LLQP 题册

224 道主题题＋224 道变式题，全部本站原创，不是官方考题。每个选项都有解析。

用法

1. 按章做主题题，限时按真考节奏（130 题 300 分钟＝每题约 138 秒）。
2. 对答案时四个选项的解析都读：错项为什么错，比对项为什么对更常被考。
3. 做错的题，当天做它的变式题；三天后再做一次。

第 1 章 · 为什么需要寿险 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

1. Marcus, age 38, is a widowed father in Coquitlam raising two children aged 4 and 6. He earns $95,000 a year as a logistics manager, carries a $420,000 mortgage, and wants to ensure $80,000 is set aside for his children's university education if he dies prematurely. When Marcus asks an agent to calculate his life insurance need based solely on replacing his $95,000 salary, which additional financial impacts of death must the agent include to avoid underestimating the shortfall?

38岁的 Marcus 是高贵林的一位丧偶单亲爸爸，独自抚养4岁和6岁的两个孩子。他担任物流经理年薪 $95,000，背负 $420,000 房贷，并希望万一自己过早身故能留出 $80,000 作为子女的大学教育金。当 Marcus 让代理人只按替代他 $95,000 年薪来测算寿险保额时，代理人必须一并纳入哪些额外的身故财务冲击才能避免低估缺口?

a. Loss of caregiver costs for childcare, debt repayment for the mortgage, and estate creation for the university fund.
b. Only debt repayment for the mortgage, because a single parent who earns a salary cannot trigger a loss of caregiver impact.
c. Only estate creation for the university fund, because the mortgage lender is legally required to forgive the loan upon a borrower's death.
d. Business impacts and Lifetime Capital Gains Exemption adjustments, because raising children is treated as a family partnership.

1′. Elena and Sam live in Nanaimo with their two-year-old daughter and Sam's disabled brother. Elena earns $110,000 annually as a pharmacist, while Sam stays home full-time to care for both dependents. They also carry a $350,000 home mortgage. If Sam dies unexpectedly, which financial impacts of death will the household face immediately?

Elena 和 Sam 与他们两岁的女儿及 Sam 失能的哥哥住在纳奈莫。Elena 担任药剂师年薪 $110,000，Sam 全职在家照顾这两位受扶养人，家里还有 $350,000 房贷。如果 Sam 意外身故，这个家庭会立即面临哪些身故财务冲击?

a. No financial impact at all, because Elena's $110,000 pharmacy salary continues uninterrupted.
b. Primarily business impacts from the deemed disposition of Elena's pharmacy employment contract.
c. Loss of caregiver expenses to hire replacement care for the child and brother, alongside ongoing debt obligations.
d. Loss of primary employment income only, calculated by replacing the full amount of Elena's pharmacist salary.

2. After a health scare, 42-year-old Victor quits smoking, starts exercising daily, and installs advanced safety equipment at his workshop. He also sets aside $15,000 in a high-interest savings account to cover minor final expenses, and buys a life insurance policy to cover the $600,000 mortgage and income gap his family could not afford. How are the risk management strategies correctly classified in Victor's plan?

经历一次健康警报后，42岁的 Victor 戒了烟、开始每天锻炼，并在工作室安装了先进的安全设备。他还在高息储蓄账户中留出 $15,000 用于覆盖小额最终开支，并购买了一份人寿保险来覆盖家人无力承担的 $600,000 房贷与收入缺口。Victor 计划中的各项举措分别对应哪一种风险管理策略?

a. Quitting smoking is risk avoidance, the savings account is risk reduction, and the life insurance policy is risk retention.
b. Quitting smoking and safety measures are risk reduction, using savings for minor expenses is risk retention, and buying life insurance is risk transfer.
c. All three actions are forms of risk avoidance because they prevent Victor's family from suffering bankruptcy.
d. Only the life insurance policy is valid under exam rules, because risk reduction and risk retention can never be applied to the risk of death.

2′. Nadia, a wealthy retired executive in West Vancouver, has $3 million in liquid treasury bills, no debt, and no dependents. Her only financial obligation at death would be an estimated $20,000 in funeral and legal administration fees, which she decides to pay directly out of her liquid cash reserves rather than buying a new policy. Which risk management strategy is Nadia using for this $20,000 obligation, and why is it appropriate?

住在西温哥华的富裕退休高管 Nadia 拥有 $3,000,000 高流动性国库券，无负债且无受扶养人。她身故时唯一的财务支出是预计 $20,000 的丧葬与遗产法律管理费，她决定直接用自己的流动现金储备支付，而不买新保单。Nadia 对这 $20,000 支出采用的是哪种风险管理策略？为什么是合理的?

a. Risk avoidance, because holding $3 million in liquid cash eliminates the probability of dying.
b. Risk transfer, because leaving cash in a bank account shifts the loss to other policyholders.
c. Risk reduction, because paying funeral costs out of her own cash reserves lowers the mortality rate for her age group.
d. Risk retention, which is appropriate here because her ample liquid assets easily absorb the $20,000 financial impact.

3. Widower Raymond, age 71, owns a lakeside cottage in the Okanagan that he bought decades ago for $120,000; its current fair market value is $920,000. He plans to leave the cottage and his $400,000 RRIF directly to his adult daughter. Raymond tells his agent, 'Since Canada has no estate or inheritance tax, my estate won't owe a penny of tax when I die.' How should the agent correct Raymond's understanding?

71岁的鳏夫 Raymond 在奥肯那根拥有一套几十年前以 $120,000 购入的湖畔度假屋，目前公允市值为 $920,000。他计划把度假屋和 $400,000 的注册退休收入基金（RRIF）直接留给成年女儿。Raymond 对代理人说：“既然加拿大没有遗产税或继承税，我死后遗产一分钱税都不用交。”代理人应如何纠正 Raymond 的理解?

a. Confirm that Raymond is right, because the 1972 tax reform eliminated every form of income and capital gains tax that could arise at death.
b. Explain that British Columbia charges a separate provincial inheritance tax that adult children pay directly when they inherit real estate.
c. Explain that his death triggers a deemed disposition of the cottage at fair market value, and the RRIF is fully taxable on his final return.
d. Advise that naming an adult daughter as beneficiary automatically qualifies both the cottage and the RRIF for an indefinite tax deferral.

3′. Evelyn, a divorced investor in Surrey, holds a non-registered stock portfolio purchased for $200,000 that is now worth $750,000. She intends to bequeath the portfolio to her adult nephew. What tax consequence occurs upon Evelyn's death?

住在素里的离异投资者 Evelyn 持有一份购入成本为 $200,000、现值 $750,000 的未注册股票投资组合。她打算将该投资组合遗赠给成年侄子。Evelyn 身故时会发生什么税务后果?

a. The portfolio is deemed disposed of at its $750,000 fair market value, and the taxable part of the $550,000 gain goes on her final return.
b. No tax is triggered at death, because Canada abolished both federal and provincial inheritance taxes on estates back in 1972.
c. The entire $550,000 gain is sheltered by the Lifetime Capital Gains Exemption because publicly traded stocks always qualify.
d. Her nephew simply takes over the original $200,000 cost base and defers all of the gain tax-free, exactly as a surviving spouse would.

4. Sanjay is the sole founder of a qualified small business corporation in Abbotsford. His shares have an original cost near zero and a current fair market value of $2,400,000. Assuming he has never used his Lifetime Capital Gains Exemption (LCGE)—which is $913,630 under the 2022 exam standard ($1,275,000 in 2026)—Sanjay believes passing the shares to his adult son at death will trigger zero income tax. Under the exam rules, why does Sanjay still face a significant estate liquidity need?

Sanjay 是阿伯茨福德一家合格小型企业公司的唯一创始人。他的股份原始成本接近于零，目前公允市值为 $2,400,000。假设他从未动用过终身资本利得豁免（LCGE，2022考试口径为 $913,630，2026现行上限为 $1,275,000），Sanjay 认为身故时把股份传给成年儿子不会产生任何所得税。按照考试规则，为什么 Sanjay 的遗产仍然面临重大的流动性资金需求?

a. Because the LCGE cannot be applied at death under any circumstances, so the whole $2,400,000 is taxed as if it were employment income.
b. Because the LCGE shelters only up to its limit, so the rest of the gain is taxed on the deemed disposition before the estate is distributed.
c. Because passing shares to an adult son automatically qualifies for a spousal rollover, which defers every tax until the son himself retires.
d. Because the Canada Pension Plan death benefit of $2,500 is automatically deducted from the corporation's retained earnings at death.

4′. Claire and her brother operate an ordinary commercial consulting partnership (not a family farm or fishing property, and not incorporated). Claire's partnership interest has risen in value by $800,000. She assumes the Lifetime Capital Gains Exemption ($913,630 exam standard / $1,275,000 in 2026) will completely eliminate the tax bill upon her death. Why is Claire's assumption incorrect?

Claire 和弟弟经营一家普通商业咨询合伙企业（既非家族农渔业财产，也未注册为公司）。Claire 的合伙权益已升值 $800,000。她以为终身资本利得豁免（考试口径 $913,630 / 2026现行 $1,275,000）会在她身故时完全免除税单。为什么 Claire 的假设是错误的?

a. The LCGE covers qualified small business shares and qualified farm or fishing property, not an ordinary commercial partnership interest.
b. The LCGE can only be claimed on a partnership interest if the partner dies before reaching age 65 and has no other capital gains that year.
c. Partnership interests are subject to a federal estate tax at death rather than to the deemed disposition rules for capital property.
d. Her brother, as surviving partner, can automatically claim the CPP survivor's pension and use it to pay off the partnership's tax bill.

5. Hannah, age 58, is reviewing her family's potential resources if her husband, who contributed to the Canada Pension Plan (CPP) for only eight years at low wages, were to die. She reads in the 2022 exam reference table that the maximum monthly CPP survivor's pension for a survivor under age 65 is $674.79 ($803.54 in the 2026 table) and the basic CPP death benefit is $2,500. How should the agent apply these exam figures in Hannah's needs analysis?

58岁的 Hannah 正在梳理万一丈夫身故时家里可用的财务资源；她丈夫此前仅以低工资缴纳了8年加拿大退休金计划（CPP）。她在2022年考试参考表中看到，65岁以下遗属的 CPP 遗属月给付上限为 $674.79（2026年现行表上限为 $803.54），CPP 一次性身故给付基本额为 $2,500。代理人在为 Hannah 做需求分析时应如何运用这些数字?

a. Automatically plug in the maximum $674.79 monthly pension and a $5,000 death benefit for every client regardless of contribution history.
b. Use the higher age-65-and-over maximum of $752.15 ($904.59 in 2026) because all widows are treated as seniors for CPP purposes.
c. Exclude all government benefits from the needs analysis, because CPP survivor and death benefits are only payable to residents of Quebec.
d. Know the exam table maximums, but use only the amount her husband's contribution record is actually expected to qualify for.

5′. At age 67, Walter already receives his own monthly CPP retirement pension. His wife, also 67 and a lifelong CPP contributor, passes away. Walter sees the exam-standard maximum CPP survivor's pension for age 65 and older is $752.15/month ($904.59/month in 2026) and expects to receive the full $752.15 on top of his full retirement pension, plus an automatic $5,000 death benefit with no conditions. What must the agent explain?

67岁的 Walter 已经在按月领取他本人的 CPP 退休金。他同为67岁且长期缴纳 CPP 的妻子不幸身故。Walter 看到考试口径下65岁及以上的 CPP 遗属月给付上限是 $752.15/月（2026现行为 $904.59/月），以为自己能在全额领取本人退休金之外再拿满 $752.15，外加无条件自动获得 $5,000 一次性身故给付。代理人必须向他解释什么?

a. A survivor 65 or older who already draws a CPP retirement pension faces a combined cap, and the top-up to $5,000 depends on eligibility.
b. Survivors who are over age 65 are disqualified from receiving any CPP death benefit or survivor's pension once they draw their own pension.
c. Walter will automatically receive both full maximums with no reduction at all, because CPP benefits are never coordinated with each other.
d. The under-65 maximum of $674.79 ($803.54 in 2026) applies to him, because the age band is set by whether the deceased spouse was retired.

6. Compare two clients in Kamloops: Client X is a 33-year-old married mother of two toddlers with a new $550,000 mortgage; Client Y is a 68-year-old retired widower whose mortgage is paid off and whose children are self-supporting, but who still owns 100% of an active manufacturing company and wishes to leave $200,000 to a children's charity. How do their primary financial impacts of death differ across the life cycle?

对比坎卢普斯的两位客户：客户 X 是33岁已婚妈妈，有两个学步幼童和一笔新的 $550,000 房贷；客户 Y 是68岁退休鳏夫，房贷已还清、子女已自立，但仍持有100%一家经营中制造企业的股权，并希望留 $200,000 给儿童慈善机构。在生命周期需求曲线上，他们面临的主要身故财务冲击有何不同?

a. X faces peak income, caregiver and debt impacts; Y's income loss has receded, but estate creation, business and deemed disposition remain.
b. Client X mainly needs estate creation for a charitable gift, while Client Y mainly needs income replacement for wages lost at his death.
c. Client Y has zero exposure to any of the six financial impacts of death, because he is retired, mortgage-free and his children are independent.
d. Both clients have identical risk profiles, because exposure to the financial impacts of death stays fixed throughout a person's whole life.

6′. At age 64, Patricia is retiring next month from an engineering firm in Prince George. Her group life insurance coverage through her employer will terminate upon retirement, and she only has a limited conversion window. Meanwhile, her 29-year-old son Kevin just married, bought a townhouse with a large mortgage, and welcomed his first baby. How do the Life module map and life-stage curve distinguish Patricia's and Kevin's immediate insurance priorities?

64岁的 Patricia 下个月将从乔治王子城的一家工程公司退休。她通过雇主享有的团体人寿保险将在退休时终止，且转换权窗口期有限。与此同时，她29岁的儿子 Kevin 刚刚结婚、贷款买了一套联排别墅并迎来了第一个宝宝。Life 模块地图与全生命周期需求曲线如何区分 Patricia 与 Kevin 当前最紧迫的保险重点?

a. Patricia must calculate caregiver replacement costs for young children, while Kevin needs to exercise a group-to-individual policy conversion.
b. Patricia faces a group coverage conversion decision on a short deadline, whereas Kevin faces peak income, caregiver and mortgage debt needs.
c. Neither needs life insurance, because the probability of death is effectively zero at age 29 and becomes close to certain by age 64.
d. Kevin should buy coverage purely as an investment vehicle and skip the needs analysis, while Patricia should simply let her coverage lapse.

7. Twenty-eight-year-old Owen and his wife just had their first child in Langley. Owen tells his agent, 'According to the mortality table, my probability of death this year is tiny, so I should wait until I am in my late 50s when mortality accelerates before buying life insurance.' Based on the relationship between mortality rates, risk transfer, and needs analysis in Chapter 1, what is the flaw in Owen's reasoning?

28岁的 Owen 和妻子刚在兰里迎来了第一个孩子。Owen 对代理人说：“根据生命表，我今年的死亡概率极低，所以我应该等到50多岁死亡率加速上升时再去买人寿保险。”根据第一章关于死亡率、风险转移与需求分析的逻辑，Owen 的推理错在哪里?

a. Probability of death is actually highest in a person's late 20s and then declines steadily, so his risk will only fall as he gets older.
b. Waiting until his late 50s lets Owen use risk avoidance during his 30s and 40s, so no transfer of death risk is needed in those years.
c. His death risk is low, but the severity for his young family is already high, and buying young locks in coverage while premiums are lowest.
d. Life insurance should only be purchased at age 65, because that is the age at which CISRO competency component c1 starts to apply.

7′. While studying for the LLQP Life module, a candidate notices that CISRO competency component c1 ('Assess the client's needs and situation') carries the largest exam weight at 35%, yet Chapter 1 contains no complex coverage formulas. How do Chapter 1 and Chapter 10 fit together within component c1?

在备考 LLQP 人寿保险模块时，一名考生注意到 CISRO 能力组件 c1（“评估客户需求与处境”）占考卷最大权重 35%，但第一章里却没有复杂的保额计算公式。在组件 c1 内部，第一章和第十章是如何衔接的?

a. Chapter 1 sets the qualitative framework of death's impacts and risk strategies; Chapter 10 quantifies the coverage amount needed.
b. Chapter 1 carries the full 35% weight through mortality table memorization, so the Chapter 10 calculations are left unscored.
c. Chapter 1 tells agents to recommend specific policies first, and Chapter 10 then checks whether the client can afford them afterward.
d. Chapter 1 covers only group insurance conversions, while Chapter 10 covers only the provincial inheritance taxes payable at death.

第 2 章 · 定期寿险 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

8. Five years ago, Elena purchased a 10-year convertible term life insurance policy. Last month, she exercised her conversion privilege to convert the policy into a permanent life insurance contract without providing proof of insurability. How do the two-year incontestability period and the two-year suicide exclusion clause apply to Elena's permanent policy?

五年前，Elena 购买了一份 10 年期可转换定期寿险保单。上个月，她行使转换权将该保单转换为一份永久寿险合同，且未提供可保性证明。两年不可抗辩期与两年自杀除外条款在 Elena 的永久险保单上如何适用?

a. Both two-year periods are measured from the issue date of the original term policy and have already been satisfied.

b. The incontestability period carries over from the original term policy, but a new two-year suicide exclusion period starts on the conversion date.

c. Both the incontestability period and the suicide exclusion clause restart for a fresh two-year window because a new permanent contract was issued.

d. The two-year periods carry over only if Elena voluntarily submits updated medical evidence at the time of conversion.

