



Insurance Test Practice

Mississippi Insurance Practice Test

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1. An increasing term life insurance policy provides:

- A) A level death benefit with increasing premiums
- B) A level death benefit and level premiums
- ✓ C) A death benefit that increases over the policy term while premiums remain level
- D) A cash value that increases while the death benefit decreases

Explanation: Increasing term insurance features a death benefit that grows over the policy period, often to keep pace with inflation or rising financial obligations. It is the opposite of decreasing term. It is sometimes added as a rider (such as a COLA rider) rather than sold as a standalone policy.

2. When a lapsed health insurance policy is reinstated in Mississippi, what coverage rules apply to accidental injuries versus sickness?

- ✓ A) Accidental injuries are covered immediately; sickness is covered after a 10-day waiting period.
- B) Both sickness and accidents are covered after 30 days.
- C) Sickness is covered immediately; accidents after 10 days.
- D) Neither is covered for 60 days.

Explanation: Under statutory health reinstatement provisions, reinstated policies cover accidental injuries immediately, but sickness is only covered if it begins more than 10 days after reinstatement.

3. An insurer denies a health insurance claim submitted by a policyholder. What is the insurer statutory obligation regarding the denial notice?

- A) Provide a verbal notification by telephone within 60 days.
- ✓ B) Provide a written explanation clearly referencing the specific policy provisions, exclusions, or statutes on which the denial is based.
- C) Notify the Mississippi State Senate.
- D) No explanation is required if the deductible was not met.

Explanation: Insurers must issue a prompt written denial notice specifically citing the contractual provisions, exclusions, or facts supporting the denial.

4. What is an endowment policy?

- ✓ A) A policy that pays a death benefit if the insured dies during the term, or the face amount if the insured survives to the end of the term.
- B) A term policy with a cash value component.
- C) A policy that provides income for life.
- D) A policy that only pays a death benefit.

Explanation: An endowment policy is a type of life insurance that pays the face amount to the beneficiary if the insured dies within a specified period (the endowment period). If the insured is still alive at the end of that period, the face amount is paid to the policyowner.

5. The elimination period in a long-term care insurance policy is:

- A) The period during which the insurer can cancel the policy for health reasons
- ✓ B) The number of days of qualifying care the insured must receive before benefits begin
- C) The age at which benefits automatically end
- D) The period after which premiums can no longer increase

Explanation: The elimination period (or waiting period) in an LTC policy is the number of days of qualifying care the insured must receive — and typically pay for out-of-pocket — before the insurer begins paying benefits. Common elimination periods are 30, 60, 90, or 180 days. Longer elimination periods reduce premiums.

6. In a Variable Life insurance policy, where is the cash value invested?

- A) In the insurer's general account
- B) In government bonds only
- C) In a guaranteed interest-bearing account
- ✓ D) In separate accounts chosen by the policyowner

Explanation: The cash value in a Variable Life policy is invested in separate accounts, which are similar to mutual funds. The policyowner chooses the investment subaccounts and bears the investment risk.

7. Under the ACA for plan years beginning on or after January 1, 2014, annual and lifetime dollar limits on:

- A) All benefits are prohibited
- B) All limits were grandfathered and remain in effect
- C) Only inpatient hospital benefits are prohibited
- ✓ D) Essential health benefits are prohibited; lifetime limits on non-essential benefits may still apply

Explanation: The ACA prohibits annual and lifetime dollar limits on essential health benefits (EHBs) in non-grandfathered plans. Insurers cannot cap the annual or lifetime amount they will pay for EHBs. However, annual and lifetime limits may still be applied to benefits that are not EHBs.

8. What does COBRA stand for?

- A) Coordinated Omnibus Billing and Reconciliation Act
- B) Comprehensive Omnibus Benefits and Retirement Act
- C) Comprehensive Omnibus Benefit Reconciliation Act
- ✓ D) Consolidated Omnibus Budget Reconciliation Act

Explanation: COBRA is a federal law that allows employees and their dependents to continue their group health coverage for a limited time after a qualifying event, such as job loss or reduction in hours.

9. Single premium whole life insurance is a policy:

- A) With a single beneficiary who cannot be changed
- ✓ B) Funded with a single lump-sum premium payment that provides lifetime coverage
- C) That only pays a death benefit in a single lump sum
- D) Where one premium is paid monthly for one year

Explanation: Single Premium Whole Life (SPWL) is funded entirely by a single, lump-sum premium payment at issue. The policy is immediately paid-up and accumulates substantial cash value from day one. Because the policy is funded up-front with a large after-tax sum, the tax treatment is that of a Modified Endowment Contract (MEC).

