"प्रश्नपत्रिका उत्तरपत्रिका के साथ जोड़ना अनिवार्य है।"

“QUESTION PAPER MUST BE ATTACHED ALONGWITH THE ANSWER BOOK.”

एसोसिएटशिप परीक्षा
स्वास्थ्य बीमा
ASSOCIATESHIP EXAMINATION
HEALTH INSURANCE

समय : 3 घंटे ]
[ कुल अंक : 100
Time : 3 Hours ]
[ Total Marks : 100

किसी भी प्रश्नों के उत्तर दीजिए। दसवां पर्व के 16 अंक हैं किन्तु यह अनिवार्य नहीं है।
अन्य सभी प्रश्न पर्व 12 अंक के हैं।

Answer EIGHT questions only. Question number TEN carries 16 marks but this is not compulsory.
All other questions carry 12 marks each.

 Marks

प्र.1 किसी तीन का उत्तर दीजिए।

व) स्वास्थ्य बीमा में नैतिक जेक्षिम पर संक्षिप्त नोट लिखें।
ख) क्षयाय सरकार द्वारा प्रवाह की जाने वाली स्वास्थ्य सुविधाओं को संकेत में बताएं।
ग) क्षयाय बताएं कि भारत में स्वास्थ्य और दुर्घटना बीमा से जुड़े कौन कौन से उपाद उपलब्ध है?
घ) क्षयाय सृजनात्मक को प्रभावित करने वाले विभिन्न कारकों को सूचीबद्ध करें।

Q.1. Answer Any Three :

a) Write short note on 'Moral Hazard' in health insurance.

Q.2. Answer Any Three :

a) Describe the need for underwriting in health insurance.

Q.3. Answer Any Three :

a) Describe the need for underwriting in health insurance.

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Q.3. Answer Any Three:
   a) What is ICD-10 coding?
   b) Evaluate the success of RSBY
   c) Write short note on "Underwriting Decisions".
   d) Name at least 6 critical illnesses whose definitions have been standardised.

Q.4. Answer Any Two:
   a) What do you mean by cashless facility? What are the two types of cashless claims?
   b) How effective is technology in ensuring customer service and protection to consumer/policy holder interests?
   c) Define the role of regulator (IRDA) in context to policyholder's protection regulation and grievance redressal.

Q.5. Answer Any Two:
   a) What factors could have changed that compelled an insurance company to redesign and restructure its annual reinsurance program?
   b) What are the various trigger to detect or analyse fraudulent claims or practices?
   c) Explain briefly the factors which affect morbidity and should be considered while assessing risk.

Q.6. Answer Any Two:
   a) Summarise the role of the ombudsman in grievance redressal.
   b) What is claim reserving?
   c) Discuss the need for a pre policy health check up.
Q.7. "Fraud detection mechanisms have to be robust and effective in eliminating any attempt to defraud the company". What can be the various methods applied by an insurance company to combat insurance fraud?

Q.8. Apply your knowledge of underwriting and develop guidelines for profitable group health insurance policies.

Q.9. How do you establish that data analysis and data interpretation are key to several business and performance parameters?

Q.10. Governments, both Central & States, have revolutionised the concept of mass health insurance - Comment.
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