo further treatment	Transfer the patient to another hospital	1
211	What is the purpose of reserving in the context of insurance companies?	To make provisions for all claims in the books of the insurer based on the status of the claims	To hold claim amounts until payments are due	To ensure that policyholders pay their premiums on time	To estimate the profits that the insurer will earn from investments	1
212	What does the TPA do after studying the information provided in the cashless authorization form?	Approves the cashless authorization without delay	Takes a decision on whether cashless authorization could be provided and, if so, for how much amount	Rejects the cashless authorization immediately	None of the above	2
213	What should Mr. X do if he doesn't have his insurance details with him?	He should contact the hospital	He should contact the TPA through a 24-hour helpline	He should wait until they have their insurance details	He should pay for the treatment out of pocket	2

## Insurance Agents (HEALTH) Question Bank - English

214	What should Mr.X do if the hospital suggested by his doctor is not in the TPA network?	He should choose another hospital in the network of the TPA	He should contact the TPA to check for options where cashless facility is available	He should pay for the treatment out of pocket	He should contact the consulting doctor for further advice	2
215	When should a customer inform the TPA about the discharge?	After the patient is discharged	Before the patient is admitted to the hospital	At the time of filling the pre-authorization form	In advance of the discharge and request the hospital to send to the TPA any additional approval that may be required	4
216	What is the most important document required to process a health insurance claim?	Investigation report	Consolidated and detailed bills	Receipt for payment	Discharge summary	4
217	What is the purpose of investigation reports in health insurance claims?	To provide a summary of the patient's condition	To provide a break-up of the bills	To assist in comparing the diagnosis and treatment	To verify the identity of the patient	3
218	What is the purpose of the claim form in health insurance claims?	To provide a summary of the patient's condition	To request processing of the claim	To provide a break-up of the bills	To assist in comparing the diagnosis and treatment	2
219	Which of the following is an expectation from insurance agents/brokers in addition to selling policies?	Providing legal advice to customers	Delivering groceries to customers	Servicing customers in the event of a claim	Performing home repairs for customers	3
220	Which document may be required for accident claims?	Consolidated and detailed bills	Identity proof	Dialysis/Chemotherapy/Physiotherapy charts	FIR or Medico-legal certificate	4
221	What is the purpose of having a membership with the TPA?	To obtain discounts on medical treatment at hospitals.	To receive reimbursement for medical expenses not covered by the policy.	To avail cashless facility for hospitalization or treatment covered by the policy, and to process claims when required.	To receive medical advice and consultation from a team of healthcare professionals.	3
222	What document does the TPA issue to the hospital for cashless treatment?	Medical report	Discharge summary	Pre-authorization or Letter of Guarantee	Prescription for medication	3
223	What is claims investigation about?	Determining the validity of the claim and finding out the real cause and extent of the loss	Assessing the credibility of the claimant's occupation	Verifying the authenticity of the claimant's identity documents	Calculating the premium to be charged for the policy	1
224	What documents are required for name and address verification for AML (Anti-money laundering) purposes?	Birth certificate and rental agreement	Passport and bank statement	Aadhar card and credit card statement	PAN card and telephone bill	4
225	What is the role of assistance companies in overseas claims?	They process claims on behalf of insurance companies	They provide assistance to customers in case of contingencies covered under the policy	They offer tie-up arrangements with hospitals for cashless treatment	They provide legal assistance to customers during claims process	2
226	Which of the following is NOT a service provided by assistance companies during overseas travel insurance claims?	Medical service provider referrals	Interpreter Referral	Delivery of Essential Medicines	Rental car booking	4
227	What is the fee charged by assistance companies for their services?	It varies depending on agreement with the particular insurance company, benefits covered etc.	It is a fixed amount for all customers of the insurance company	It is determined by the insurance company and is the same for all assistance companies	There is no fee charged for the services provided by assistance companies	1
228	Which of the following steps is necessary for hospitalization in case of a travel insurance claim?	Submit a written request to the insurance company	Visit any hospital of choice	Intimate the call centre and proceed to a specified hospital with a valid travel insurance policy	None of the above	3

## Insurance Agents (HEALTH) Question Bank - English

229	How do hospitals verify the validity of an overseas travel insurance policy?	The hospitals do not verify the validity of the policy before treatment	The hospitals contacts the assistance companies/ insurers on the call centre numbers to check the validity of the policy and verify coverages.	The hospitals call the insured's family or friends to confirm the policy details	The hospitals relies on the insured's word that they have a valid policy.	2
230	Which type of claim payment is made in foreign currency?	Cashless claims	Reimbursement claims	Both cashless and reimbursement claims	None of the above	1
231	What is the currency conversion rate used while processing reimbursement claims?	The rate as on date of loss	The rate as on date of filing the claim	The rate as on the date of discharge from the hospital	The rate as on the date of admission to the hospital	1
232	What currency is used for payments for admissible claims in reimbursement claims for overseas travel insurance?	British Pound (GBP)	Indian Rupee (INR)	United States Dollar (USD)	Euro (EUR)	2
233	Which document is required to certify the disability of an insured individual?	Birth certificate	Passport	Permanent disability certificate from a civil surgeon or equivalent competent doctors	Driving license	3
234	For a claim to be processed, which of the following are most important documents? I. Documentary evidence of illness II. Payment made to the hospital III. Further advice for treatment IV. Payment proofs for implants	Only I and II	Only I and IV	I, II and III	I, II, III and IV	3
235	Which of the following statement/s is / are correct with regards to 'claim processing and payment services' provided by a TPA? I. TPAs normally receive advance money from the insurer for claim settlement. The TPA is expected to keep an account of the monies and provide periodic reconciliation of the amounts received from the insurance company II. The money can be used for purposes of payment of approved claims and providing other services to the customers	Only I	Only II	Both I and II	Neither I nor II	1
236	Hospital-Admission-Intimation can be made to an Insurance Company, through, Which of the Following Channels?	Fax	Calling the Call-Centre	E-Mail	Any of the Above.	4
237	For a Health Insurance Claim to be Processed, Which of the Following, are the Most Important Documents? I. Documentary Evidence of Illness. II. Treatment-Provided. III. In-Patient Duration. IV. Investigation-Reports.	Only, I and II.	Only, I and IV.	I, II, and IV.	I, II, III, and IV.	4

## Insurance Agents (HEALTH) Question Bank - English

238	Identify the True Statement: I. Morbidity increases due to Various Adverse Factors, such as, Being Over-Weight or Under-Weight, Personal History of Certain Past and Present Diseases or Ailments. II. Morbidity decreases due to Certain Favourable Factors, like, Lower Age, a Healthy Life-Style, etc.	Only Statement-I is True.	Only Statement-II is True.	Both: Statement-I and Statement-II, are True.	Both: Statement-I and Statement-II, are False.	3
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