10. In a contributory group health plan, what is the typical minimum participation requirement?

- A) 90% of eligible employees
- ✓ B) 75% of eligible employees
- C) 100% of eligible employees
- D) 50% of eligible employees

Explanation: In a contributory plan, where employees share the cost of the premium, insurers typically require that at least 75% of eligible employees enroll. This helps to prevent adverse selection.

11. Under the ACA employer mandate for ALEs with 100+ employees in 2015 and 50+ in 2016 and beyond:

- A) All full-time employees must be enrolled in coverage whether they want it or not
- B) All plans must be grandfathered to be exempt from the mandate
- C) Coverage must be free to all employees with no employee contributions allowed
- ✓ D) The employer must offer qualifying coverage to full-time employees (30+ hours/week) and their dependents

Explanation: The ACA employer mandate requires ALEs (50+ FTEs) to offer minimum essential coverage that is affordable and meets minimum value to all full-time employees (those working 30+ hours/week) and their dependents (not spouses). Employers who fail to offer coverage (or offer unaffordable/insufficient coverage) and have at least one FT employee receive a premium tax credit may owe an employer shared responsibility payment.

12. Which type of insurer is organized to provide insurance benefits to members of a specific religious or social organization?

- A) Stock insurer
- B) Reciprocal exchange
- C) Mutual insurer
- ✓ D) Fraternal benefit society

Explanation: A fraternal benefit society is a nonprofit organization that provides life and health insurance exclusively to its members, who share a common bond such as religion, ethnicity, or occupation.

13. A Modified Endowment Contract (MEC) occurs when:

- A) An annuity's interest rate is modified by the insurer
- B) A variable annuity includes a guaranteed minimum death benefit rider
- C) An annuity's cash value exceeds its death benefit
- ✓ D) A life insurance policy is over-funded beyond IRS limits based on a 7-pay test

Explanation: A Modified Endowment Contract (MEC) is a life insurance policy that has been funded with cumulative premiums exceeding the IRS 7-pay test limit. MECs lose certain tax advantages of life insurance — withdrawals and loans are taxed on LIFO basis (gains first), and pre-59½ withdrawals face a 10% penalty. MECs are not annuities but share similar tax treatment.

14. A policyholder in Meridian submits a written notice of claim to their health insurer. Under Mississippi claims regulations, within how many working days must the insurer acknowledge receipt of this claim notice?

- A) 5 working days
- ✓ B) 15 working days
- C) 30 working days
- D) 45 working days

Explanation: Under Mississippi claims handling standards, insurers must acknowledge receipt of a notice of claim within 15 working days.

15. Industrial life insurance (also known as debit insurance) is characterized by:

- A) Investment-linked cash value growth
- B) Large face amounts and annual premium payments
- C) Group coverage provided through an employer
- ✓ D) Small face amounts with premiums collected weekly or monthly at the insured's home by an agent

Explanation: Industrial (debit) life insurance features small face amounts (often \$1,000 to \$10,000), with premiums collected on a weekly or monthly basis at the policyholder's home by a debit agent. It was historically designed for low-income individuals who could not afford standard policies.

16. An indexed annuity's 'floor' rate means:

- A) The lowest surrender charge in the schedule
- ✓ B) The minimum interest rate that will be credited, ensuring the owner cannot receive negative interest crediting
- C) The minimum annuity payment the owner will receive in the payout phase
- D) The minimum premium the owner must pay

Explanation: The floor in a fixed-indexed annuity is the minimum interest that will be credited in any given period — typically 0% (meaning the owner will never receive a negative credit and will never lose principal due to index performance). The combination of a 0% floor and a cap rate gives indexed annuity owners participation in index gains with principal protection.

17. An Accidental Death and Dismemberment (AD&D) policy pays benefits according to a schedule. A 'capital' loss (such as loss of life or loss of both hands) typically pays what percentage of the principal sum?

- A) 50%
- ✓ B) 100%
- C) 75%
- D) 25%

Explanation: A capital loss is the most severe type covered under an AD&D policy and pays the full principal sum (100%). Capital losses include loss of life, loss of both hands, loss of both feet, loss of sight in both eyes, or any combination of two. Loss of one hand, one foot, or sight in one eye typically pays 50% (the 'capital' sum).