8′. One year after purchasing a 10-year convertible term life policy, Victor exercises his conversion privilege to switch to a permanent policy. How much time remains in the two-year incontestability and suicide exclusion periods under Victor's permanent contract?

在购买一份 10 年期可转换定期寿险一年后，Victor 行使转换权将其换成一份永久险保单。在 Victor 的永久险合同下，两年的不可抗辩期与自杀除外期还剩多少时间?

a. A full two years remain, because converting within the first two policy years resets both clocks to zero.

b. No time remains, because exercising a conversion privilege automatically waives the remaining incontestability and suicide periods.

c. One year remains, because the permanent policy continues the two-year clocks from the original term policy's issue date.

d. One year remains for the suicide exclusion clause, but a full two-year incontestability period restarts upon conversion.

9. Julian is comparing two convertible term policies: Policy X uses an attained-age conversion method, while Policy Y permits an original-age (retroactive) conversion. If Julian converts five years after issue, how do the financial mechanics of Policy Y compare with Policy X?

Julian 正在比较两份可转换定期寿险：保单 X 采用现龄转换算法，而保单 Y 允许原龄（追溯）转换。如果 Julian 在签发五年后行使转换权，保单 Y 的财务机制与保单 X 相比如何?

a. Policy Y sets the ongoing permanent premium at Julian's current age at conversion and requires no lump-sum back payment at all.
b. Policy Y prices the permanent premium at Julian's younger issue age, but requires a lump-sum payment for the retroactive difference.
c. Policy Y guarantees a lower total lifetime cost than Policy X, because its initial term premiums and its conversion charges are both lower.
d. Policy Y allows Julian to convert at his original issue-age rate only if he passes a new medical examination at year five.

9′. A client holds a term policy that allows original-age conversion and asks why her friend's attained-age convertible term policy had a lower initial term premium and required no cash lump sum at the time of conversion. Which explanation accurately accounts for this difference?

一位持有可按原龄转换定期寿险的客户询问，为什么她朋友的现龄可转换定期寿险最初的定期保费更低，且在转换时不需要一次性补交现金。哪项解释准确说明了这一差异?

a. Attained-age conversion requires the insured to pass new underwriting at the time of conversion, which lowers the insurer's overall risk.
b. Original-age conversion waives all of the ongoing permanent premiums after conversion in exchange for the one-time lump-sum payment.
c. Attained-age conversion deducts the retroactive premium shortfall directly from the term policy's accumulated cash value.
d. Original-age conversion prices the permanent plan at the younger issue age, so it costs more up front and needs a catch-up payment.

10. Arthur, age 69, owns a 10-year renewable and convertible term life policy. Under his contract, the conversion privilege expires at age 65, while the renewal privilege continues up to age 85. As his current 10-year term expires this month, Arthur's health has declined and he wants to keep coverage without medical underwriting. What option is available to him under this policy?

69 岁的 Arthur 持有一份 10 年期可续可转定期寿险保单。根据合同，转换权在 65 岁届满，而续保权可持续至 85 岁。随着当前 10 年期限本月到期，Arthur 的健康状况已下降，他希望免核保继续保留保障。在这份保单下他可以采取什么做法?

a. He can convert the policy to a permanent whole life contract without proof of insurability because his renewal right is still active.
b. He has lost both privileges because passing the age 65 conversion cutoff automatically cancels future term renewals.
c. He can renew the policy for another term without proof of insurability, with premiums calculated at his attained age of 69.
d. He can renew the term policy up to age 85 while paying the same premium rate he paid ten years ago.

10′. Beatrice holds a term life policy that is convertible up to age 65 but is non-renewable. Her 10-year term expires next month when she is age 60, and she recently developed a chronic condition. If she wants lifelong coverage without submitting proof of insurability, what can she do before the term expires?

Beatrice 持有一份在 65 岁前可转换但不可续保的定期寿险保单。她的 10 年期限将在下个月她 60 岁时届满，且她近期患上了慢性病。如果她希望在不提交可保性证明的情况下获得终身保障，在期限届满前她可以怎么做?

a. She can exercise her conversion privilege before expiry to switch to a permanent policy without proof of insurability.
b. She cannot convert the policy because a non-renewable term contract never permits conversion without medical underwriting.
c. She can automatically renew the 10-year term for another 10 years because she is still under age 65.
d. She must wait until her chronic condition stabilizes and pass a medical exam before converting to permanent coverage.

11. Three years into a 10-year convertible term policy (convertible before age 65), Nadia informs her insurance agent that a routine physical revealed a suspicious nodule and her doctor has ordered follow-up diagnostic tests. Nadia is worried that she may become uninsurable for permanent estate coverage. How does her policy's conversion privilege apply right now?

在持有 10 年期可转换定期寿险（65 岁前可转换）的第三年，Nadia 告知保险代理人，常规体检查出一个可疑结节，医生已安排进一步诊断检查。Nadia 担心自己以后可能无法通过核保买到用于遗产规划的永久保障。她保单的转换权在当下如何适用?

a. She must wait until the follow-up diagnostic tests are completed and disclosed before the insurer can process a conversion.
b. The insurer can place a medical exclusion on the permanent policy for any condition under investigation on the conversion date.
c. She can exercise the conversion privilege only at the end of the 10-year term if the test results turn out to be benign.
d. She can exercise her conversion privilege immediately without proof of insurability, regardless of the pending medical tests.

11′. Gavin bought a 20-year convertible term policy five years ago. After being advised by his physician to undergo specialist testing for a newly detected symptom, Gavin asks whether he can convert his policy to permanent insurance before the test results are known. What is the legal position under his contract?

Gavin 五年前购买了一份 20 年期可转换定期寿险。在医生建议他针对新发现的症状接受专科检查后，Gavin 询问他能否在检查结果出来前将保单转换为永久险。根据他的合同，法律上的规定是什么?

a. Converting before the specialist results are known constitutes material misrepresentation and voids the permanent policy.
b. Gavin has an unconditional contractual right to convert within the conversion window without providing any medical evidence.
c. The insurer may defer the conversion request until Gavin completes the specialist testing and receives a formal diagnosis.
d. Gavin can convert immediately, but the insurer will restart a two-year incontestability period to review his current symptom.

12. Liam and Chloe are taking out a 20-year amortizing mortgage and want life insurance to cover the declining loan balance. They compare an individual 20-year decreasing term policy with the mortgage life insurance offered by their lending institution. Which statement correctly compares these two contracts?

Liam 和 Chloe 正在办理一笔 20 年期逐年摊还的按揭贷款，希望配置寿险以覆盖递减的贷款余额。他们将一份个人 20 年期递减定期寿险与贷款机构提供的按揭寿险进行比较。哪项陈述正确比较了这两份合同?

a. The individual decreasing term policy allows the policyholder to choose the beneficiary and keeps premiums level while the death benefit declines.
b. The individual decreasing term policy reduces its annual premium each year in exact proportion to the declining mortgage balance.
c. The lender's mortgage life insurance pays a level death benefit to the surviving spouse so any excess over the loan balance is kept by the family.
d. The lender's mortgage life insurance is fully portable and allows the borrowers to name their children as beneficiaries when switching lenders.

12′. Sophia purchases an individual 20-year decreasing term life policy to match a business loan whose principal decreases every year. Five years into the policy, she notices that her death benefit is lower than at issue, yet her annual premium notice shows the exact same amount as in year one. Why has her premium not decreased?

Sophia 购买了一份个人 20 年期递减定期寿险，以匹配本金逐年减少的商业贷款。保单进入第五年时，她发现自己的身故保额比投保时降低了，但年度缴费通知单上的保费却与第一年完全相同。为什么她的保费没有下降?

a. Because decreasing term policies automatically convert the premium difference into permanent cash value after year five.
b. Because the insurer priced the average risk over the whole declining 20-year schedule into one level premium for the term.
c. Because the policy is actually an increasing term rider whose rising cost offsets the savings from the declining base coverage.
d. Because premiums on a decreasing term policy only begin to drop after the first 10 years of the 20-year contract have passed.

13. Five years ago, Mei applied for and became the sole policyholder of a joint first-to-die 20-year term policy insuring both her own life and the life of her husband, Daniel, to cover their shared mortgage. After their divorce this year, Daniel wants to change the beneficiary on the policy to his new partner. What determines whether Daniel can make this change?

五年前，Mei 申请并成为一份联合首身故 20 年期定期寿险的唯一投保人，以她本人和丈夫 Daniel 两人的生命为被保险人，覆盖共同房贷。今年两人离婚后，Daniel 想把该保单的受益人变更为自己的新伴侣。是什么决定了 Daniel 能否做出这一变更?

a. Because a divorce automatically terminates a joint first-to-die policy, neither former spouse can change the beneficiary any longer.
b. Because Daniel is one of the two lives insured under the joint policy, he automatically holds an equal right to change the beneficiary.
c. Because Mei is the sole policyholder, Daniel has no right to change the beneficiary and would need his own policy for his new partner.
d. Because a joint first-to-die policy always pays two separate death benefits, Daniel can unilaterally redirect his half of the coverage.

13′. Two business co-borrowers, Maya and Sam, are considering a joint first-to-die term life policy instead of two separate individual term policies to cover a shared commercial loan. Why does the joint first-to-die policy generally cost less than two comparable individual policies?

两位商业共同借款人 Maya 和 Sam 正在考虑投保一份联合首身故定期寿险，而不是两份独立的个人定期寿险来覆盖一笔共同商业贷款。为什么联合首身故保单的保费通常低于两份同等保额的个人保单?

a. Because the insurer is exposed to paying only one death benefit, at the first death, rather than possibly paying on two policies.
b. Because a joint first-to-die policy pays out only after both Maya and Sam have died during the term, which delays the insurer's payment.
c. Because joint first-to-die policies never allow the policyholder to exercise a conversion or renewal privilege during the term.
d. Because both co-borrowers must die in the same event for the death benefit to become payable, which rarely happens in practice.

14. An agent is completing a needs analysis for a client who wants temporary coverage for two distinct needs: a 20–year income replacement period while her children are growing up, and a liability that is expected to grow with inflation over time. How do standard term insurance death benefit modalities address these needs?

一名代理人正在为客户做需求分析，客户有两项明确的临时保障需求：子女成长期间 20 年的收入替代期，以及一项预计随时间因通胀而扩大的责任缺口。标准的定期寿险身故给付形态如何对应这些需求?

a. A decreasing term policy best matches the child dependency income need, while level term is designed exclusively for amortizing mortgages.
b. Level term fits the constant dependency need; a growing need is met by increasing term or, more often in Canada, a rider or added policies.
c. Increasing term policies are the most common standalone term contracts in Canada, and they carry a decreasing annual premium over time.
d. Any temporary need lasting between 10 and 20 years must be covered by whole life insurance because term policies only exist for 1–year or 5–year periods.

14′. Before recommending a specific term length such as 10 years, 20 years, or a customized 17–year duration, what is the agent's primary step during the needs analysis stage?

在建议 10 年、20 年或按年定制的 17 年等具体定期寿险期限之前，代理人在需求分析阶段的首要步骤是什么?

a. Select a standard 20–year term first, so the client has a built–in buffer no matter when the underlying financial obligation actually ends.
b. Ask the client to choose between attained–age and original–age conversion formulas before measuring any of the liabilities involved.
c. Default to the insurer's 10–year renewable block, because all term lengths offered in Canada are fixed by insurance legislation.
d. Measure how long the client's known or estimable risk lasts, such as remaining mortgage years or years until children are independent.

第 3 章 · 终身寿险与 T-100 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

15. Nadia is reviewing a participating whole life policy proposal and asks her advisor whether the annual policy dividends shown in the current column of the illustration are legally guaranteed once the contract is signed. How should the advisor explain the legal nature of policy dividends?

Nadia 正在审阅一份分红终身寿险建议书，询问顾问：一旦签署合同，演示件当前栏（current column）中显示的年度保单红利在法律上是否受到保证。顾问应如何解释保单红利的法律性质?

a. The right to share in surplus is contractual, but whether a dividend is declared, and how much, is left to the board's discretion each year.

b. Both the right to receive a dividend every year and a minimum dividend scale interest rate are written into the policy contract as promises.

c. Dividends are locked in unless the insurer suffers an overall corporate loss, in which case policyholders must contribute to the deficit.

d. Policy dividends are identical to corporate shareholder dividends and must be paid out in any year that the insurer's stock price rises.

15′. Victor owns a participating whole life policy. This year, the insurer's board of directors announced a lower dividend scale due to softer long-term investment returns. Victor claims the insurer breached his contract because his annual dividend dropped below the initial illustration. Which statement is correct?

Victor 持有一份分红终身寿险。今年，由于长期投资回报走弱，保司董事会宣布下调红利表（dividend scale）。Victor 声称保司违约，因为他的年度红利低于最初的销售演示。下列哪项陈述是正确的?

a. The insurer breached the contract, because the initial illustration forms part of the contractual schedule of benefits Victor signed.

b. The insurer is required to compensate Victor by raising his guaranteed cash surrender value table by an amount equal to the dividend cut.

c. There is no automatic breach, because dividend amounts are set yearly at the board's discretion, and guaranteed values remain intact.

d. Victor can demand a full refund of every premium paid since issue, because the dividend scale was changed after the contract was signed.

16. Liam, age 46, bought a $400,000 participating whole life policy ten years ago. Last year he was diagnosed with a serious chronic illness that makes him uninsurable for new coverage. He wants to use his annual policy dividends to permanently increase his death benefit and cash value without undergoing medical underwriting. Which dividend option should he use?

46 岁的 Liam 十年前买了一份 $400,000 的分红终身寿险。去年他被诊断出患有严重慢性疾病，无法再通过核保购买新保险。他希望利用每年的保单红利永久增加身故保额和现金价值，且无需进行医学核保。他应该使用哪种红利选项?

a. Premium reduction, which lowers his annual out-of-pocket premium and at the same time automatically increases the base face amount.
b. Paid-up additions, which use each dividend as a single premium to buy small paid-up permanent coverage with no proof of insurability.
c. Accumulate at interest, which locks in the insurer's dividend scale interest rate and later converts the balance into a permanent rider.
d. Cash payout, with the cash then used to purchase a separate paid-up term rider that attaches to the base contract without any medicals.

16′. According to the LLQP exam, which dividend option is selected on more than 90% of participating whole life policies because it permanently builds both death benefit and cash value without medical underwriting?

根据 LLQP 考试口径，哪一种红利选项因无需医学核保即可永久增加身故给付和现金价值，被超过 90% 的分红终身寿险保单所采用?

a. Paid-up additions (PUA)
b. Accumulate at interest
c. Premium reduction (offset)
d. Extended term insurance

17. Hannah owns a whole life policy with a $300,000 face amount and a current cash surrender value (CSV) of $80,000. Under standard exam rules where the maximum policy loan is 90% of CSV, she borrows $50,000. Two years later, when accrued loan interest reaches $6,500, Hannah dies without having repaid the loan. How much will her beneficiary receive?

Hannah 持有一份保额 $300,000、当前现金退保价值（CSV）为 $80,000 的终身寿险。在最高保单贷款为 CSV 的 90% 的标准考试规则下，她借款 $50,000。两年后，当累计贷款利息达到 $6,500 时，Hannah 在未偿还贷款的情况下身故。她的受益人将收到多少身故给付?

a. $300,000, because policy loans are secured solely against the cash surrender value and do not reduce the death benefit.
b. $323,500, which equals the $300,000 face amount plus the remaining $23,500 net cash surrender value.
c. $243,500, which equals the $300,000 face amount minus the $50,000 unpaid loan principal and $6,500 accrued interest.
d. $250,000, because only the $50,000 loan principal is deducted from the death benefit while accrued interest is waived at death.

17′. Derek owns a whole life policy with a $250,000 death benefit and $60,000 in cash surrender value (CSV). Assuming the exam benchmark limit of 90% of CSV, what is the maximum policy loan Derek can take today, and what happens if he surrenders the policy one year later with an outstanding loan balance (principal plus interest) of $42,000 while the gross CSV is $63,000?

Derek 持有一份身故保额 $250,000、现金退保价值（CSV）$60,000 的终身寿险。假设按考试口径 CSV 的 90% 计算借款上限，Derek 今天最多能借多少保单贷款？如果一年后他全额退保，当时总 CSV 为 $63,000，未偿还贷款本息合计 $42,000，他退保能拿回多少现金？

a. Maximum loan today is $60,000; net cash received upon surrender in one year is $63,000.

b. Maximum loan today is $54,000; net cash received upon surrender in one year is $21,000.

c. Maximum loan today is $54,000; net cash received upon surrender in one year is $208,000.

d. Maximum loan today is $225,000; net cash received upon surrender in one year is $21,000.

18. Arthur, age 58, has held a $350,000 whole life policy for 22 years and has accumulated a substantial cash surrender value. Following an early retirement, he refuses to pay any future premiums and does not want to accrue loan interest, but he insists on keeping the full $350,000 death benefit for as long as his existing policy value can support it. Which non-forfeiture option fits his objective?

58 岁的 Arthur 持有一份 $350,000 的终身寿险已达 22 年，积累了可观的现金退保价值（CSV）。提前退休后，他拒绝再缴任何未来保费，也不想产生贷款利息，但他坚持在现有保单价值能支撑的期限内保留完整的 $350,000 身故保额。哪项不丧失利益选项符合他的目标？

a. Automatic premium loan (APL)

b. Reduced paid-up insurance

c. Cash surrender value payout

d. Extended term insurance

18′. Beatrice, age 62, owns a $400,000 whole life policy with $95,000 in cash surrender value. Her children are now financially independent, so she no longer needs the full $400,000 coverage, but she wants to stop paying premiums permanently while keeping a smaller, guaranteed lifetime death benefit for final expenses. Which option should she exercise?

