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Answer Sheet

Use pen or pencil to darken the correct choice for each question.

Course: Major Issues in Insurance (10 Credit Hours)

1. ABOD	6.ABCD	11.ABOD	16.ABCD	21.ABCD	26.ABCD	31.ABCD
2. ABOD	7. AB © D	12.ABOD	17.ABOD	22.ABCD	27.ABOD	32.ABCD
3.ABCD	8.ABCD	13.ABOD	18.ABOD	23.ABOD	28.ABOD	33.ABCD
4.ABOD	9.ABCD	14.ABOD	19.ABOD	24.ABOD	29.ABOD	34.ABCD
5.ABOD	10.ABCD	15.ABOD	20.ABCD	25.ABCD	30.ABCD	35.ABCD

Sign to Verify

Agent/Licensee Declaration

I attest that I enrolled for the above titled course and reviewed the course material prior to viewing the exam. I have completed the exam independently.

Print Student Name:	Phone: _	one:			
Sign Student Name:	Date:		1	1	

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MAJOR ISSUES IN INSURANCE FINAL EXAM

1.	when an insurance company prices its products without any gender-based differences, it is engaging in A. unlawful discrimination B. unisex rating C. adverse selection D. post-claims underwriting
2.	Anti-money laundering enforcement in the United States is overseen by a section of the U.S. Department of the Treasury called the A. International Criminal Court B. Office of Management and Budget C. Financial Crimes Enforcement Network D. Federal Insurance Office
3.	An insurance company's anti-money laundering program must be overseen by a(n) A. independent attorney B. compliance officer C. licensed insurance agent D. retired law enforcement official
4.	In order to guard against the risk of dog-bite insurance claims, some carriers have implemented internal policies that make it more difficult for owners of certain breeds to obtain affordable A. life insurance B. disability insurance C. homeowners insurance D. professional liability insurance
5.	Regardless of their child-bearing capacity, women have traditionally been charged more for A. personal auto insurance B. individual health insurance C. group health insurance D. permanent life insurance

6.	A. B. C.	red. rioting political redistricting health epidemics economic uncertainty		
7.	wher A. B. C.	e-related issues in insurance date all the way back to the pre-Civil War era, in insurers viewed slaves as potential customers common beneficiaries uninsurable perils property		
8.	A. B. C.	y group health plans reward people who have healthy lifestyles low life expectancies no children insurance backgrounds		
9.	The Health Insurance Portability and Accountability Act attacked the problem of "job lock" by making it illegal for a group health plan to discriminate against someone on the basis of A. employment status B. gender C. health D. educational background			
10.		e "layering" stage of money laundering, launderers and their associates npt to withdraw money and spend it on illegal activity invest in high-return ventures in order to become rich create a financial maze for regulators convince financial insiders to commit crimes		
11.	A ke	y component of an anti-money laundering program is the proper filing of		
	A. B. C. D.	business associate agreements death certificates Suspicious Activity Reports security breach notifications		

12.	vehic A. B. C.	rance products without cash values are generally considered to be poor cles for risk management money laundering financial planning policy exchanges
13.	Ther univer A. B. C.	re are many different kinds of permanent life insurance, including whole life, ersal life and term life credit life variable life group life
14.	A. B. C.	icants for health insurance can no longer be denied insurance because of a
15.	healt A. B.	ost situations, the only person who can't be denied access to your personal th information is you your doctor your child your health plan's administrator
16.	peop A. B.	rance companies with anti-money laundering programs must ensure that the ble working for them are properly trained anti-terrorism experts licensed by FINRA filing daily reports with the FBI
17.	was A. B.	Terrorism Risk Insurance Act Bank Secrecy Act

18.	Plans that reward healthier people are allowed if they A. are only offered at companies with more than 100 employees B. do not discriminate against smokers C. are offered in addition to another health plan D. give unhealthy people an alternative way of qualifying for the same reward
19.	Money laundering has been committed seemingly throughout history and was originally a way for indebted borrowers to A. avoid penalties from the Internal Revenue Service B. engage in the sale of illegal drugs C. hide money from their creditors D. commit acts of terror
20.	Although HIPAA prohibits discrimination on the basis of health, it doesn't force employers to offer coverage to A. smokers B. cancer survivors C. overweight employees D. all of their employees
21.	Laws regarding medical privacy existed before HIPAA, but they were mainly enacted A. at the federal level B. on a state-by-state basis C. to protect insurers from liability D. with no specific penalties attached to them
22.	When covered entities believe a Security Rule safeguard is reasonable and appropriate, they A. can give consumers the option of extra protection B. need to implement it C. must file an updated security plan with the federal government D. need to mention the safeguard in their privacy notice
23.	According to the Department of Health and Human Services, are entitie that take health information in a non-standard format and put it in a standard format or vice versa. A. health care providers B. health plans C. health care clearinghouses D. life insurance companies

24.	Programs that promote health to group members are known as "" A. self-insured programs B. health-care operations C. HIPAA-eligible groups D. wellness plans			
25.	Under the, protected health information can only be used or disclosed to the extent that the information is needed to complete a task allowed by HIPAA. A. Security Rule B. limited data set standard C. self-insured rule D. minimum necessary standard			
26.	A common misconception about HIPAA is that are covered entities and need to follow the Privacy Rule. A. health care providers B. health plans C. health care clearinghouses D. life insurance companies			
27.	are third parties that are given protected health information in order to provide services to a covered entity. A. Business associates B. Personal representatives C. Plan sponsors D. Fully insured plans			
28.	Covered entities can use or share protected health information without your authorization if the use or sharing is done to facilitate A. treatment, security or health care operations B. fundraising, marketing or health care operations C. treatment, payment or marketing D. treatment, payment or health care operations			
29.	Health information isn't protected by the Privacy Rule unless it is considered			
	A. individually identifiable B. potentially embarrassing C. financially harmful D. mental health information			

30.	Priva A. B. C.	just a few important exceptions, the only people who need to follow the cy Rule and keep your information confidential are "" health plan sponsors life insurance companies covered entities doctors who don't store information electronically
31.	decis A. B. C.	eone is your when they have the legal right to make health care sions for you. health care provider personal representative privacy officer plan sponsor
32.	inforr A. B. C.	nportant element of HIPAA known as the "" only applies to mation that is stored electronically. Privacy Rule Security Rule Minimum Necessary Rule Pretexting Provisions
33.	be us be A. B. C.	reas the Privacy Rule deals mainly with how protected health information can sed or disclosed, the Security Rule addresses how the information needs to pre-identified guarded sold updated
34.	А. В.	ered entities can't use or disclose your protected health information for without consent. treatment purposes payment purposes marketing purposes health care operation purposes
35.	А. В.	2008, nearly every state had passed laws that protected the public's genetic information right to receive life insurance entire investment in variable annuities ability to obtain free terrorism-risk insurance

END OF EXAM

Submit your answers for scoring at $\underline{\mbox{BookmarkEducation.com}}$ OR

Return the signed answer sheet for scoring by mail or fax.