18. After notifying a claimant that an ongoing claim investigation is pending, how often must the insurer send written status updates to the claimant?

- A) Every 15 days
- ✓ B) Every 45 days
- C) Every 90 days
- D) Only when the claim is finalized

Explanation: Under claims settlement regulations, an insurer conducting an extended investigation must send written status updates to the claimant at least every 45 calendar days.

19. Under Social Security Disability Insurance (SSDI), a person qualifies for benefits if they:

- ✓ A) Have a disability expected to last at least 12 months or result in death, and meet work history requirements
- B) Are disabled for at least 30 days
- C) Are at least 62 years old and have a partial disability
- D) Are totally disabled for any reason for more than 90 days

Explanation: SSDI provides income benefits to workers who are disabled and meet the definition: a medically determinable physical or mental impairment that prevents substantial gainful activity (SGA) and is expected to last at least 12 continuous months or result in death. SSDI applicants must also meet work credit requirements based on their work history.

20. A divorced spouse may be eligible for Social Security benefits based on their ex-spouse's work record if the marriage lasted at least:

- ✓ A) 10 years
- B) 5 years
- C) 7 years
- D) 15 years

Explanation: A divorced spouse can collect benefits on an ex-spouse's record if the marriage lasted at least 10 years, the divorced spouse is at least age 62, is currently unmarried, and is not entitled to a higher benefit on their own record. The ex-spouse's benefits are not reduced by this claim.

21. A 'conditional' insurance contract requires:

- ✓ A) The insured to meet certain conditions before the insurer is obligated to perform
- B) Both parties to contribute equally to the premium
- C) The insurer to pay regardless of whether conditions are met
- D) Government approval before coverage begins

Explanation: An insurance contract is conditional because certain conditions must be met by the policyowner (e.g., paying premiums, filing a timely claim, cooperating with the insurer) for the insurer's promise to pay to be triggered. Failure to meet policy conditions can result in denial of a claim.

22. The Full Retirement Age (FRA) for Social Security benefits for workers born in 1960 or later is:

- A) Age 62
- ✓ B) Age 67
- C) Age 66
- D) Age 65

Explanation: The Full Retirement Age has gradually increased from 65 for those born before 1938 to age 67 for those born in 1960 or later. FRA is the age at which a worker is entitled to receive 100% of their Primary Insurance Amount (PIA).

23. A 'trustee beneficiary' designation means:

- A) The proceeds are paid to the deceased insured's estate attorney
- B) The beneficiary must be a licensed fiduciary to receive proceeds
- C) A bank is automatically appointed to manage the proceeds
- ✓ D) The proceeds are paid to a named trustee to be managed according to the terms of a trust for the benefit of the trust's beneficiaries

Explanation: Naming a trustee as beneficiary directs the life insurance proceeds to be paid to the trustee of a named trust (rather than directly to individuals). The trustee then manages and distributes the funds according to the trust's terms. This arrangement is commonly used in estate planning for large estates or to manage funds for minor children.

24. When does the 7-pay test apply?

- A) When calculating the taxable portion of a policy loan.
- ✓ B) When determining if a life insurance policy is a Modified Endowment Contract (MEC).
- C) When a policy is transferred to a new owner.
- D) When a policy is surrendered for cash.

Explanation: The 7-pay test is the mechanism used by the IRS to determine if the total premiums paid into a life insurance policy within its first seven years are in excess of the amount needed to have the contract be paid-up in seven years. If it fails this test, it becomes a MEC.

25. A 'direct writer' or 'direct response insurer' sells insurance:

- ✓ A) Directly to consumers without using independent agents, often through mail, phone, or internet
- B) Only through independent agents with broad market access
- C) Only to businesses through wholesale distribution channels
- D) Only to other insurance companies through reinsurance arrangements

Explanation: Direct writers sell insurance directly to the public without using independent agents. Examples include major insurers who advertise directly to consumers on television and online. Their premiums may be lower because they eliminate agent commission costs, but consumers do not receive personalized agent advice.

26. Which type of care is NOT typically covered by a Long-Term Care policy?

- A) Skilled nursing care
- B) Custodial care
- C) Hospice care
- ✓ D) Acute care in a hospital

Explanation: LTC policies cover a range of services from skilled care to intermediate care and custodial care, which can be provided in various settings (nursing home, assisted living, at home). Acute care for a medical condition in a hospital is covered by standard health insurance or Medicare, not an LTC policy.