62 岁的 Beatrice 持有一份保额 $400,000、现金退保价值 $95,000 的终身寿险。她的子女现已经济独立，因此她不再需要完整的 $400,000 保额，但她希望永久停止缴纳保费，同时保留一笔较小金额、保障终身的身故给付用于善后费用。她应该行使哪个选项？

a. Reduced paid-up insurance, which uses her CSV as a single premium to buy a smaller permanent policy lasting for life.

b. Extended term insurance, which maintains her full $400,000 coverage for a limited number of years.

c. Automatic premium loan (APL), which borrows against her CSV until the loan reaches 90% to 100% of the cash value.

d. Policy conversion to a Term-100 contract with no further premium obligations.

19. Fifteen years ago, Warren bought a participating whole life policy after reviewing an illustration showing that dividends and paid-up additions would offset all premiums starting in year 15. Because the insurer reduced its dividend scale interest rate several times over the past decade, the insurer notifies Warren that he must continue paying premiums for at least another seven years to keep the policy in force without loans. Which statement best explains Warren's position?

十五年前，Warren 在看了一份显示从第 15 年起红利与增额已缴清保险（PUA）即可抵消全部保费的演示件后，购买了一份分红终身寿险。由于过去十年保司多次下调分红率（dividend scale interest rate），保司通知 Warren 他必须至少再继续缴费七年才能在不产生贷款的情况下维持保单有效。下列哪项最准确地解释了 Warren 的处境?

a. Premium offset is a contractual feature fixed at signing, so the insurer must waive all premiums after year 15 at its own expense.
b. Offset projections rest on non-guaranteed dividends, so a lower scale pushes back the offset point and Warren still owes premiums.
c. The policy automatically converts to a paid-up contract in year 15, but the face amount is reduced to reflect the dividend shortfall.
d. Warren can force the insurer to keep applying the dividend scale interest rate that was in effect on the date he signed the application.

19′. When presenting a participating whole life policy illustration to a prospective client today, what disclosure standard must the advisor follow to prevent the misunderstandings seen in the historical 'vanishing premium' era?

今天向准客户展示分红终身寿险保单演示件（illustration）时，顾问必须遵守什么披露标准，以防止重演历史上「消失保费（vanishing premium）」时代的误解?

a. The illustration must show both guaranteed and non-guaranteed columns side by side, and the client must sign to acknowledge that non-guaranteed values are not promised.
b. The advisor may only show the non-guaranteed current dividend scale column as long as the dividend scale interest rate has been stable for three years.
c. The illustration must guarantee that premium offset will occur within 20 years regardless of future interest rate movements.
d. The advisor must compare the insurer's dividend scale interest rate directly against competitors' rates to prove which policy builds the highest cash value.

20. Gordon, age 54, owns a family vacation cottage that will trigger an estimated $200,000 capital gains tax liability upon his death, and he also wants to leave a fixed $100,000 bequest to a registered charity. He has ample retirement income and liquid savings, so he explicitly states that he will never need to borrow from or surrender the policy for cash during his lifetime. He simply wants the lowest level premium for guaranteed lifetime coverage of $300,000. Which policy is most suitable?

54 岁的 Gordon 拥有一处家庭度假小屋，预计在他身故时会产生 $200,000 的资本利得税负债，同时他还想给一家注册慈善机构留下一笔固定的 $100,000 遗赠。他拥有充足的退休收入和流动储蓄，明确表示生前绝不需要向保单借款或退保套现，只想用最低的固定保费获得 $300,000 的终身保障。哪种保单最合适?

a. A 10–year renewable term policy, because renewing it every ten years avoids the permanent reserve funding cost built into lifetime plans.
b. A 20–pay participating whole life policy, because building paid–up additions gives it the lowest initial premium of the options here.
c. A Term–100 policy, because it gives lifetime coverage at a level premium below whole life by giving up cash surrender value.
d. A non–participating whole life policy, because T–100 coverage expires without any payout if the insured dies before reaching age 100.

20′. Sonia, age 42, is choosing between a non–participating whole life policy and a Term–100 (T–100) policy to cover a permanent estate need, but she also wants the flexibility to take a policy loan or opt for reduced paid–up insurance if her business cash flow tightens in her 60s. Why is T–100 unsuitable for Sonia?

42 岁的 Sonia 正在不分红终身寿险和 T–100 保单之间做选择以覆盖一项永久遗产需求，但她同时希望如果 60 多岁时企业现金流吃紧，能够灵活申请保单贷款或选择减额已缴清保险。为什么 T–100 不适合 Sonia?

a. T–100 premiums increase every year after age 60, because they are then based on yearly renewable term mortality rates.
b. T–100 usually builds no cash surrender value, so it offers no policy loan or reduced paid–up option.
c. T–100 requires the insured to pass a new medical underwriting exam every ten years to keep the coverage in force.
d. T–100 death benefits are restricted to charitable organizations and cannot be paid to any family beneficiaries.

21. Keith has held a standard Term–100 (T–100) policy for 14 years. While travelling abroad for three months, he misses his premium due date and fails to pay before the 30–day grace period expires. According to standard exam rules for a T–100 policy with no cash surrender value, what is the immediate consequence once the grace period ends?

Keith 持有一份标准 T–100 保单已有 14 年。在出国旅行三个月期间，他错过了保费到期日，且未能在 30 天宽限期届满前补缴。根据无现金退保价值 T–100 保单的标准考试规则，宽限期结束后立即发生的后果是什么?

a. The insurer automatically triggers an automatic premium loan (APL) funded from the internal policy reserve to keep the policy in force.
b. The policy converts automatically into reduced paid–up permanent insurance in proportion to the 14 years of premiums already paid.
c. The policy ends with nothing paid out, as a standard T–100 has no cash value to fall back on, though reinstatement may be sought later.
d. The insurer refunds 90% of the level cost of insurance premiums paid over the past 14 years, minus a surrender charge for early exit.

21′. Why does a traditional whole life policy have three layers of protection against accidental lapse after the 30–day grace period (APL, reduced paid–up, extended term), whereas a standard Term–100 (T–100) policy lapses outright once the grace period expires?

为什么传统终身寿险在 30 天宽限期过后还有三道防失效或保底缓冲（APL、减额已缴清、展期定期），而标准 T–100 保单一旦超过宽限期就会直接失效?

a. Whole life builds an accessible cash value that funds APL and non–forfeiture options; a T–100 typically has none.
b. T–100 is classified by regulators as a short–term renewable contract rather than as permanent life insurance.
c. Whole life policies have no 30–day grace period, so insurers provide non–forfeiture options as a substitute.
d. T–100 policyholders waive their statutory reinstatement rights when applying in exchange for a lower modal factor.

第 4 章 · 万能寿险 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

22. Clara purchased a universal life policy ten years ago and chose to keep her payments at the minimally funded level while allocating her accumulating fund entirely to equity-linked index accounts. After taking a partial withdrawal last year and experiencing negative market returns this year, she receives a notice from the insurer asking for additional deposits. Why is Clara's policy now at risk of lapsing?

Clara 十年前购买了一份万能寿险，选择长期按最低缴费水平支付保费，并将累积账户全部配置于权益联动指数账户。去年她进行了一次部分提取，今年又遇上市场负回报，随后收到保险公司要求追加缴款的通知。为什么 Clara 的保单现在面临失效风险?

a. The fund must keep covering monthly insurance and admin charges; minimum funding, a withdrawal and negative returns have drained that buffer.
b. Taking a partial withdrawal automatically breaches the exemption test, so the insurer must end the coverage unless back premiums are paid.
c. Index-linked accounts carry a 0% floor, so the shortfall can only have come from the 6% modal factor applied to her monthly deposits.
d. Because the policy is minimally funded, the insurer must keep the death benefit in force to age 100 whatever happens to the account value.

22′. Victor holds a universal life policy and decides to pause his premium payments for several years while his accumulating fund is invested in mutual fund-linked accounts. During a prolonged market downturn, what combined mechanism accelerates the depletion of his policy's accumulating fund?

Victor 持有一份万能寿险，在累积账户配置于共同基金联动账户期间决定暂停缴纳保费数年。在持续的市场低迷期，哪项叠加机制会加速消耗他保单的累积账户价值?

a. Pausing premiums immediately triggers a surrender charge equal to 5 to 10 times the annual LCOI deduction, taken from the account value.
b. The insurer automatically switches his death benefit option to level plus account value whenever a scheduled premium deposit is missed.
c. Fund losses shrink the account while the net amount at risk stays high, so insurance charges stay high and no new money comes in.
d. Provincial premium tax keeps being deducted every month from the accumulating fund, even during the years when no premiums are paid.

23. Hannah owns a universal life policy issued before 2017 that has accumulated significant cash value under maximum funded rules. In 2026, she asks her advisor to replace the life insured on the contract and substantially increase the coverage amount. Beyond medical underwriting, what major tax-related risk must the advisor investigate before making these changes?

Hannah 持有一份 2017 年以前签发的万能寿险，在最高缴费规则下已积累了可观的现金价值。2026 年，她要求顾问更换合同上的被保险人并大幅提高保额。除了核保之外，顾问在动手修改前必须先核查哪项重大的税务相关风险?

a. Whether the changes would cost the older policy its grandfathered generation status and move it onto the stricter post-2017 test rules.
b. Whether changing the life insured will cause the insurer to retroactively apply a 6% modal factor to every deposit made since the issue date.
c. Whether going over the exemption test limit automatically cancels the death benefit while still letting the cash value stay tax-sheltered.
d. Whether the central bank's 2.25% policy rate in 2026 automatically resets the policy's adjusted cost basis to zero once the insured changes.

23′. Noah wants to deposit a large lump sum into his universal life policy to maximize tax-sheltered growth, but the insurer notifies him that the deposit would push the accumulating fund above the maximum funded threshold on the policy anniversary. Why does this statutory ceiling exist, and how is an excess handled?

Noah 想向其万能寿险存入一大笔资金以最大化免税增值，但保险公司通知他，这笔存款会使累积账户在保单周年日超过最高缴费上限。为什么会存在这一法定上限，且超额部分通常如何处理?

a. The ceiling lets the insurer collect higher surrender charges in the first 5 to 10 years, and any excess deposit is forfeited to its reserves.
b. It stops the policy being used mainly as a tax shelter; the excess may be refused, refunded or moved to a taxable side account.
c. The ceiling protects the policyholder from negative returns in daily interest accounts, and any excess raises the face amount without underwriting.
d. The ceiling applies only to level cost of insurance, so Noah could avoid the exemption test entirely by switching his policy to YRT costing.

24. A 40-year-old female business owner applies for a $500,000 universal life policy. Under the exam's benchmark illustration, the first-year mortality charge is approximately $563 under yearly renewable term (YRT) costing—rising to about $54,521 by year 50—whereas level cost of insurance (LCOI) is fixed at approximately $3,720 per year for life. If her primary objective is permanent estate liquidity at death and predictable lifelong mortality deductions, which costing option is appropriate and why?

一位 40 岁的女性企业主投保一份保额 $500,000 的万能寿险。按考试口径的基准演示举例，逐年更新定期成本（YRT）第 1 年保险成本约为 $563，到第 50 年急剧攀升至约 $54,521；而平准保险成本（LCOI）终身固定约为每年 $3,720。如果她的首要目标是终身的遗产流动性保障并锁定可预期的终身死亡成本扣费，应选择哪种成本结构，为什么?

a. YRT costing, because the $563 initial charge guarantees lower total cumulative mortality deductions over a 50-year holding period even if she only ever pays the minimum premium.
b. LCOI costing, because it spreads the mortality cost evenly to lock in a fixed $3,720 rate for life, protecting a long-term estate plan from the steep late-life cost escalation of YRT.
c. LCOI costing initially, with a plan to exercise the standard contractual right to switch back to YRT costing after 10 to 15 years to accelerate cash value growth.
d. Either option is identical over the long run because insurers are prohibited from adjusting mortality charges even under an open-ended adjustable-rate clause.

24′. Liam needs universal life insurance mainly for a 10- to 15-year business obligation and wants as much of his early premium deposits as possible to enter the accumulating fund to build medium-term cash value, while keeping the option to lock in level rates later if his need becomes permanent. Which cost of insurance structure fits his plan?

Liam 购买万能寿险主要是为了覆盖一项 10–15 年的商业责任，他希望前期缴入的保费尽可能多地进入累积账户以快速积累中短期现金价值，同时保留未来若需求变为终身时锁定平准费率的可能。哪种保险成本结构符合他的计划?

a. YRT costing, since low early charges leave more money to grow over 10 to 15 years, and some contracts allow a later switch to LCOI.
b. Level cost of insurance, because its higher initial deductions build a faster accumulating fund balance during the first 10 to 15 years than YRT.
c. Level cost of insurance for the first 10 years, followed by a mandatory switch to YRT costing once the accumulating fund reaches $120,000.
d. YRT costing, because YRT locks in the issue-age mortality rate, so a later switch to LCOI is priced at his original age rather than attained age.

25. Two clients of the same age and health each purchase a $500,000 universal life policy and build $120,000 in their accumulating funds. Client P selected the level death benefit option, while Client Q selected the level death benefit plus account value option. How do their net amounts at risk (NAAR) and resulting monthly cost of insurance (COI) deductions compare at this point?

两位年龄和健康状况相同的客户各买了一份保额 $500,000 的万能寿险，且都在累积账户中积累了 $120,000。客户 P 选择了「平额死亡给付」，而客户 Q 选择了「平额加账户价值」。此时两人的净风险保额（NAAR）及每月保险成本（COI）扣费相比如何?

a. Both have a net amount at risk of $500,000 and pay identical monthly charges, because the accumulating fund belongs to the insurer until surrender.
b. P has a $500,000 net amount at risk and pays more, while Q's net amount at risk shrinks to $380,000 because the beneficiary also gets the fund.
c. P's net amount at risk falls to $380,000, lowering charges; Q's stays at $500,000, so Q pays more but would leave $620,000 at death.
d. Both have a net amount at risk of $380,000, because NAAR always subtracts the fund from the original face amount whatever option is chosen.

25′. Elena wants a universal life policy where every dollar of investment growth in her accumulating fund directly reduces the insurer's mortality exposure so that her ongoing insurance deductions stay as low as possible during her lifetime. Which death benefit option accomplishes this goal?

Elena 希望购买一份万能寿险，使其累积账户中每一块钱的投资增长都能直接降低保险公司的死亡风险敞口，从而让她在世期间的持续保险扣费尽可能压到最低。哪种死亡给付方式能实现这一目标?

a. Level death benefit plus account value, because adding the account value to the payout rewards the policyholder with discounted mortality rates.
b. Level death benefit, because as the accumulating fund grows, the net amount at risk decreases dollar for dollar, lowering the basis on which cost of insurance is calculated.
c. Either option works identically, because the virtuous circle depends only on choosing a guaranteed investment account (GIA) rather than the death benefit structure.
d. Neither option reduces the net amount at risk until the policyholder reaches age 90 and the cost of insurance is fully paid up.

26. A conservative client asks her advisor how the investment accounts inside a universal life policy work and what happens if she decides to surrender the policy four years after issue. Based on the exam rules for universal life accounts and surrender rights, which explanation is accurate?

一位保守型客户向顾问咨询万能寿险内部的投资账户是如何运作的，以及如果她在保单签发四年后决定退保会发生什么。根据万能寿险账户与退保权利的考试口径规则，哪项解释是准确的?

a. DIA and GIA accounts always guarantee at least the central bank's 2.25% rate, and surrendering the policy in year 4 triggers no fee at all.
b. Index–linked accounts give her direct legal ownership of fund units, and early surrender charges can exceed the fund, leaving her owing money.
c. Only LCOI policies can use guaranteed investment accounts, and surrender charges apply for the whole life of the contract until age 100.
d. DIA and GIA usually have a 0% floor and linked accounts can lose; a year–4 surrender usually brings a declining charge capped at the fund.

26′. Anxious about financial institution failures, a client asks his advisor whether the accumulating fund inside his universal life policy is protected if the life insurance company becomes insolvent, and how that topic is treated in the licensing exam manual.

一位对金融机构倒闭感到担忧的客户询问顾问：如果人寿保险公司破产，他万能寿险里的累积账户价值是否受到保障，以及牌照考试资料是如何处理这一话题的?

a. Assuris protects policyholders' death benefits and cash values up to set limits if an insurer fails, though the exam manual never mentions it.
b. Because the accounts are unbundled, the accumulating fund is covered by bank deposit insurance rather than by an insurance industry protection plan.
c. The exam manual states that life insurers are legally immune from insolvency, so no protection organization for policyholders exists in Canada.
d. Insolvency protection applies only if the policyholder chose level cost of insurance and made no partial withdrawals in the first 5 to 10 years.

27. An entrepreneur owns a universal life policy with an accumulating fund of $120,000 and an adjusted cost basis (ACB) of $40,000. She needs $30,000 for temporary business cash flow and is comparing a direct policy loan from the insurer against assigning the policy to a bank as collateral for a $30,000 bank loan. How do these two options compare?