27. The 'general account' of an insurance company holds:

- A) Premium funds held in trust for future policyholders only
- B) Assets required by the state guaranty association
- ✓ C) The insurance company's assets backing fixed annuity guarantees and other obligations
- D) Only the separate account assets for variable annuities

Explanation: The general account holds the insurer's assets used to back its fixed obligations — including fixed annuity guarantees, whole life cash values, and other general liabilities. Fixed annuity owners are general creditors of the insurer for their policy values. This contrasts with the separate account, which holds variable annuity assets segregated from the general account.

28. What is a 'Taft-Hartley Trust'?

- A) A type of MET for non-profit organizations.
- ✓ B) A trust established by a labor union and employers to provide health and welfare benefits to union members.
- C) A trust used for estate planning.
- D) A trust for funding executive retirement plans.

Explanation: Taft-Hartley trusts, or multi-employer plans, are formed through collective bargaining agreements between a labor union and multiple employers. They are managed by a board of trustees with equal representation from labor and management.

29. In group life insurance, the concept of a 'flow of insureds' is important because it helps to ensure which of the following?

- A) That only healthy individuals remain in the plan
- ✓ B) That the group maintains a stable and predictable risk pool through regular entry and exit of members
- C) That the insurance company can deny claims from long-term members
- D) That premiums increase each year to cover older members

Explanation: The flow of insureds refers to the continual entry of new, typically younger members and the exit of older members from a group. This natural turnover helps maintain a stable average age and predictable risk level for the insurer, which is a key principle of group underwriting.

30. Supplemental Security Income (SSI) differs from Social Security Disability Insurance (SSDI) primarily in that SSI is:

- A) Based on the worker's earnings history and FICA contributions
- ✓ B) A needs-based program for aged, blind, or disabled individuals with limited income and resources
- C) Only available to workers who are fully insured
- D) Funded entirely by state governments

Explanation: SSDI is an earned benefit based on the worker's employment history and FICA contributions. SSI, by contrast, is a needs-based federal assistance program funded by general tax revenues. It provides cash assistance to aged, blind, or disabled individuals who have limited income and resources, regardless of their work history.

31. The 'high water mark' crediting strategy in an indexed annuity:

- A) Marks the highest interest rate ever credited to the policy
- B) Credits interest based only on the index performance on the last day of the year
- ✓ C) Credits interest based on the highest index value achieved on each anniversary date during the crediting period
- D) Credits interest based on the average index performance

Explanation: The high water mark strategy looks at the index value at each contract anniversary during the crediting period and uses the highest value achieved as the ending point for calculating interest. This strategy can provide better results in volatile markets where the index peaks midway through the period, but it typically comes with lower caps or participation rates.

32. What is the legal status of an insurance company that has been issued a Certificate of Authority by the Mississippi Insurance Department?

- A) Non-admitted insurer
- ✓ B) Admitted (authorized) insurer
- C) Surplus lines insurer exclusively
- D) Non-conforming carrier

Explanation: An insurer that has received an official Certificate of Authority from the MID is recognized as an admitted or authorized insurer entitled to transact insurance in Mississippi.

33. The 'Secondary Guarantee' (no-lapse guarantee) feature in a universal life policy:

- A) Guarantees a second beneficiary receives proceeds if the primary beneficiary predeceases the insured
- ✓ B) Guarantees the policy will remain in force for a specified period or for life as long as a minimum premium is paid, even if the cash value is zero
- C) Provides a second death benefit if the insured dies from a covered accident
- D) Guarantees the cash value will never fall below zero

Explanation: A Secondary Guarantee (also called a no-lapse guarantee or guaranteed death benefit provision) in a GUL (Guaranteed Universal Life) policy ensures the policy stays in force for a guaranteed period or for life — even if the cash value falls to zero — as long as the required minimum premium is paid. This provides death benefit security similar to term insurance but in a permanent policy.

34. Which of the following are considered Activities of Daily Living (ADLs)?

- A) Working, exercising, and reading.
- B) Paying bills and managing medications.
- C) Driving, shopping, and cooking.
- ✓ D) Bathing, dressing, eating, transferring, toileting, and continence.

Explanation: The six standard ADLs are the basic activities of self-care. The inability to perform a certain number of these (typically two or three) is a common trigger for benefits under an LTC policy.

35. A mutual insurance company is owned by:

- A) The state insurance department
- B) Stockholders who receive dividends
- C) Federal banking regulators
- ✓ D) Policyholders who may receive dividends from surplus

Explanation: A mutual insurance company is owned by its policyholders. Profits (surplus) may be returned to policyholders as dividends, which are considered a non-taxable return of excess premium. Mutual companies have no stockholders.

36. Variable annuity 'mortality and expense risk charges' (M&E fees) compensate the insurer for:

- A) State premium taxes on annuity premiums
- B) The cost of crediting interest to the fixed account option
- C) Investment management expenses for the separate account funds
- ✓ D) The risk of paying guaranteed death benefits and income guarantees, and for general administrative expenses

Explanation: M&E (mortality and expense risk) charges in a variable annuity compensate the insurer for: (1) the mortality risk — guaranteeing the minimum death benefit even if the account value has declined; (2) the expense risk — guaranteeing not to raise administrative charges; and (3) general administrative expenses. M&E charges are deducted daily from the separate account as a percentage of assets (typically 1.0–1.5% annually). They are separate from fund management fees.

37. In an Independent Practice Association (IPA) model HMO, physicians:

- A) Are employed by a single multispecialty medical group
- B) Practice only in HMO-owned clinics
- ✓ C) Maintain their own private practices and contract with the HMO to see its members
- D) Are salaried employees of the HMO

Explanation: In an IPA model, independent physicians maintain their own offices and private practices. They contract with the HMO to provide services to its members, typically on a capitated or negotiated fee basis. The physicians also see non-HMO patients, giving them more independence than staff model physicians.

38. 'Partial disability' benefits in a disability income policy are:

- ✓ A) Paid when the insured can perform some but not all occupational duties and earns reduced income
- B) Always equal to 50% of the total disability benefit
- C) Only available for physical injuries, not illnesses
- D) Paid only if the insured cannot work at all

Explanation: Partial (residual) disability benefits compensate the insured for a reduction in earning capacity when they can work but earn less than before due to disability. The benefit is proportional to the income loss. Many modern DI policies include partial disability benefits to encourage gradual return to work.

39. 'Blending' or 'loading' in a participating whole life policy refers to:

- A) Blending both fixed and variable components in the same policy
- B) Loading higher premiums onto smoker-rated policies
- ✓ C) Mixing whole life with paid-up additions to increase cash value and reduce net premium cost
- D) Adding term insurance rider to increase coverage at a lower cost

Explanation: In participating whole life, 'blending' (or 'overfunding') refers to combining base whole life with paid-up additions (PUAs) to maximize the ratio of cash value to death benefit. This strategy is used in Infinite Banking and Bank On Yourself concepts where the policy is designed primarily for its cash value accumulation efficiency.

40. What is the primary advantage of naming a trust as the beneficiary of a life insurance policy?

- A) It guarantees a higher rate of return on the proceeds.
- B) It makes the death benefit available to the beneficiary immediately.
- ✓ C) It allows the policyowner to control the proceeds 'from the grave' through the trust's terms.
- D) It avoids income taxes on the death benefit.

Explanation: Naming a trust as a beneficiary provides flexibility and control. The policyowner can specify in the trust document how, when, and for what purpose the proceeds are to be used, which is particularly useful for managing funds for minor children or beneficiaries who may not be financially responsible.

41. Which of the following conditions is NECESSARY for a risk to be insurable?

- A) The loss must be caused by a government-recognized peril
- B) The premium must be equal to the expected loss
- ✓ C) There must be a sufficiently large number of similar exposure units for accurate loss prediction
- D) The potential loss must be catastrophic in nature

Explanation: For risk to be insurable (and priced accurately), there must be a large enough number of homogeneous (similar) exposure units that the Law of Large Numbers can be applied. Without sufficient similar risks, the insurer cannot accurately predict losses and set reasonable premiums. Other requirements include accidental, definite, and non-catastrophic losses.

42. What is the primary difference between a Group Annuity and an Individual Annuity?

- A) Individual annuities are always fixed, while group annuities are always variable.
- B) Group annuities have higher fees.
- ✓ C) A group annuity is established by an employer for its employees, typically as part of a retirement plan.
- D) Group annuities do not require an annuitant.