一位创业者持有一份万能寿险，其累积账户价值为 $120,000，调整后成本基础（ACB）为 $40,000。她需要 $30,000 用于公司临时周转，正在比较「直接向保险公司申请保单贷款」与「用保单向银行做担保转让申请 $30,000 银行贷款」。这两种方案相比有何异同?

a. Both the policy loan and the collateral assignment are ignored for tax purposes whatever their size, and neither one reduces the beneficiary's payout.
b. A policy loan is limited to 25% of the cash value and makes the full $30,000 taxable at once, while an assignment transfers ownership to the bank.
c. The loan stays under the $40,000 ACB, so no gain arises now, but unpaid amounts cut the death benefit; the assignment usually is not a disposition.
d. A collateral assignment requires the insurer to cash out $30,000 from the fund and charge a surrender fee, while a policy loan leaves it untouched.

27′. After twenty years of funding her universal life policy, Maya has built a substantial accumulating fund and wishes to stop paying out-of-pocket premiums while keeping her insurance coverage in force without triggering a taxable withdrawal. Which contractual right allows her to do this, and what condition must hold?

在为万能寿险缴费二十年后，Maya 已经积累了可观的账户价值，她希望停止自掏腰包缴纳保费，同时维持保单保障有效且不触发应税提款。哪项合同权利允许她这样做，且必须满足什么条件?

a. Partial withdrawal, which lets her take out 50% to 90% of the cash value tax-free each year and send it back to the insurer as premium.
b. Premium offset, letting the account pay ongoing insurance and admin charges, as long as its value stays enough to cover them.
c. Collateral assignment, which obliges the insurer to waive all future cost of insurance deductions until the insured reaches age 100.
d. Leveraging, which permanently locks in a 0% cost of insurance charge so that the policy can never lapse whatever the investment returns.

28. A client who currently pays an annual premium into a universal life policy asks his advisor how much extra he will be charged in modal factors if he switches to monthly deposits of one-twelfth of his planned annual amount. Unlike a traditional term or whole life policy—where an exam example shows monthly payments costing roughly 6% more per year than an annual payment—how does a universal life policy treat monthly deposits?

一位目前按年向万能寿险缴纳保费的客户询问顾问：如果他改为按月存入年计划金额的十二分之一，会因为按期系数被多收多少钱。不同于传统定期险或终身寿险（考试口径某例题显示月缴年化总额比年缴高约 6%），万能寿险如何对待按月缴费?

a. Universal life applies the same 6% modal factor as term insurance, which is deducted upfront alongside provincial premium tax.
b. Universal life charges a higher modal factor of 10% to 15% unless the policyholder selects level cost of insurance (LCOI).
c. Universal life eliminates the modal factor only if the policyholder maintains a minimum balance of $40,000 in a guaranteed investment account.
d. Universal life policies do not apply a modal factor; monthly, quarterly, or semi-annual deposits annualized equal the exact same total as an annual payment.

28′. An advisor is reviewing four statements about how universal life insurance operates compared with traditional bundled permanent policies. Which statement is free from common exam misconceptions?

一位顾问正在审阅四条关于万能寿险与传统捆绑型永久寿险运作差异的陈述。哪一条陈述没有落入常见的考试误区?

a. Switching from annual to quarterly deposits in a universal life policy raises the total yearly outlay, because the insurer applies a modal factor.
b. Unlike bundled whole life, UL has no modal factor, and its mortality charge is based on the net amount at risk, not the face amount alone.
c. Choosing the level death benefit plus account value option creates a virtuous circle that lowers the net amount at risk as the account grows.
d. Failing the annual exemption test automatically ends the policy's death benefit coverage on that policy anniversary, with no chance to correct it.

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带 ′ 的是同一考点的变式题：主题题做错时再做它。

29. Victor and Elena each own a $50,000 life insurance policy. Victor's policy includes an accelerated dread disease (DD) benefit with a 50% advance limit ($25,000) and a 30-day survival waiting period. Elena did not add any riders to her life policy, but she owns a separate $25,000 stand-alone critical illness (CI) insurance policy. Both Victor and Elena suffer a severe stroke covered under their respective contracts, survive for more than 30 days, and each receives a $25,000 lump-sum payout. If both pass away later while their policies are in force, how much death benefit will each of their beneficiaries receive?

Victor 和 Elena 各自持有一份保额为 $50,000 的寿险保单。Victor 的保单包含一项加速身故金下的重疾给付（DD）补充保障，预支上限为面额的 50%（即 $25,000），存活等待期为 30 天。Elena 没有在她的寿险保单上添加任何附加险，但她另有一份保额 $25,000 的独立重疾险（CI）保单。Victor 和 Elena 均突发各自合同承保的严重中风，存活超过 30 天，且各自获得了一笔 $25,000 的一次性给付。如果两人日后在保单有效期内身故，他们各自的受益人将获得多少身故金?

a. Victor's beneficiary receives $50,000, and Elena's beneficiary receives $50,000.
b. Victor's beneficiary receives $25,000, and Elena's beneficiary receives $50,000.
c. Victor's beneficiary receives $25,000, and Elena's beneficiary receives $25,000.
d. Victor's beneficiary receives $10,000, and Elena's beneficiary receives $50,000.

29′. Arthur owns a $50,000 whole life insurance policy that includes a terminal illness (TI) accelerated death benefit allowing an advance of 50% of the face amount ($25,000). After Arthur's physician certifies that his life expectancy falls within the policy's stipulated terminal period, Arthur applies for and receives the $25,000 TI benefit. When Arthur passes away later, what happens to the remaining death benefit?

Arthur 持有一份面额为 $50,000 的终身寿险保单，其中包含一项绝症给付（TI）加速身故金条款，允许预支面额的 50%（即 $25,000）。在医生证明 Arthur 的预期寿命已进入保单规定的绝症期限后，Arthur 申请并领取了 $25,000 绝症给付。当 Arthur 去世时，剩余的身故金会如何处理?

a. The beneficiary receives the full $50,000 because a terminal illness benefit is paid in addition to the face amount.
b. The policy terminates immediately upon payment of the $25,000 TI benefit, leaving nothing for the beneficiary.
c. The beneficiary receives $10,000 because exercising the TI benefit incurs a 30% administrative penalty.
d. The beneficiary receives $25,000, because the $25,000 TI advance is deducted directly from the $50,000 death benefit.

30. Tariq is the sole income earner in his household, while his spouse Nadia stays home to care for their young children. Tariq applies for a $300,000 term life insurance policy on Nadia's life, naming himself as the policyholder and payor, so he could afford childcare if Nadia were to pass away. Tariq wants to make sure that if he becomes totally disabled or dies prematurely, the premiums on Nadia's policy will be waived. Which benefit must Tariq attach to Nadia's policy, and whose insurability must be underwritten for it?

Tariq 是家里的唯一收入来源，他的配偶 Nadia 全职在家照顾年幼的孩子。Tariq 为 Nadia 的生命投保了一份 $300,000 的定期寿险，将自己列为投保人和付款人，以便万一 Nadia 去世时他能负担得起雇人照顾孩子的费用。Tariq 希望确保万一自己完全伤残或过早身故，Nadia 这份保单的保费能够获得豁免。Tariq 必须在 Nadia 的保单上附加哪一项保障，且该保障需要对谁进行核保?

a. A standard waiver of premium for total disability benefit, which requires underwriting only on Nadia as the life insured.
b. A standard waiver of premium for total disability benefit, because it automatically covers whoever pays the premiums without extra underwriting.
c. A parent/payor waiver benefit, which triggers upon Tariq's death or total disability and requires Tariq himself to undergo underwriting.
d. An accidental death rider on Tariq's own life policy, which automatically waives premiums on all family policies if Tariq is disabled.

30′. Grace purchases a permanent life insurance policy on the life of her 8-year-old daughter, Chloe, and attaches a standard waiver of premium for total disability benefit instead of a parent/payor waiver benefit. Three years later, Grace suffers a severe illness and becomes totally disabled for more than 6 months, while Chloe remains in perfect health. How will the insurer handle the premiums on Chloe's policy?

Grace 为她 8 岁的女儿 Chloe 购买了一份永久寿险保单，并附加了普通的完全伤残豁免保费条款，而不是父母/代付人豁免条款。三年后，Grace 患上重病并完全伤残超过 6 个月，而 Chloe 依然非常健康。保险公司会如何处理 Chloe 保单的保费?

a. It will not waive them, because a standard waiver responds only to the life insured (Chloe) becoming disabled, not the payor.
b. It will waive the premiums until Chloe reaches age 21, because Grace is the legal policyholder and the person paying the premiums.
c. It will waive half of the premiums, since Grace has already satisfied the 6-month waiting period that the waiver requires.
d. It will automatically convert the standard waiver into a payor waiver retroactively once Grace submits her medical proof.

31. Liam and Maya have two children aged 8 and 10, and they attach a $10,000 family/child coverage rider to Liam's life insurance policy. Shortly afterward, Maya gives birth to twins. Tragically, one twin passes away 10 days after birth due to a congenital defect, while the surviving twin is diagnosed with a serious heart condition at age 8. Under standard exam conventions for a child coverage rider, which statement accurately describes the rider's premium, the deceased twin's claim, and the surviving twin's future conversion option?

Liam 和 Maya 有两个分别为 8 岁和 10 岁的孩子，他们在 Liam 的寿险保单上附加了一份 $10,000 的家庭/子女附加险。不久后，Maya 生下了一对双胞胎。不幸的是，其中一个双胞胎在出生 10 天后因先天缺陷夭折，而幸存的双胞胎在 8 岁时被诊断出患有严重心脏病。按照子女附加险的考试口径常规规则，下列哪项准确描述了该附加险的保费、夭折双胞胎的理赔以及幸存双胞胎未来的转换权?

a. One flat premium covers all the children; nothing is paid for the twin who died at 10 days; the other twin can convert up to 5 times, no medicals.
b. The premium doubles once the twins are born; the twin who died is covered from birth; and the surviving twin is barred from converting at all.
c. The premium stays flat; the claim for the twin who died is paid in full; and the surviving twin can convert up to 5 times only after full underwriting.
d. The premium rises for each child; nothing is paid for a death in the first 2 weeks; and the surviving twin can convert only on the day he turns 25.

31′. Owen adds a $10,000 child coverage rider to his whole life policy. His daughter, Zoe, develops an incurable autoimmune condition at age 8. When Zoe is 22 years old—before the rider's expiry at age 25—Owen exercises the rider's conversion privilege with an insurer that permits maximum conversion up to 5 times the rider's face amount, requesting $50,000 of permanent coverage for Zoe. How will the insurer process this conversion?

Owen 在他的终身寿险保单上附加了一份 $10,000 的子女附加险。他的女儿 Zoe 在 8 岁时患上了无法治愈的自身免疫性疾病。当 Zoe 22 岁时（在该附加险 25 岁到期前），Owen 向允许最高转换至原附约保额 5 倍的保险公司行使转换权，为 Zoe 申请 $50,000 的永久寿险保障。保险公司将如何处理这项转换申请?

a. Decline the application because Zoe became medically uninsurable at age 8, long before the conversion request.
b. Approve only the original $10,000 without underwriting and require full medical evidence for any increase up to the $50,000 maximum.
c. Issue the $50,000 individual permanent policy without medical underwriting, charging standard rates based on Zoe's age of 22 at conversion.
d. Issue the $50,000 individual permanent policy without medical underwriting, but apply a 25% substandard health rating due to her condition.

32. At age 25, Felix purchased a life insurance policy with a guaranteed insurability benefit (GIB) rider. Five years later, on the 5th policy anniversary, Felix has developed a chronic medical condition, and he decides to exercise his GIB option to purchase additional coverage. For the purpose of the licensing exam, what triggers the right to exercise a standard GIB rider, and how will the insurer determine the premium for Felix's new coverage?

Felix 在 25 岁时购买了一份附带保证可保利益（GIB）附加险的寿险保单。五年后，在第 5 个保单周年日，Felix 患上了一种慢性疾病，他决定行使 GIB 选择权加保。按照牌照考试口径，标准 GIB 附加险的行权触发条件是什么，且保险公司将如何确定 Felix 新加保部分的保费?

a. It is triggered any time the insured is diagnosed with an illness, and the added coverage is priced at the original age–25 rate for life.
b. It is triggered on set anniversaries such as the 5th or 10th, but Felix must pass a new medical exam because his health has since changed.
c. It is triggered on set anniversaries, and the added coverage needs no extra premium because its cost was already paid through the rider fee.
d. It is triggered on set anniversaries within the contract's limits, and the added coverage is priced at his attained age without medicals.

32′. Sonia, a young professional with a limited budget today but rising income potential, buys a life policy with a guaranteed insurability benefit (GIB). Her contract is a modern version that allows exercising the GIB either on fixed policy anniversaries or upon designated life events such as marriage or childbirth. When Sonia gets married, she wants to add coverage under her GIB without a medical exam. What procedural deadline and pricing rule must Sonia follow under this contract?

Sonia 是一位目前预算有限但未来收入增长潜力较大的年轻职场人士，她购买了一份附带保证可保利益（GIB）的寿险保单。她的合同属于现代新式条款，允许在固定保单周年日或指定人生事件（如结婚或生子）发生时行使 GIB。当 Sonia 结婚时，她希望利用 GIB 免体检加保。在这份合同下，Sonia 必须遵守怎样的申请时限和定价规则?

a. She can submit the application at any time within 1 year of her marriage, and the new premium is locked in at her original issue age.
b. Her advisor must apply within 31 days of the marriage, and the added coverage is priced at her attained age at that time.
c. She must wait 15 days after the marriage, and then receives the added coverage free, with no increase in her monthly premium.
d. Her advisor must submit the application within 30 days, and Sonia must pass a simplified medical questionnaire to qualify.

33. Cheng is a business owner who has a permanent estate tax liability upon death as well as a 10-year commercial loan. Instead of buying a separate whole life policy and a separate 10-year term policy, his advisor recommends buying one whole life base policy and attaching a 10-year term insurance rider to cover the loan. Why is this single-policy structure typically less expensive than two standalone policies, and what happens when the 10-year loan is paid off?

Cheng 是一位企业主，他既有身故时的终身遗产税负债，又有一笔 10 年期的商业贷款。他的顾问没有建议他分别购买一份终身寿险和一份独立的 10 年期定期寿险，而是建议购买一份终身寿险主险，并附加一份 10 年期定期险附加险来覆盖该贷款。为什么这种单一保单结构通常比两份独立保单更便宜？当 10 年后贷款还清时会发生什么？

a. It is cheaper because the insurer waives underwriting on Cheng's life entirely, and after 10 years the base whole life policy expires with the rider.
b. One underwriting and one policy fee replace two; after 10 years the rider ends while the whole life base keeps covering the tax liability.
c. It is cheaper because the term rider builds cash value that offsets the loan, and after 10 years the rider continues for life at no extra cost.
d. It is cheaper because each part can be surrendered on its own, so Cheng can cancel the base policy in year 5 and keep the term rider in force.

33′. Five years ago, Brenda bought a whole life base policy to cover final expenses and attached a 10-year term insurance rider to cover a business debt. This year, Brenda decides to let the whole life base policy lapse because she finds the permanent premiums too high, assuming she can keep paying only the lower premium for the remaining 5 years of the term insurance rider. Is Brenda's assumption correct?

五年前，Brenda 购买了一份终身寿险主险来覆盖身后最终费用，并附加了一份 10 年期定期险附加险来覆盖一笔生意债务。今年，Brenda 觉得永久险保费太高，决定让终身寿险主险失效，并以为自己可以在剩下的 5 年里只继续缴纳较低的定期险附加险保费。Brenda 的想法正确吗？

a. Yes, because the 10-year term rider has its own 10-year term and can stand on its own once it has been issued with the base policy.
b. Yes, provided she separately pays the $50—$100 annual policy administration fee for the rider once the base policy has lapsed.
c. No, because a term rider depends on the base policy and ends automatically if the base policy lapses or is surrendered.
d. No, unless she converts the term rider into an accidental death rider within 30 days of the lapse of the base whole life policy.

34. A comprehensive needs analysis shows that Gordon requires $1,000,000 of life insurance to support his family if he dies. To save money on premiums, Gordon proposes buying a $300,000 base term policy and adding an accidental death (AD) double indemnity rider, arguing that an unexpected death is his main concern. Two years later, Gordon dies from a sudden heart attack. Why was Gordon's planning strategy flawed, and how much will his beneficiary receive if his policy had a $300,000 base and an AD rider?

一份全面的需求分析显示，Gordon 需要 $1,000,000 的寿险保额才能在他去世时保障家人的生活。为了节省保费，Gordon 提议只购买一份 $300,000 的基础定期保单，并附加一份意外身故（AD）双倍赔付附加险，理由是他最担心的是突发死亡。两年后，Gordon 因突发心脏病去世。为什么 Gordon 的规划策略存在缺陷？如果他的保单是 $300,000 主险加 AD 附加险，他的受益人将获得多少赔付？

a. The family's need does not depend on the cause of death, and a heart attack is illness, not accident, so only the $300,000 base is paid.
b. The strategy was sound, because a sudden illness counts as an unexpected accident, so the beneficiary receives twice the $300,000 base.
c. The AD rider only pays if death occurs more than 1 year after an accident, so the beneficiary receives the $300,000 base benefit only.
d. A heart attack is one of the Big 4 conditions, so the AD rider automatically turns into a dread disease payout and adds an extra $50,000.

34′. Julian owns a $25,000 life insurance policy with an accidental death (AD) rider that provides double indemnity (2 times the face amount) if death results from an accident within 1 year of the event. Julian is injured in a car crash while fleeing the scene of a bank robbery he committed, and he dies from his injuries 10 days later. How much will the insurer pay under the AD rider, and why?

Julian 持有一份 $25,000 的寿险保单，并附带一份意外身故（AD）附加险，约定若在事故发生后 1 年内因意外导致身故可获双倍赔付（2 倍保额）。Julian 在实施银行抢劫后驾车逃逸途中发生车祸受伤，并于 10 天后伤重不治身亡。保险公司在 AD 附加险项下会赔付多少，为什么？

a. An extra $25,000, because a car crash is an accident and Julian died well within the 1–year time limit set by the rider.
b. An extra $10,000, because criminal activity reduces the double indemnity benefit by 50% instead of cancelling it outright.
c. Nothing under either the base policy or the AD rider, because dying in a car crash within 15 days voids the entire contract.
d. Nothing under the AD rider, because AD riders exclude deaths caused by criminal acts, as well as suicide and war.

35. When Simon applies for a whole life insurance policy on his own life, he wants to attach a 10-year term insurance rider covering his wife, Rachel, as well as a waiver of premium for total disability benefit. Simon assumes that because he is already undergoing medical underwriting for the base policy, Rachel will be covered automatically without underwriting, and that the waiver of premium is always included free of charge. How should the advisor correct Simon?

当 Simon 为自己申请一份终身寿险保单时，他希望在保单上附加一份覆盖妻子 Rachel 的 10 年期定期险附加险，以及一项完全伤残豁免保费条款。Simon 以为既然自己已经为主险接受了医学核保，Rachel 就会自动获得保障而无需核保，并且以为保费豁免条款总是免费包含在内的。顾问应当如何纠正 Simon?

a. Simon is right that Rachel needs no separate underwriting, but the waiver of premium always requires an extra premium in every contract.
b. Rachel must undergo separate underwriting, while the waiver of premium is required by law to be included free in all life contracts.
c. Rachel must be underwritten herself since the rider insures her, and the quote must show whether the waiver costs extra.
d. A term insurance rider can never cover a spouse under any circumstances, so Rachel must buy her own separate whole life policy.

35′. While reviewing two life insurance quotes, Paula notices that Policy X includes a terminal illness (TI) benefit at no extra itemized fee, whereas Policy Y lists a waiver of premium benefit with a separate monthly charge. Paula asks her advisor whether all supplementary benefits are supposed to be free simply because they are called "benefits" rather than "riders". What is the correct explanation?

在比较两份寿险报价单时，Paula 注意到保单 X 包含一项不额外单列收费的绝症给付（TI），而保单 Y 则将保费豁免列为一项单独按月收费的条款。Paula 询问顾问，是不是所有被称为「补充保障（benefits）」而不是「附加险（riders）」的条款都应该是免费的。正确的解释是什么?

a. Yes, any feature called a supplementary benefit is free by law, so Policy Y is overcharging her for the waiver of premium benefit.
b. No, whether a feature is built in or charged separately depends on the contract, not its label, so each item should be broken out.
c. Yes, terminal illness benefits and premium waivers are always free, while only accidental death riders ever carry an extra cost.
d. No, built-in benefits such as Policy X's terminal illness benefit each require a separate $50—$100 annual policy fee from the client.

第 6 章 · 团体寿险 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

36. Hannah is a senior analyst at an engineering firm in Vancouver, BC, earning $110,000 per year. Under her employer's group plan, senior analysts receive basic group life coverage of 2 times annual salary. The annual premium for Hannah's basic group life coverage is $1,200, paid 50% by the employer and 50% by Hannah. Which statement correctly describes the income tax treatment of the premiums and the death benefit?

Hannah 是 BC 省温哥华一家工程公司的高级分析师，年薪 $110,000。根据雇主的团体计划，高级分析师享有 2 倍年薪的团体基础寿险保额。Hannah 团体基础寿险的年度总保费为 $1,200，由雇主和 Hannah 各付 50%。下列哪项正确描述了保费与身故保险金的所得税处理?

a. Neither the employer's $600 nor Hannah's $600 is a taxable benefit today, but 50% of the $220,000 death benefit will be taxable if Hannah dies.
b. The employer's $600 is a taxable benefit on Hannah's T4, her own $600 is not deductible, and the $220,000 death benefit is received tax-free.
c. The employer's $600 contribution is a taxable benefit to Hannah, and she can deduct her own $600 contribution against her employment income.
d. If Hannah elected to pay 100% of the $1,200 premium herself, the death benefit would switch from taxable to tax-free.

36′. Lucas works for a software company in Kelowna, BC where the group life insurance plan requires employees to pay 100% of the basic life premiums ($540 per year for $150,000 of coverage), while the employer pays 100% of the group disability income plan premiums. How are Lucas's group life premiums and group life death benefit treated for tax purposes?

Lucas 在 BC 省基洛纳一家软件公司工作，该公司的团体寿险计划要求员工 100% 自付基础寿险保费（$150,000 保额每年保费 $540），而雇主 100% 支付团体伤残收入计划的保费。Lucas 的团体寿险保费和团体寿险身故金在税务上如何处理?

a. Lucas's $540 group life premium is tax-deductible because he pays the entire cost himself, and the $150,000 death benefit is tax-free.
b. Lucas's $540 payment creates a $540 taxable benefit on his T4, and the $150,000 death benefit is taxable because the employer funds the disability plan.
c. His $540 is neither deductible nor a taxable benefit, and the $150,000 death benefit is tax-free, just as if the employer had paid it.
d. Only half of the $150,000 death benefit is tax-free because the employer and employee split the overall benefit package costs across the two plans.

37. Tariq, age 44, is laid off from his accounting job in Burnaby, BC on October 1, which is also the date his $150,000 basic group life coverage terminates. Since developing a heart condition last year, Tariq is uninsurable on the individual market. Under the standard non-Quebec conversion rules tested on the exam, what are Tariq's rights?

44 岁的 Tariq 于 10 月 1 日从 BC 省本拿比的会计岗位被裁员，当日也是他 $150,000 团体基础寿险保障终止之日。由于去年患上心脏病，Tariq 在个人寿险市场上已无法通过核保。根据考试考查的非魁北克省标准转换规则，Tariq 享有什么权利?

a. He can convert the full $150,000 with no medical evidence if the application and first premium arrive within 31 days, priced at his current age.

b. He can automatically increase his converted coverage to $200,000 without medical evidence because $200,000 is the guaranteed minimum conversion amount in BC.

c. He only needs to notify his employer verbally within 31 days that he intends to convert, and he can keep paying his old subsidized group premium rate.

d. Because he developed a heart condition before the layoff, the insurer can require medical underwriting and decline his conversion application.

37′. Sonia, age 52, resigns from her executive role in Surrey, BC on March 15, terminating her $320,000 basic group life coverage. She has diabetes and wants to convert as much coverage as possible without providing medical evidence under the standard non-Quebec CLHIA Guideline G3 rules. What is the maximum she can convert without medical evidence, and by what deadline must she submit the application and first premium?

52 岁的 Sonia 于 3 月 15 日辞去 BC 省素里的高管职务，其 $320,000 的团体基础寿险保障随之终止。她患有糖尿病，希望根据非魁省 CLHIA Guideline G3 标准规则，在不提供健康证明的情况下尽可能多地转换保额。她免健康证明最多能转换多少保额，且必须在什么期限内提交申请并缴纳首期保费?

a. $320,000 within 60 days of March 15.

b. $400,000 within 31 days of March 15.

c. $200,000 within 31 days of March 15, with only the application form required during the 31 days and the first premium payable within 90 days.

d. $200,000 within 31 days of March 15, with both the application and the first modal premium received within that 31-day window.

38. Gavin is an architect in BC who participates in a group life insurance plan sponsored by his professional association. When a dispute arises over how his coverage schedule is defined, Gavin relies on the summary in his benefit booklet, which conflicts with the master contract held by the association. Under the contract rules and BC Insurance Act provisions explained in the lecture, what is the legal position?

Gavin 是 BC 省一名建筑师，参加了由其职业协会发起的团体寿险计划。当对保额表的定义产生争议时，Gavin 依据其福利手册中的摘要主张权利，但该摘要与协会持有的总合同存在冲突。根据讲义说明的合同规则及 BC《Insurance Act》条文，法律立场是什么？

a. A professional association cannot legally act as a group plan sponsor because only corporate employers can hold a group master contract.
b. The benefit booklet automatically overrides the master contract in every dispute, and Gavin is himself a signatory party to that master contract.
c. The association holds the master contract that sets the actual terms, and BC law lets Gavin obtain a copy of the group policy from the insurer on reasonable notice.
d. Outside Quebec, group members have no right to inspect or request a copy of the master policy from the insurer under any circumstances.

38′. Lin is the designated beneficiary and claimant under her late husband's group life insurance policy in BC. The insurer denies part of the claim based on a clause in the master contract that was not printed in full in the employee benefit booklet. Lin requests a copy of the relevant master policy provisions from the insurer for the first time. How does BC law treat her request?

Lin 是她已故丈夫在 BC 省团体寿险保单下的指定受益人和索赔人。保险公司依据总合同中某项未在员工福利手册中完整印出的条款拒绝了部分理赔。Lin 首次向保险公司请求提供相关主保单条款的副本。BC 法律如何处理她的请求？

a. As a claimant she may, on reasonable notice, inspect and copy the policy information relevant to the claim or denial, with the first copy free.
b. She has no right to obtain any part of the master contract because only the employer as policyholder can communicate with the insurer.
c. She is entitled to obtain the confidential medical records of all other employees in the group plan along with the master policy.
d. The benefit booklet is legally the only binding contract in BC, so the master policy does not exist as a separate document.

39. Owen was hired by a BC manufacturing firm on January 2, subject to a standard 3-month probationary period before group life coverage begins on April 2. On April 1, Owen is hospitalized after an accident and remains off work in the hospital through mid-April. Meanwhile, his co-worker Liam, who joined the plan two years ago, now wants to add optional additional life coverage after learning he has high blood pressure, even though the plan's 60-day initial enrolment window closed long ago. Which statement is correct?

Owen 于 1 月 2 日被 BC 省一家制造企业录用，需先经过标准的 3 个月试用期，团体寿险保障原定于 4 月 2 日开始。4 月 1 日，Owen 因意外住院，并在 4 月中旬之前一直住院未上班。与此同时，两年前加入计划的同事 Liam 在得知自己患有高血压后，现在想加购自选追加寿险保额，尽管计划规定的 60 天初始申请窗口早已关闭。下列哪项陈述是正确的?

a. Owen's coverage automatically takes effect on April 2 regardless of his hospitalization, and Liam can add optional coverage without medical evidence at any time.

b. Owen's start date turns on the contract's actively-at-work rule, and Liam must give evidence of insurability because the 60-day window has closed.

c. Owen must restart a brand-new 3-month probationary period from the day he leaves the hospital, while Liam is permanently barred from ever applying for optional coverage.

d. Group basic life insurance allows each employee to freely choose any coverage amount without limit so that adverse selection is eliminated.

39′. Why do group life insurance plans strictly limit basic coverage amounts by a schedule of benefits (such as 1x or 2x salary) and restrict non-medical optional coverage to a short initial window (such as 60 days)?

为什么团体寿险计划通过保额表（如 1 倍或 2 倍年薪）硬性限定基础保额，并将免健康证明的自选追加保额限制在一个很短的初始窗口（如 60 天）内?

a. To control adverse selection: if members could pick high amounts or wait until their health declines, group pricing would break down.

b. To comply with the all-source maximum offset rule, which caps group life death benefits at a share of the member's pre-disability net income.

c. Because BC provincial premium tax increases from 2% to 9% whenever an employee selects coverage after 60 days.

d. Because group members are legally prohibited from owning any individual life insurance while covered under an employer group plan.

40. Victor has $200,000 of basic group life and basic AD&D coverage through his employer in BC. He also participates in the plan's dependant life coverage (which uses a flat family premium rate), voluntary family AD&D (using the exam schedule of 50% for a spouse alone, or 40% spouse / 15% per child when both spouse and children are covered), and optional survivor income benefits. Victor is married to Elena (age 41) and they have three eligible children: a 10-day-old newborn, a 16-year-old high school student, and a 22-year-old full-time university student. Which statement is correct?

Victor 通过其在 BC 省的雇主享有 $200,000 的团体基础寿险和基础 AD&D 保障。他还参加了计划的家属寿险（采用统一家庭保费费率）、自选家庭 AD&D（采用考试口径比例表：单独覆盖配偶为 50%，同时覆盖配偶与子女时配偶为 40%、每名子女为 15%）以及自选遗属收入给付。Victor 与 41 岁的 Elena 结婚，育有三名子女：一名出生 10 天的新生儿、一名 16 岁的高中生和一名 22 岁的全日制大学生。下列哪项陈述是正确的?

a. All three children currently qualify as eligible dependants under the exam age rules, and Victor's flat-rate dependant life premium triples because he has three children.

b. The 16- and 22-year-olds qualify but the 10-day-old does not yet, Elena's AD&D is $80,000, and her survivor income runs monthly to 65, remarriage or death.

c. Elena's AD&D coverage is $100,000 (50% of $200,000), and the survivor income benefit is deducted directly from Victor's $200,000 lump-sum death benefit.

d. The 22-year-old university student is too old to qualify as a dependant, and single employees with no spouse or children are always forced to pay the same dependant life family premium.

40′. Grace has $150,000 of basic group life and voluntary family AD&D coverage under her employer's plan, which uses the exam AD&D percentages (50% for spouse only; 40% for spouse and 15% per child when both are covered). Grace has a spouse and no children. She also purchased optional survivor income benefits. If Grace dies in an illness, what happens to the survivor income benefit for her 45-year-old spouse, and what is her spouse's own AD&D coverage amount while Grace is alive?

Grace 在雇主计划下享有 $150,000 的团体基础寿险和自选家庭 AD&D 保障，该计划采用考试口径的 AD&D 百分比（仅覆盖配偶时为 50%；同时覆盖配偶与子女时配偶为 40%、每名子女为 15%）。Grace 有配偶但无子女，且购买了自选遗属收入给付。如果 Grace 因病身故，她 45 岁配偶的遗属收入给付如何发放，且在 Grace 在世期间她配偶本人的 AD&D 保额是多少?

a. Her spouse receives a monthly survivor income benefit until age 65, remarriage, or death, and the spouse's AD&D coverage amount while Grace is alive is $75,000.

b. Her spouse receives a single lump-sum survivor income payment on top of the death benefit, and the spouse's AD&D coverage amount is $60,000.

c. No survivor income benefit is payable because Grace died of an illness rather than an accident, and the spouse's AD&D coverage is $75,000.

d. Her spouse receives monthly survivor income payments for life even if the spouse remarries, and the spouse's AD&D coverage is $22,500.

41. Arthur, a quality supervisor at a BC plant with $240,000 of basic group life coverage, is planning to retire on his 65th birthday next month. Under his employer's group schedule of benefits, retirees who stay in a retiree class see their coverage reduce by 50% at age 65 and terminate completely at age 70. Arthur asks his advisor whether he can simply convert the full $240,000 on his 65th birthday without medical evidence or whether he should retire a week early solely to lock in a conversion. How should the advisor handle this situation?

Arthur 是 BC 省一家工厂的品控主管，享有 $240,000 的团体基础寿险保额，计划在下个月 65 岁生日当天退休。根据雇主团体保额表，留在退休人员分级的会员其保额在 65 岁时减半，并在 70 岁时完全终止。Arthur 询问顾问，他是否可以在 65 岁生日当天免健康证明直接转换全部 $240,000 保额，或者他是否应该仅仅为了锁定转换权而提前一周退休。顾问应如何处理这一情况?

a. Tell Arthur to immediately change his retirement date to one week before his 65th birthday, because every insurer in Canada prohibits conversion on or after age 65 and pension timing does not matter.
b. Guarantee that Arthur can convert the entire $240,000 without medical evidence on his 65th birthday, and tell him that group retiree coverage never terminates at age 70.
c. Tell Arthur that once group coverage reduces by 50% at age 65, the insurer pays out the reduced $120,000 portion as a tax-free cash surrender value.
d. Confirm in writing whether coverage ending on his 65th birthday still qualifies, compare retiree coverage with the $200,000 cap and its $40,000 gap, and not push early retirement.

41′. Evelyn is reviewing her employer's group life insurance schedule of benefits in BC. She currently has $220,000 of basic coverage at age 64. The schedule states that active coverage reduces by 50% on a member's 65th birthday and reduces to zero at age 70. Regarding the exam conversion rule ('before or at age 65' up to $200,000) and real-world contract verification, which statement is accurate?

Evelyn 正在审阅其 BC 省雇主的团体寿险保额表。她目前 64 岁，享有 $220,000 的基础保额。保额表规定，保障在会员 65 岁生日时减少 50%，并在 70 岁时归零。关于考试口径转换规则（『65 岁前/时』最高 $200,000）以及实务合同核对，下列哪项陈述是准确的?

a. Group life coverage for retirees must legally continue unchanged for life and can never terminate at age 70.
b. On the exam the privilege covers up to $200,000 before or at 65; in practice some insurers exclude coverage ending on the 65th birthday, so check the contract.
c. When her coverage reduces from $220,000 to $110,000 at age 65, the insurer automatically pays her $110,000 in cash as a living benefit.
d. Even if her group contract allows conversion, she can convert $220,000 without medical evidence because the $200,000 limit does not apply to members over age 60.