Explanation: A group annuity contract is between an insurer and an employer or plan sponsor. It is a funding vehicle for qualified retirement plans (like 401(k)s), holding and managing the contributions for the participating employees.

43. Under the ACA, 'grandfathered' health plans are:

- A) Plans that qualify for grandfather-level premium tax credits
- ✓ B) Plans issued before 2010 that can maintain certain pre-ACA features if they do not make significant changes
- C) Plans sponsored by grandfather-owned family businesses
- D) Plans provided to grandparents and other senior citizens over age 65

Explanation: Grandfathered plans are health insurance plans that existed as of March 23, 2010 (when the ACA was signed). They are exempt from many ACA requirements as long as they do not make significant changes. However, they must cover dependents to age 26 and cannot impose lifetime dollar limits. They do not need to cover essential health benefits or provide preventive care at no cost-sharing.

44. Lloyd's of London is best described as:

- A) A government agency that regulates international insurance
- B) A reinsurance company that backs all U.S. insurers
- ✓ C) A marketplace where individual underwriters and syndicates accept insurance risks
- D) An insurance company that issues policies directly to insureds

Explanation: Lloyd's of London is a marketplace (not an insurance company) where individual underwriters organized into syndicates accept insurance risks brought by Lloyd's brokers. Each syndicate member (Name) personally assumes a portion of each risk they underwrite.

45. What is the 'option B' death benefit in a Universal Life policy?

- A) A decreasing death benefit.
- ✓ B) An increasing death benefit equal to the face amount plus the cash value.
- C) A level death benefit equal to the policy's face amount.
- D) A death benefit linked to a stock market index.

Explanation: Universal Life Option B provides an increasing death benefit. The beneficiary receives the policy's specified face amount plus the accumulated cash value. This results in a higher death benefit but also higher monthly cost of insurance deductions.

46. When interest rates rise after an annuity is purchased, an annuity with an MVA provision may:

- A) Terminate the contract and return all premiums
- B) Increase the surrender value by applying a positive market value adjustment
- C) Automatically increase the credited rate to match market rates
- ✓ D) Reduce the surrender value by applying a negative market value adjustment if the contract is surrendered

Explanation: If interest rates rise after a fixed annuity with an MVA is purchased and the owner surrenders early, a negative MVA may be applied — reducing the surrender value below the accumulation value. This reflects the insurer's loss from having to sell bonds at lower prices in a rising rate environment. Conversely, falling rates may produce a positive MVA.

47. A worker who retires at age 62 under Social Security will receive:

- A) 100% of their Primary Insurance Amount
- B) No benefit until full retirement age
- ✓ C) A permanently reduced benefit
- D) A temporarily reduced benefit until full retirement age

Explanation: If a worker elects early retirement at age 62, their benefit is permanently reduced. The reduction is approximately 5/9 of 1% for each month before full retirement age (up to 36 months) and 5/12 of 1% for each additional month. This reduction does not go away at full retirement age.

48. In a noncontributory group life insurance plan:

- A) Employees can opt out without affecting others' coverage
- ✓ B) The employer pays 100% of the premium and 100% participation is required
- C) Employees contribute a portion of the premium and 75% participation is required
- D) The government contributes to the premium

Explanation: In a noncontributory group plan, the employer pays the entire premium and all eligible employees must enroll (100% participation is required). This universal participation prevents adverse selection. In a contributory plan, employees share the premium cost and at least 75% participation is typically required.

49. Vision insurance typically covers all of the following EXCEPT:

- ✓ A) Treatment for eye diseases like glaucoma
- B) Contact lenses
- C) Eyeglasses
- D) Eye exams

Explanation: Routine vision insurance covers eye exams, frames, and lenses. Medical treatment for eye diseases, injuries, or conditions like glaucoma or cataracts would be covered under the insured's major medical health insurance policy, not their vision plan.

50. An insured commits suicide 18 months after purchasing an individual life insurance policy in Mississippi. How will the insurer handle the death claim under the standard suicide clause?

- A) Pay the full face amount.
- ✓ B) Deny the death benefit and refund all premiums paid to the beneficiary.
- C) Pay double the face amount.
- D) Forfeit all premiums to the State Treasurer.

Explanation: Under standard Mississippi suicide clauses (maximum 2 years), if the insured dies by suicide within 2 years of policy issue, the insurer liability is limited to a refund of premiums paid.