42. A BC logistics company decides to replace its group life insurer on July 1 and simultaneously eliminates the membership class for seasonal drivers. Mateo, a full-time warehouse worker, is currently off work on an approved disability waiver of premium under the old group policy. Meanwhile, the company controller asks about the exam cooling-off rule for group creditor insurance (CLHIA Guideline G7) versus individual life insurance (Guideline G10). Which statement is correct?

BC 省一家物流公司决定于 7 月 1 日更换其团体寿险承保公司，并同时取消季节性司机这一会籍分级。全职仓库工人 Mateo 目前正根据原团体保单处于已获批的伤残保费豁免期内。与此同时，公司财务主管询问考试口径中关于团体债权人保险（CLHIA Guideline G7）与个人寿险（Guideline G10）冷静期规则的区别。下列哪项陈述是正确的?

a. Mateo's disability waiver of premium is immediately cancelled when the employer switches insurers, and the seasonal drivers simply keep 50% of their old coverage under the new policy.
b. Under group creditor insurance, the borrower is the master policyholder and the death benefit is paid to the borrower's spouse rather than applied to the outstanding loan balance.
c. Mateo's waiver and coverage are not wiped out by the switch, eliminated-class members lose eligibility and must check conversion, and the exam cites a 20-day G7 refund period.
d. The exam conversion window is uniformly written as 45 days across every chapter of the manual, and replacement contracts always force healthy active employees to complete a new 3-month probationary period.

42′. Paul takes out a business loan through a lending institution in BC and enrols in the lender's group creditor life insurance plan. At the same time, his sister Rosa is on an approved disability waiver of premium under her employer's group life plan when her employer terminates the master contract. According to the lecture's rules on group creditor insurance and waiver of premium on plan termination, which statement is accurate?

Paul 通过 BC 省一家贷款机构办理了一笔商业贷款，并加入了该贷款机构的团体债权人寿险计划。与此同时，他的姐姐 Rosa 在雇主终止团体寿险总合同时，正处于已获批的伤残保费豁免期内。根据讲义关于团体债权人保险及计划终止时保费豁免的规则，下列哪项陈述是准确的?

a. The lender is the policyholder and the benefit equals the unpaid loan balance, and Rosa's approved waiver and coverage continue despite the termination.
b. Paul is the master policyholder of the group creditor contract, and Rosa loses her group life coverage the midnight her employer cancels the master policy.
c. Group creditor insurance death benefits remain level even as the loan is paid down, paying the excess to Paul's estate, and Guideline G7 is the 10-day individual life cooling-off rule.
d. Rosa must pay back all previously waived premiums to the insurer when her employer terminates the group plan.

带 ′ 的是同一考点的变式题：主题题做错时再做它。

43. Clara, a resident of Vancouver, purchased an exempt participating whole life policy in 2006 (a G2 policy). She has never taken a policy loan or cash dividend. According to the insurer's records, her cumulative premiums paid total $50,000, the cumulative net cost of pure insurance (NCPI) is $16,000, and the current cash surrender value (CSV) is $64,000. If Clara is in a 30% marginal tax bracket and fully surrenders the policy today, what is her approximate tax payable on this transaction (ignoring AMT and other credits)?

居住在温哥华的Clara于2006年购买了一张免税分红终身寿险保单（G2保单），从未申请过保单贷款或领取现金红利。根据保险公司记录，她累计缴纳保费$50,000，累计纯保险净成本（NCPI）为$16,000，当前现金退保价值（CSV）为$64,000。若Clara当年的边际税率为30%，并在今天全额退保，忽略替代最低税（AMT）及其他抵免，这笔交易大约需缴纳多少税款?

a. $9,000, because the $30,000 policy gain over her $34,000 ACB is 100% included in taxable income.

b. $4,500, because 50% of the $30,000 gain is included in taxable income as a capital gain.

c. $4,200, because her ACB is equal to the $50,000 cumulative premiums paid, resulting in a $14,000 gain.

d. $0, because proceeds from an exempt whole life policy are completely tax-free to the policyowner.

43′. Owen owns an exempt whole life policy acquired in 2008 with no prior loans or dividends. He has paid $32,000 in cumulative premiums, the insurer's cumulative NCPI is $9,000, and the current CSV is $38,000. If Owen is in a 40% marginal tax bracket and surrenders the entire policy today, what is his approximate tax liability from the surrender?

Owen持有一张2008年购入的免税终身寿险保单，无过往贷款或红利领取。他累计缴纳保费$32,000，保险公司累计NCPI为$9,000，当前CSV为$38,000。若Owen处于40%边际税率档并在今天全额退保，因退保产生的大约税负是多少?

a. $2,400, using cumulative premiums of $32,000 as the ACB.

b. $3,000, applying a 50% capital gains inclusion rate to the $15,000 policy gain.

c. $6,000, based on a 100% inclusion of the $15,000 policy gain over the $23,000 ACB.

d. $7,600, applying a 50% capital gains inclusion rate to the entire $38,000 CSV.

44. Liam, a resident of Surrey, holds a G3 universal life policy with a cash surrender value (CSV) of $60,000 and an adjusted cost basis (ACB) of $14,000. He takes a $20,000 policy loan from the insurer to pay for his daughter's wedding reception. What are the tax consequences of this policy loan and the interest he pays on it?

居住在素里的Liam持有一张G3万能寿险保单，现金退保价值（CSV）为$60,000，调整后成本基础（ACB）为$14,000。他向保险公司申请了一笔$20,000的保单贷款，用于支付女儿的婚宴费用。这笔保单贷款及他支付的贷款利息有何税务后果?

a. No taxable policy gain arises because the $20,000 loan is less than the $60,000 CSV, and the interest is non-deductible.
b. He reports a $6,000 taxable policy gain, his ACB falls to $0, and the interest is not deductible because the money funds personal spending.
c. He must report a $6,000 taxable policy gain, and the loan interest is tax-deductible because the loan was already taxed as a disposition.
d. He must report a $3,000 taxable capital gain, his ACB remains $14,000, and the loan interest is non-deductible.

44′. Hannah owns an exempt whole life policy with a CSV of $48,000 and an ACB of $19,000. She takes a $15,000 policy loan from the insurer (not used to pay premiums on the policy) and invests the entire $15,000 in a rental condo that generates taxable rental income, with the insurer verifying the interest paid on Form T2210. What is the tax result?

Hannah持有一张免税终身寿险保单，CSV为$48,000，ACB为$19,000。她向保险公司申请$15,000保单贷款（非用于缴纳本单保费），并将全部$15,000投入一套产生应税租金收入的出租公寓，且保险公司在T2210表上核实了当年已付利息且未计入ACB。税务后果是什么?

a. She has no taxable policy gain, her ACB is reduced to $4,000, and the policy loan interest is deductible against her taxable income.
b. She must report a $15,000 taxable policy gain because all policy loans are fully taxable dispositions.
c. She has no taxable policy gain and her ACB stays at $19,000, because borrowing below ACB is not a disposition.
d. She has no taxable policy gain, her ACB is reduced to $4,000, but interest on a policy loan is never tax-deductible.

45. Kevin needs a $50,000 business expansion loan from a commercial lender. The lender requires him to assign his exempt whole life insurance policy (CSV $65,000; ACB $25,000) as collateral security for the loan. How does this collateral assignment affect the taxation of Kevin's life insurance policy?

Kevin需要向商业贷款机构申请一笔$50,000的业务扩张贷款。贷款机构要求他将其免税终身寿险保单（CSV $65,000；ACB $25,000）作为贷款的担保物进行担保转让（collateral assignment）。这一担保转让如何影响Kevin寿险保单的税务处理?

a. It triggers an immediate taxable policy gain of $40,000 equal to the CSV minus the ACB.
b. It triggers a taxable policy gain of $25,000 equal to the $50,000 bank loan minus the $25,000 ACB.
c. It does not constitute a disposition of the policy, and tax-deferred growth inside the exempt policy continues.
d. It causes the policy to fail the exempt test and become a non-exempt policy subject to annual accrual taxation.

45′. Instead of using his policy as collateral for a bank loan, Kevin transfers full legal ownership of his exempt life policy (CSV $65,000; ACB $25,000) to an unrelated business partner in an arm's-length sale for $65,000 cash. How is this absolute assignment treated for tax purposes?

Kevin没有将保单用作银行贷款抵押，而是以$65,000现金的公平交易价格，将其免税寿险保单（CSV $65,000；ACB $25,000）的全部法定所有权绝对转让（absolute assignment）给一名无关联的商业合伙人。这一绝对转让在税务上如何处理?

a. It is treated the same as a collateral assignment, resulting in no taxable disposition.
b. It is a taxable disposition generating a $40,000 policy gain, 100% of which is included in Kevin's taxable income.
c. It qualifies for an automatic tax-free rollover at the $25,000 ACB because it is transferred to a business partner.
d. It generates a $40,000 capital gain, of which $20,000 is included in Kevin's taxable income.

46. Pacific Rim Contracting Ltd., a Canadian-controlled private corporation in Vancouver, owns and is the beneficiary of a $1,000,000 G3 whole life policy on one of its shareholders to fund a buy-sell agreement. When the shareholder dies, the policy's adjusted cost basis (ACB) is $150,000. How are the death benefit receipt by the corporation and the credit to its capital dividend account (CDA) determined?

温哥华的加拿大私人公司Pacific Rim Contracting Ltd.为融资买卖协议，持有一张以其中一名股东为被保险人的$1,000,000 G3终身寿险保单并作为受益人。该股东身故时，保单的调整后成本基础（ACB）为$150,000。公司收到的身故给付以及计入其资本红利账户（CDA）的金额如何确定?

a. The corporation receives $850,000 tax-free, is taxed on the $150,000 ACB portion, and credits $850,000 to its CDA.
b. The corporation receives the full $1,000,000 tax-free and credits the entire $1,000,000 to its CDA for automatic tax-free distribution.
c. The corporation receives $1,000,000 tax-free, credits $150,000 to its CDA, and must distribute the remaining $850,000 as a taxable dividend.
d. It receives the full $1,000,000 tax-free, credits $850,000 to its CDA, and must file Form T2054 to pay a tax-free capital dividend.

46′. Cascade Engineering Inc., a private Canadian corporation, owns a $600,000 term life insurance policy on its key shareholder. Despite having no cash surrender value, the term policy still has an insurer-reported ACB of $18,000 when the shareholder dies. How much is added to Cascade Engineering's capital dividend account (CDA) from this life insurance payout?

加拿大私人公司Cascade Engineering Inc.持有一张保额$600,000的关键股东定期寿险保单。尽管定期险没有现金退保价值，但该股东身故时保险公司出具的保单ACB仍为$18,000。这笔寿险赔款能为Cascade Engineering的资本红利账户（CDA）增加多少额度?

a. $600,000, because term life insurance policies have no cash surrender value and therefore always credit 100% of the death benefit to the CDA.
b. $582,000, calculated as the $600,000 death benefit minus the $18,000 ACB reported by the insurer.
c. $291,000, because only 50% of the net insurance proceeds over ACB can enter the CDA.
d. $0, because term life policies do not qualify for the capital dividend account mechanism.

47. David and his wife Karen are both Canadian residents for tax purposes living in Burnaby. David owns a participating whole life policy with a statutory value and CSV of $70,000 and an ACB of $18,000 (with no policy loans). This year, David has a large deductible business loss from his sole proprietorship and transfers ownership of the policy to Karen for no consideration. How can David structure this transfer for tax purposes?

居住在本拿比的David和妻子Karen均为加拿大税务居民。David名下有一张分红终身寿险保单，法定保单价值与CSV均为$70,000，ACB为$18,000（无保单贷款）。今年David的独资企业有一笔巨额可抵扣营业亏损，他将保单无偿转让给Karen。David在税务上可以如何安排这次转让?

a. The rollover at the $18,000 ACB applies by default, but David can elect out, report a $52,000 gain against his loss, and give Karen a $70,000 ACB.
b. The transfer automatically triggers a $52,000 taxable policy gain unless David files an election to request a spousal rollover at $18,000.
c. David cannot opt out of the spousal rollover during his lifetime, so Karen must inherit the $18,000 ACB.
d. If David opts out of the rollover, only 50% of the $52,000 gain ($26,000) is reported as a taxable capital gain.

47′. Grace owns a whole life policy insuring the life of her 10-year-old son, Leo, with a CSV of $30,000 and an ACB of $12,000. She wants to transfer the policy for no consideration so that it qualifies for the tax-free intergenerational rollover to a child under ITA s.148(8). Which transfer method satisfies the rollover rule?

Grace持有一张以其10岁儿子Leo为被保险人的终身寿险保单，CSV为$30,000，ACB为$12,000。她希望无偿转让该保单并享受ITA s.148(8)下转给子女的免税按ACB展期规则。以下哪种转让方式符合该展期规定?

a. Transferring ownership of the policy to an irrevocable family trust established exclusively for Leo.
b. Transferring ownership of the policy to Leo's legal guardian to hold as trustee until Leo turns 19.
c. Selling the policy to Leo's adult sister for $30,000 fair market value consideration.
d. Transferring it for no consideration directly to Leo, or to his adult sister, who is also Grace's child.

48. An elderly resident of Maple Ridge, BC, dies leaving an ordinary life insurance policy with a $300,000 death benefit. Because the policy had no named beneficiary, the proceeds are paid into his estate, which had already exceeded $50,000 in other probatable assets. How does the lack of a named beneficiary affect the BC probate fees on the $300,000 insurance proceeds?

一位居住在BC省枫树岭的长者身故，名下有一张保额$300,000的普通寿险保单。由于保单没有指定具名受益人，这笔赔款进入了其遗产（其名下其他须经遗嘱认证的遗产已超过$50,000）。未指定具名受益人如何影响这$300,000保险赔款的BC省遗嘱认证费?

a. The $300,000 proceeds remain exempt from BC probate fees because all life insurance death benefits bypass probate automatically.
b. The $300,000 proceeds are included in the estate value and attract $4,200 in BC probate fees at the $14 per $1,000 rate (applicable above $50,000).
c. The $300,000 proceeds are included in the estate value and attract $1,800 in BC probate fees at the $6 per $1,000 rate.
d. The $300,000 proceeds become 100% taxable as regular income on the deceased's terminal tax return because they entered the estate.

48′. Before passing away in Maple Ridge, BC, the same senior updated his $300,000 ordinary life insurance policy to name his niece directly as the revocable beneficiary. How are the $300,000 death benefit proceeds treated at his death?

在BC省枫树岭去世前，这位长者更新了其$300,000普通寿险保单，将自己的侄女直接指定为可撤销具名受益人。他身故时这$300,000身故给付如何处理?

a. The $300,000 is paid outside the estate directly to his niece, avoiding BC probate fees and received tax-free as a death benefit.
b. Only an irrevocable spouse or child beneficiary bypasses probate, so naming a niece still triggers $4,200 in BC probate fees.
c. The $300,000 bypasses BC probate fees, but the niece must include 50% of the payout in her taxable income because she is not a spouse.
d. The $300,000 bypasses proportional probate fees, but the niece must pay the flat BC Supreme Court probate filing fee of $208 ($200 current) to claim the policy.

49. Martin is planning his estate and wants to know how the lifetime capital gains exemption (LCGE) applies to his business interests. Based on the LLQP exam syllabus rules and the 2022 syllabus figure, which statement accurately describes the eligibility and exam-syllabus limit for the LCGE?

Martin正在做遗产规划，想了解终身资本利得豁免（LCGE）如何适用于他的商业权益。根据LLQP考试口径规则及2022年考试口径数字，以下哪项准确描述了LCGE的资产资格与考试口径上限?

a. It applies to any general commercial partnership interest up to the 2022 exam-syllabus limit of $913,630.

b. It applies to life insurance policy gains upon surrender up to the 2022 exam-syllabus limit of $913,630.

c. It applies to qualified small business corporation shares, up to the 2022 exam figure of $913,630, but not to general partnership interests.

d. It eliminates 100% of the capital gain on any Canadian corporation's shares without needing to verify asset use or holding period tests.

49′. In 2026, Fiona disposes of qualified farm and fishing partnership property and also surrenders a personal universal life policy at a gain. Under current 2026 federal tax rules described in the lecture, how do the capital gains inclusion rate, the 2026 LCGE limit, and the policy gain rule apply?

2026年，Fiona处置了合格家族农渔业合伙财产，同时退保了一张个人万能寿险保单并产生利得。根据讲义所述的2026年现行联邦税法规则，资本利得计入率、2026年LCGE上限以及保单利得规则分别如何适用?

a. The farm or fishing partnership can use the $1,275,000 LCGE, the general inclusion rate is 50%, and the policy gain is fully taxable with no LCGE.

b. No partnership interest of any kind can ever qualify for the LCGE, and both the property gain and the policy gain are included at the 50% rate.

c. The 2026 LCGE limit is still $1,250,000, and the policy gain can also be sheltered by the LCGE because it is a gain on property.

d. The capital gains inclusion rate has risen to two-thirds for 2026, and the policy gain is likewise included at two-thirds.

第 8 章 · 企业寿险 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

50. Apex Precision Ltd. relies heavily on its founder and chief metallurgist, Dr. Lin. The company carries an $800,000 commercial demand loan with a chartered bank, and the bank requires Apex to assign a $1,000,000 key person permanent life insurance policy on Dr. Lin's life as collateral. The loan interest is deductible for business purposes. Which statement correctly describes the lender's rights and the tax treatment of this arrangement?

Apex 精密制造有限公司高度依赖其创始人兼首席冶金学家 Lin 博士。该公司在一家特许银行有一笔 $800,000 的商业随时可催收贷款，银行要求 Apex 将一份保额 $1,000,000、以 Lin 博士为被保险人的关键人永久寿险保单转让作为抵押担保。该贷款利息符合商业扣除条件。下列哪项准确描述了贷方权利及该安排的税务处理?

a. The bank may call the loan under its terms and notice rules even without default, and Apex may deduct the share of the lesser of premium and NCPI that reasonably relates to the loan.

b. Because the loan is in good standing, the bank cannot call the loan upon Dr. Lin's death, and the collateral assignment triggers an immediate taxable policy disposition for Apex.

c. The bank can demand repayment immediately without any notice requirement whatsoever, and Apex can deduct 100% of the full annual permanent policy premium just because a business loan exists.

d. Apex can deduct the full net cost of pure insurance (NCPI) multiplied by the ratio of the $1,000,000 face amount divided by the $800,000 loan balance.

50′. Cedar Ridge Millwork Ltd. has a $450,000 commercial demand loan from a restricted financial institution to finance factory equipment. As a condition of the loan, the lender required the company to collaterally assign an existing $900,000 key person life insurance policy on its operations director. How does this collateral assignment affect the company's liquidity risk and tax deductions?

Cedar Ridge 木业有限公司从一家受限金融机构获得了一笔 $450,000 的商业随时可催收贷款用于购置工厂设备。作为贷款条件，贷方要求公司将其运营总监名下一份现有的 $900,000 关键人寿险保单进行担保转让。这项担保转让对公司的流动性风险和税务扣除有何影响?

a. The collateral assignment converts the policy into a taxable absolute transfer, and the lender must wait until the end of the equipment's depreciation schedule before demanding repayment.

b. The company can deduct 100% of the policy's cash surrender value growth each year because the lender holds a security interest in the policy.

c. The lender may still call the loan under its terms if the director dies, and the company may deduct the part of the lesser of premium and NCPI tied to the $450,000 loan.

d. The company can deduct the entire annual premium paid on the $900,000 policy as long as the loan balance remains above zero.

51. Hannah is the sole shareholder of a Canadian-Controlled Private Corporation (CCPC) whose shares fully qualify for the lifetime capital gains exemption (LCGE). She has never used any of her LCGE before. Upon her death, the deemed disposition of her shares triggers a total capital gain of $2,200,000. Assuming a 50% capital gains inclusion rate and a 45% personal marginal tax rate, what is the resulting income tax payable on this gain using the LLQP exam figure ($913,630 LCGE)?

Hannah 是一家加拿大自控私人公司（CCPC）的唯一股东，其股份完全符合终身资本利得豁免（LCGE）资格，且她此前从未使用过 LCGE 额度。在她身故时，股份的视同处置触发了总计 $2,200,000 的资本利得。假设资本利得计入率为 50%，个人边际税率为 45%，按 LLQP 考试口径数字（LCGE 为 $913,630）计算，该笔利得应缴纳的所得税是多少?

a. $208,125, after deducting the indexed exemption from the total capital gain and applying the 50% inclusion rate and 45% tax rate.
b. $289,433, calculated by subtracting the $913,630 exemption from the $2,200,000 gain, multiplying by the 50% inclusion rate, and applying the 45% marginal tax rate.
c. $578,867, calculated by subtracting the $913,630 exemption from the $2,200,000 gain and applying the 45% marginal tax rate directly without the 50% inclusion rate.
d. $270,000, because CCPC shares are capped at the fixed $1,000,000 agricultural and fishing property exemption limit under the rules.

51′. Three cousins are reviewing whether their respective business holdings can utilize the lifetime capital gains exemption (LCGE) upon disposition: Liam holds an interest in an ordinary retail clothing partnership; Noah holds an interest in a qualified family fishing partnership under ITA s.110.6; and Maya holds shares in a CCPC whose assets consist almost entirely of passive stock market investments. Which of them may qualify for the LCGE?

三位表兄妹正在核查各自持有的企业权益在处置时能否适用终身资本利得豁免（LCGE）：Liam 持有普通服装零售合伙企业的合伙权益；Noah 持有符合 ITA s.110.6 定义的家族渔业合伙企业权益；Maya 持有一家资产几乎全部为被动股市投资的 CCPC 股份。他们中谁可能符合 LCGE 适用资格?

a. Noah only, since a qualified family fishing partnership can qualify, while ordinary partnerships and passive-asset CCPCs failing QSBC tests cannot.
b. Maya only, because any corporation registered as a CCPC automatically qualifies for the LCGE regardless of how its assets are invested.
c. Liam and Noah only, because all partnership interests in Canada are eligible for the LCGE while corporate shares are excluded.
d. All three cousins qualify, because the LCGE applies universally to any privately held business interest in Canada.

52. Sonia and Tariq each own 50% of the shares of Pacific Coast Logistics Inc., with each shareholder having an initial adjusted cost basis (ACB) of $50,000. The company is currently valued at $1,200,000. They are comparing a cross-purchase buy-sell agreement against a corporate share redemption agreement, both funded with life insurance. If Tariq dies when the company is still worth $1,200,000 and the buy-sell agreement is executed, how will Sonia's tax position differ between the two structures?

Sonia 和 Tariq 各持有 Pacific Coast 物流公司 50% 的股份，每位股东最初的调整后成本基础（ACB）均为 $50,000。公司目前估值为 $1,200,000。他们正在对比均由寿险提供资金支持的交叉购买买卖协议与公司股份赎回协议。如果 Tariq 在公司仍值 $1,200,000 时身故并执行协议，Sonia 在这两种结构下的税务处境有何不同?

a. Both structures produce identical tax results for Sonia because she ends up owning 100% of the company worth $1,200,000 in either case.
b. Under the corporate share redemption structure, the total number of shares remains unchanged and Sonia receives an immediate $600,000 step-up in the ACB of her original shares.
c. Under the cross-purchase structure, Sonia uses the tax-free death benefit to personally buy Tariq's shares for $600,000, increasing her total ACB to $650,000, whereas under share redemption her ACB remains at $50,000.
d. Under the cross-purchase structure, Sonia can deduct the life insurance premiums she paid on Tariq's policy from her personal income, whereas corporate redemption premiums are taxable benefits.

52′. Two equal shareholders, Devon and Claire, funded their buy-sell agreement using the corporate share redemption method rather than a cross-purchase structure. After Devon died, the corporation received the insurance proceeds and redeemed and cancelled Devon's shares for $900,000. Five years later, Claire sells 100% of the company to an outside buyer. What is the primary disadvantage Claire now faces compared to having used a cross-purchase agreement?

两名等额股东 Devon 和 Claire 采用公司股份赎回法而非交叉购买结构为买卖协议提供资金。Devon 身故后，公司收到保险赔款并以 $900,000 赎回并注销了 Devon 的股份。五年后，Claire 将公司 100% 股权出售给外部买家。与当初采用交叉购买协议相比，Claire 现在面临的主要劣势是什么?

a. She must repay the $900,000 life insurance death benefit to the insurer because the corporation cancelled Devon's shares.
b. She got no step-up in the ACB of her shares when Devon's shares were redeemed, so her capital gain on the later sale is larger.
c. She still only owns 50% of the voting rights in the corporation because cancelled shares remain held by Devon's estate.
d. The life insurance death benefit received by the corporation upon Devon's death was fully taxable as active business income.

53. Four equal shareholders of an engineering consultancy want to establish an insured buy-sell agreement. They want to avoid the administrative burden of managing twelve separate policies under a traditional cross-purchase plan, yet they still want the surviving shareholders to obtain a step-up in the adjusted cost basis (ACB) of the acquired shares upon a shareholder's death. Which funding structure best achieves both objectives, and how many policies are typically required?

一家工程咨询公司的四名等额股东希望建立一份有保险支持的买卖协议。他们希望避免传统交叉购买方案下管理 12 张独立保单的繁琐负担，但仍希望在某位股东身故时，幸存股东能够获得所购股份的调整后成本基础（ACB）提升。哪种融资结构最能同时实现这两个目标，且通常需要多少张保单？

a. A pure corporate redemption plan requiring 4 policies, because cancelling the deceased's shares automatically increases the surviving shareholders' ACB.

b. A criss-cross insurance plan owned personally by the shareholders, because 4 shareholders only require 4 policies in total when purchasing coverage on each other.

c. A split-dollar arrangement requiring 2 policies, where the deceased shareholder's estate retains the cash value and the corporation keeps the face amount.

d. A hybrid (promissory note) method with 4 corporate-owned policies, where tax-free capital dividends from the CDA let survivors pay notes used to buy the shares.

53′. A specialty bakery in Richmond was originally owned by two partners who used a cross-purchase buy-sell agreement funded by two criss-cross policies. After expanding, they admitted a third equal partner. If they continue using a personal cross-purchase structure versus switching to corporate-owned policies, how does the required number of individual policies compare?

列治文一家特色烘焙坊最初由两名合伙人共同经营，采用两张交叉互保保单为交叉购买买卖协议提供资金。扩张后，他们引入了第三位等额合伙股东。如果他们继续沿用个人交叉持有结构，与改为公司统一持有保单相比，所需的独立保单数量分别是多少？

a. Continuing with cross-purchase requires 3 policies in total, while switching to corporate ownership requires 6 policies.

b. Cross-purchase would need 6 policies, each partner insuring the other two, while corporate ownership needs only 3, one on each partner.

c. Both structures require 3 policies, because the new partner simply joins the existing two policies as a contingent beneficiary.

d. Continuing with cross-purchase requires 9 policies, while corporate ownership requires 1 individual policy covering all three lives separately.

54. Westview Holdings Inc., a Canadian private corporation, is the owner and beneficiary of a permanent life insurance policy on its founder. Upon the founder's death, the insurer pays a $1,500,000 death benefit to Westview Holdings. At the time of death, the policy has an adjusted cost basis (ACB) of $220,000. Assuming the corporation had a zero balance in its capital dividend account (CDA) prior to death, how are the receipt of the proceeds and the credit to the CDA treated for tax purposes?

加拿大私人公司 Westview 控股有限公司是其创始人名下一份永久寿险保单的投保人和受益人。创始人身故后，保险公司向 Westview 控股赔付了 $1,500,000 的身故给付。身故时该保单的调整后成本基础（ACB）为 $220,000。假设身故前公司的资本红利账户（CDA）余额为零，公司收到赔款及计入 CDA 的税务处理是怎样的?

a. Westview receives the entire $1,500,000 tax-free, and the full $1,500,000 is credited to its CDA for tax-free distribution to shareholders.
b. Westview receives the entire $1,500,000 tax-free, but only the $1,280,000 excess over the policy's $220,000 ACB is credited to its CDA.
c. Westview must pay corporate income tax on the $220,000 ACB portion upon receipt, while the remaining $1,280,000 enters the company tax-free.
d. Only 50% of the $1,280,000 net gain ($640,000) is credited to the CDA because corporate life insurance proceeds are subject to the capital gains inclusion rate.

54′. A corporate client tells his insurance agent: 'If my corporation buys a term life policy instead of a permanent policy to fund our buy-sell agreement, 100% of the death benefit is guaranteed to go into the capital dividend account (CDA) because term insurance has no cash surrender value (CSV).' How should the agent evaluate this statement?

一位企业主客户对他的保险代理人说：“如果我的公司买定期寿险而不是永久寿险来为买卖协议提供资金，那么 100% 的身故给付都保证能进资本红利账户（CDA），因为定期险没有现金退保价值（CSV）。”代理人应当如何评估这一说法?

a. The client is wrong; term coverage usually has no CSV but can still carry a non-zero ACB, and any actual ACB reduces the CDA credit.
b. The client is correct; because term policies never accumulate CSV, their ACB is permanently fixed at zero throughout the entire policy term.
c. The client is incorrect; proceeds from term life insurance policies are ineligible for the CDA and can only be paid out as taxable dividends.
d. The client is correct, provided the corporation deducts the annual term life premiums as an operating expense on its tax return.

55. Summit BioLabs Inc. wants to purchase key person life insurance on its chief formulator, Dr. Vance. Using the income multiple method, the agent estimates $900,000; using the profit contribution method, $1,150,000; and using the replacement and debt protection method (covering recruiter fees, dual-salary training overlap, and a personally guaranteed demand loan), $1,050,000. The CEO asks the agent whether they can simply apply for $5,000,000 of coverage since the company can easily afford the premiums. What is the correct underwriting and advisory rule?

Summit 生物实验室有限公司希望为其首席配方师 Vance 博士购买关键人寿险。代理人用收入倍数法估算为 $900,000；用利润贡献法估算为 $1,150,000；用替代与债务保障法（涵盖猎头费、培训期双薪成本及个人担保的随时可催收贷款）估算为 $1,050,000。公司 CEO 询问代理人，既然公司完全付得起保费，能否直接申请 $5,000,000 的保额。正确的核保与顾问规则是什么？

a. The company can apply for any face amount it wishes because insurable interest in a key employee gives the corporation an unlimited right to determine coverage.
b. The agent must force the company to apply for the exact statutory mathematical average of the three methods ($1,033,333) without submitting financial statements.
c. The agent should explain what each estimate covers and apply for a financially justified amount, since underwriting will require financial proof and cut an excess.
d. The company can obtain the $5,000,000 policy only if Dr. Vance agrees to split the death benefit 50/50 with the corporation under a split-dollar arrangement.

55′. An agent is helping a construction company estimate the key person insurance amount needed for its lead project manager. The agent calculates the recruiter headhunting fee, the double-salary cost during the new hire's training period, and the outstanding balance of a commercial demand loan tied directly to the manager's personal guarantee. Which valuation approach is the agent applying, and who will own and be the beneficiary of this key person policy?

一名代理人正在协助一家建筑公司估算其首席项目经理所需的关键人保险保额。代理人将猎头招聘费、新人培训期间的双薪成本，以及与该经理个人担保直接挂钩的商业随时可催收贷款余额直接加总。代理人运用的是哪种估算思路？这份关键人保单应由谁持有并作为受益人？

a. The profit contribution method; the project manager owns the policy and names the construction company's bank as the irrevocable beneficiary.
b. The replacement and debt protection method; the company owns the policy and is its beneficiary, so the tax-free proceeds offset these losses.
c. The income multiple method; the project manager's spouse owns the policy and receives the tax-free death benefit.
d. The split-dollar valuation method; the other employees of the construction company jointly own the policy as a cross-purchase group.

56. An engineering firm wants to provide its vice-president of operations with permanent life insurance protection as an executive benefit without bearing the entire cost of the policy. At the same time, the firm's owner is comparing the corporate small business tax rate against personal marginal tax rates for retaining earnings inside the corporation. Which statement accurately describes a split-dollar arrangement and the small business tax rate rules in BC?

一家工程公司希望为其运营副总裁提供一份永久寿险保障作为高管福利，但不想全额承担保单成本。与此同时，该公司业主正在对比公司小企业税率与个人边际税率在公司内部留存收益上的差异。下列哪项准确描述了分成保单安排（split-dollar arrangement）以及 BC 省小企业税率规则?

a. In split-dollar, the firm and employee hold different rights in one permanent policy and split premiums by fair value; a qualifying BC CCPC pays 11% on its first $500,000 of active business income.
b. Under a split-dollar arrangement, the insurer issues two separate term policies for the price of one, and the corporation can allocate 99% of the premium to itself with no fair market value review by the CRA.
c. Because the corporate small business tax rate is lower than the owner's personal marginal rate, holding any life insurance policy inside a corporation is guaranteed to permanently save taxes in all situations regardless of subsequent withdrawal taxes or ACB.
d. The small business tax rate of 11% in BC applies to an unlimited amount of corporate passive investment income and capital gains.

56′. Horizon Tech Inc. sets up a split-dollar permanent life insurance arrangement with its chief software architect. How are the policy rights and premium payments structured under this type of arrangement?

Horizon 科技有限公司与其首席软件架构师建立了一份分成保单（split-dollar）永久寿险安排。在这种安排下，保单权益和保费支付是如何构建的?

a. The architect owns 100% of both the cash value and death benefit, while the corporation pays 100% of the premiums as a tax-free gift.
b. The corporation and the architect hold different interests in one policy, such as the face amount and the cash value, and split the premium by the fair value of each.
c. The policy death benefit is automatically credited to the employee's personal capital dividend account (CDA) upon retirement.
d. A specific section of the Income Tax Act sets a fixed 50/50 statutory premium split regardless of the age of the insured or the value of the benefits.

第 9 章 · 投保与核保 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

57. Marcus, age 38, is applying for a 20-year term life insurance policy. During the application interview, he discloses that he smokes half a pack of cigarettes daily, drinks a glass of beer on weekends, works as a high school history teacher, and participates in heli-skiing in remote backcountry mountains every winter. Which of these disclosures is most likely to result in his policy being issued as a rated policy or with an exclusion clause?

38岁的Marcus正在申请一份20年期定期寿险保单。在投保面谈中，他披露自己每天抽半包烟、周末喝一杯啤酒、职业是高中历史老师，并且每年冬天都会去偏远的后山区域参加直升机滑雪。这些披露中哪一项最可能导致他的保单被签发为加费保单（rated policy）或附加除外条款（exclusion clause）？

a. His daily cigarette smoking, because all smokers are automatically issued rated policies above the standard rate table.

b. His regular backcountry heli-skiing, because hazardous avocations fall outside standard rate classes and lead to a rating or exclusion.

c. His weekend beer consumption, because any alcohol intake triggers an automatic moral hazard surcharge.

d. His occupation as a classroom teacher, because a person's age and occupation always trigger a separate medical rating.

57′. Four applicants are applying for standard term life insurance policies. Applicant 1 is a 45-year-old daily cigarette smoker with an office job; Applicant 2 is a 30-year-old non-smoker who drinks wine at family dinners; Applicant 3 is a 50-year-old non-smoker with a clean driving record; Applicant 4 is a 29-year-old non-smoker who accumulated four serious speeding and reckless driving convictions in the past two years. Which applicant is most likely to receive a rated policy?

四名申请人正在申请标准定期寿险保单。申请人1是45岁的坐班族，每天吸烟；申请人2是30岁非吸烟者，仅在家庭聚餐时喝红酒；申请人3是50岁非吸烟者，驾驶记录良好；申请人4是29岁非吸烟者，过去两年内累计有四次严重超速及鲁莽驾驶违规记录。哪一位申请人最可能收到加费保单（rated policy）？

a. Applicant 1, because cigarette smoking is always treated as an extra rating on top of the non-smoker table.

b. Applicant 2, because any alcohol consumption requires a rated premium.

c. Applicant 3, because being age 50 automatically places an applicant into the rated risk category.

d. Applicant 4, because multiple serious driving violations on a Motor Vehicle Record (MVR) trigger a rating.

58. Hannah completes a life insurance application for $300,000 and gives her agent a cheque for the first month's premium so she can obtain immediate coverage under a Temporary Insurance Agreement (TIA). While reviewing the separate TIA health questions, Hannah answers 'yes' to a question asking whether she has been advised to undergo diagnostic cardiac testing within the past year. What must happen regarding the TIA?

Hannah完成了一份$300,000的寿险投保申请，并向代理人交付了首月保费支票，以便通过临时保险协议（TIA）获得即时保障。在回答单独的TIA健康问卷时，Hannah对「过去一年内是否曾被建议接受心脏诊断检查」这一问题回答了「是」。关于这份TIA应当如何处理?

a. The TIA cannot be issued, because any 'yes' answer on the separate TIA health questions automatically disqualifies temporary coverage.
b. The TIA takes effect immediately because Hannah submitted a complete application and paid the first full month's premium by cheque.
c. The TIA takes effect for half of the applied face amount until the Attending Physician's Statement has been reviewed by head office.
d. The agent can override the health questionnaire and issue the TIA if Hannah appears healthy and energetic during the meeting.

58′. Owen, age 42, completes a formal life insurance application, answers 'no' to all questions on the Temporary Insurance Agreement (TIA) questionnaire, and offers to pay the first monthly premium. However, during the interview, the agent observes that Owen is visibly short of breath, wheezing heavily, and mentions he has been coughing up blood for two weeks without seeing a doctor. What should the agent do regarding the TIA?

42岁的Owen完成了正式寿险投保申请，在临时保险协议（TIA）问卷的所有问题上均回答「否」，并提出支付首月保费。但在面谈过程中，代理人观察到Owen明显呼吸急促、严重喘息，且随口提到自己已咳血两周但尚未看医生。关于TIA，代理人应当怎么做?

a. Issue the TIA immediately because Owen answered 'no' to every formal TIA question and tendered the first monthly premium.
b. Issue the TIA but attach a respiratory exclusion clause that the agent drafts on the spot and initials with Owen.
c. Decline to issue the TIA because of the serious health concerns the agent observed, and record them for the underwriter.
d. Reject the entire formal life insurance application on the spot so the insurer never has to review Owen's file.

59. Colin applies for a $750,000 permanent life insurance policy and states on his application that he has no medical history and no hazardous hobbies. When the underwriter checks the Medical Information Bureau (MIB) database, a coded entry from a previous application two years ago indicates a cardiac abnormality. How is the underwriter permitted to use this MIB report?

Colin申请一份$750,000的终身寿险保单，并在申请表上声称自己没有任何病史和危险爱好。当核保员查询医疗信息局（MIB）数据库时，发现两年前一次既往投保留下的编码记录提示存在心脏异常。核保员按规定可以如何使用这份MIB报告?

a. Decline Colin's application immediately, relying solely on the coded cardiac entry that appears in his MIB report.
b. Obtain the complete medical file and the previous underwriting decision directly from the MIB database and issue a rated policy.
c. Treat the MIB code as an alert and verify through a medical exam or Attending Physician's Statement that the condition exists before deciding.
d. Ignore the MIB entry completely because privacy rules prohibit insurers from sharing information across different companies.

59′. Last year, Gavin applied for life insurance with Insurer X and was declined after a medical exam revealed severe liver disease. This month, Gavin applies for coverage with Insurer Y and omits any mention of his liver condition. When Insurer Y checks the Medical Information Bureau (MIB), what information will Insurer Y find and what must its underwriter do?

去年，Gavin向X保险公司申请寿险，在体检发现严重肝病后被拒保。本月，Gavin向Y保险公司申请保险，并隐瞒了自己的肝病史。当Y保险公司查询医疗信息局（MIB）时，会查到什么信息，其核保员又必须怎么做?

a. Insurer Y will see a coded entry for the liver condition, and its underwriter must verify that fact independently before declining or rating.
b. Insurer Y will only see that Insurer X declined Gavin, which legally bars Insurer Y from ever issuing a policy to him.
c. Insurer Y can automatically reject Gavin's application the moment the MIB code appears on screen without ordering any tests or records.
d. Insurer Y will find nothing in the MIB because medical exam findings from declined applications are deleted after six months.

60. Trevor applied for a $500,000 life insurance policy without requesting a Temporary Insurance Agreement and opted to pay the first premium upon policy delivery. Three weeks later, the insurer issues the policy at standard rates and sends it to the agent for delivery. When the agent arrives at Trevor's home, Trevor is ready to pay the first premium and sign the acceptance receipt, but mentions he was hospitalized yesterday after suffering a mild stroke. What must the agent do?

Trevor申请了一份$500,000的寿险保单，未申请临时保险协议（TIA），并选择在保单交付时缴纳首期保费。三周后，保险公司以标准费率签发保单并寄给代理人交付。当代理人到达Trevor家中时，Trevor准备支付首期保费并签署收单回执，但提到自己昨天因轻度中风刚住院。代理人必须怎么做?

a. Collect the premium and hand over the policy because underwriting ended the moment the head office printed the contract.
b. Deliver the policy immediately because the 10-day free-look period protects the insurer against strokes occurring before delivery.
c. Deliver the policy but verbally inform Trevor that any death claim related to stroke within the first two years will be excluded.
d. Refuse to complete the delivery, withhold the policy, and contact the underwriter because Trevor's insurability has changed since the application.

60′. An insurer approves Diana's life insurance application and sends the policy contract to her agent. Under standard policy delivery requirements, which combination of conditions must all be satisfied before the agent can complete delivery and put the policy into force?

保险公司批准了Diana的寿险申请，并将保单合同寄给她的代理人。根据标准保单交付要求，必须同时满足哪组条件，代理人才能完成交付并使保单正式生效?

a. Diana signs the delivery receipt, the 10-day free-look period expires, and the agent files a FINTRAC large cash report.
b. Diana accepts the policy, the first premium is paid in full, and her insurability has not changed between application and delivery.
c. Diana passes a second full medical examination on the delivery date and pays a full annual premium in cash.
d. The agent verifies the named beneficiary's government ID on the delivery date and guarantees that premiums will never change.

61. Four years ago, Arthur bought a $600,000 term life insurance policy. To qualify for lower non-smoker premiums, he intentionally lied on the application and declared he was a non-smoker, even though he smoked a pack of cigarettes every day. Last month, four years after the policy took effect, Arthur died in a car accident, and the insurer discovered his long-standing smoking habit during the claim investigation. Under BC insurance law and LLQP rules, what can the insurer do?

四年前，Arthur购买了一份$600,000的定期寿险保单。为了获得较低的非吸烟人保费，他在申请表上故意撒谎声称自己是非吸烟人，尽管他每天抽一包烟。上个月，即保单生效四年后，Arthur在一场车祸中身故，保险公司在理赔调查中发现了他长期的吸烟习惯。根据BC省保险法及LLQP规则，保险公司可以怎么做?

a. Pay the full $600,000 death benefit because the two-year incontestability period has expired and bars all challenges.
b. Void the policy and deny the claim on the basis of fraudulent misrepresentation, even though more than two years have passed.
c. Adjust the death benefit downward to the amount that the non-smoker premium would have purchased on the smoker rate table, just like an age misstatement.
d. Pay the full claim because Arthur died in a car accident rather than from a smoking-related illness.

61′. Three years ago, Wendy purchased a life insurance policy and innocently omitted an early-stage benign cyst that her doctor had never mentioned to her. She also accidentally wrote her birth year as 1982 instead of 1980, making her appear two years younger. Today, while Wendy is alive and the policy has been in force for three years, the insurer discovers both unintentional errors. How are these two mistakes handled?

三年前，Wendy购买了一份寿险保单，并无意中漏报了一个医生从未向她提起过的早期良性囊肿。她还不小心把出生年份1980年写成了1982年，使自己看起来小了两岁。今天，在Wendy健在且保单已有效满三年时，保险公司发现了这两个无意错误。这两项错误应如何处理?

a. The medical omission is protected because two years in force have passed during Wendy's lifetime, while the age misstatement leads to an adjusted benefit or premium.
b. The insurer can void the entire contract immediately because any mistake on a life insurance application invalidates the coverage forever.
c. Both the medical omission and the age misstatement are completely locked in after two years, so no adjustment for her true age is allowed at all.
d. The insurer can cancel the policy for the age error but must pay a penalty for reviewing her medical file after two years.

62. Two healthy 35-year-old clients, Chloe and Derek, both want to apply for life insurance without undergoing needle blood draws or physical medical exams. Chloe applies through an accelerated underwriting program, while Derek applies for a simplified issue policy. What is the key structural difference between the two underwriting processes they have chosen?

两位健康的35岁客户Chloe和Derek都希望在不接受抽血或传统体检的情况下申请寿险。Chloe通过加速核保（accelerated underwriting）流程申请，而Derek申请了一份简化承保（simplified issue）保单。他们所选的这两种核保流程之间最核心的结构性差异是什么?

a. Accelerated underwriting accepts every applicant automatically with no health questions at all, whereas simplified issue always requires a full Attending Physician's Statement.
b. Simplified issue offers preferred, standard, and rated risk classes at lower premiums, whereas accelerated underwriting charges one flat high rate to every applicant.
c. Accelerated underwriting still assigns preferred, standard, or rated classes using algorithms and existing data, whereas simplified issue gives a plain accept-or-decline result with no classes.
d. Accelerated underwriting is legally restricted to policies over two million dollars, whereas simplified issue is mandatory by law for all individual term policies.

62′. A client tells his agent, 'I saw an online ad for no-medical-exam life insurance. Since there is no physical exam, I am guaranteed to get the lowest standard rate even though I have a risky hobby and poor driving history.' If the product uses accelerated underwriting, how should the agent clarify the rules?

一位客户对代理人说：「我看到网上有免体检寿险广告。既然不用做身体检查，就算我有高风险爱好和不良驾驶记录，我也肯定能拿到最低的标准费率。」如果该产品采用的是加速核保（accelerated underwriting），代理人应当如何澄清规则?

a. Confirm that skipping the medical exam means the insurer also waives all financial and moral hazard checks, so his hobby and driving record will not matter.
b. Explain that accelerated underwriting only applies after the policy has been in force for two years, so his hobby and driving record are ignored at application.
c. Tell the client that any no-medical policy is legally prohibited from charging different rates to different applicants, whatever their hobbies or driving.
d. Explain that accelerated underwriting still classifies risk using questionnaires and data such as MIB and MVR, so his hobby or driving record can still lead to a rating.

63. Five years ago, Rachel purchased a $400,000 term life insurance policy on the life of her husband, Kevin, naming herself as both policyowner and beneficiary. Last year, Rachel and Kevin finalized their divorce. Rachel continues to pay the premiums on time, and she now asks her agent whether the existing $400,000 policy is still valid and whether she can also buy a brand-new $200,000 policy on Kevin's life today. How do the rules of insurable interest apply?

五年前，Rachel以丈夫Kevin为被保险人购买了一份$400,000的定期寿险保单，将自己指定为保单所有人兼受益人。去年，Rachel和Kevin正式离婚。Rachel继续按时缴纳保费，现在她询问代理人：原有的$400,000保单是否仍然有效？她今天能否再以Kevin为被保险人新买一份$200,000的保单？可保利益规则如何适用？

a. The old policy stays valid because insurable interest is tested only at issue, but a new $200,000 policy today must meet insurable interest (or written consent) and underwriting again.

b. The existing $400,000 policy became automatically void on the day the divorce was finalized, because insurable interest must exist continuously until the insured's death.

c. Both the existing policy and the new $200,000 policy are automatically approved without any underwriting, because Rachel has already owned a policy on Kevin's life.

d. The existing policy remains valid only if Kevin signs a new Temporary Insurance Agreement every year after the divorce, and no new policy can ever be issued on his life.

63′. Six years ago, a software firm purchased a $1,000,000 key person life insurance policy on its lead architect, Martin, with the firm as policyowner and beneficiary. Last month, Martin resigned from the firm to retire completely. If the firm continues paying the premiums on the existing policy, what happens to the validity of that policy?

六年前，一家软件公司为其首席架构师Martin购买了一份$1,000,000的关键人物寿险保单，公司为保单所有人兼受益人。上个月，Martin从该公司辞职并彻底退休。如果该公司继续按时缴纳现有保单的保费，该保单的效力会如何？

a. The policy terminates on Martin's last day of employment because the employer–employee insurable interest has ended.

b. The policy remains valid and in force because insurable interest existed when the contract was originally issued.

c. The policy converts automatically into a simplified issue policy owned by Martin's spouse.

d. The insurer can void the policy for moral hazard under the two-year incontestability rule.

第 10 章 · 评估寿险需求 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

64. Elena, age 39, is a single mother in North Vancouver raising her 8-year-old son. Her monthly take-home pay is $4,100, and if she dies, her son's monthly living expenses are projected to be $2,600 (excluding the mortgage payment, which would be paid off in full). The son would receive a monthly CPP children's benefit of $307.81 (assuming no resulting income tax), leaving a monthly income shortfall of $2,292.19, which her agent capitalizes over 10 years using the zero net real return drawdown method at approximately $275,000. Elena owns a home with a market value of $860,000 and a remaining mortgage balance of $410,000, estimates funeral expenses at $15,000, and has $100,000 of employer-provided group life insurance available to her estate. Using the capital needs approach, how much additional life insurance does Elena need?

39岁的Elena是北温哥华的一名单亲妈妈，独自抚养8岁的儿子。她的月税后实得收入为$4,100；若她身故，预计儿子的月生活开支为$2,600（已剔除拟一次性还清的按揭供款）。儿子每月可领$307.81的CPP子女给付（假定无由此产生的所得税），留下每月$2,292.19的收入缺口，代理人按零实际净收益的简化资本耗尽法覆盖10年，算出资本化金额约为$275,000。Elena名下房产市值为$860,000，按揭余额为$410,000，预计丧葬费为$15,000，且拥有雇主提供的$100,000可赔付团体寿险。按资本需求法计算，Elena还需要新增多少寿险保额？

a. $700,000

b. $600,000

c. $425,000

d. $860,000

64′. Maya, an administrative specialist in Richmond, wants to ensure her family's expenses are covered for 14 years until her child turns 18. After deducting approved CPP survivor and child benefits of $1,111.35 per month from projected post-death monthly expenses of $4,200, her monthly income shortfall is $3,088.65, which equals approximately $519,000 over 14 years under the simplified zero net real return drawdown method (compared with $2,155,000 under the capital retention method at 1.72%). She also has one-time capital needs of $20,000 for funeral costs and $8,000 to clear credit card debt, and she holds an eligible $150,000 employer group life insurance policy. What is Maya's recommended new life insurance coverage?

在列治文担任行政专员的Maya希望确保家人在未来14年（直至孩子年满18岁）的开支得到保障。从身故后预计月开支$4,200中扣除已核定的CPP遗属与子女月给付合计$1,111.35后，她的月收入缺口为$3,088.65；按零实际净收益的简化资本耗尽法覆盖14年，资本化金额约为$519,000（若按1.72%资本保留法则为$2,155,000）。她还有$20,000丧葬费和$8,000清偿信用卡债务的一次性资本需求，且名下有一份可赔付的$150,000雇主团体寿险。Maya的建议新增寿险保额是多少？

a. $519,000

b. $150,000

c. $2,155,000

d. $397,000

65. Mateo, an electrical engineer in Surrey, has $84,000 of annual after-tax disposable income that his family wants to replace indefinitely using the income replacement approach. Assuming an annual investment rate of return of 5%, a marginal tax rate of 25%, and an annual inflation rate of 2%, what is the capitalized value of Mateo's income when adjusted for BOTH income taxes and inflation (keeping full rate precision in the denominator)?

素里的电气工程师Mateo每年有$84,000的税后可支配收入，其家庭希望用收入替代法永久替代这笔收入。假设年投资回报率为5%、边际税率为25%、年通胀率为2%，当同时计入所得税与通胀两项调整时（分母保留完整收益率精度计算），Mateo收入的资本化价值是多少?

a. $1,680,000
b. $2,240,000
c. $4,896,000
d. $2,856,000

65′. Hannah earns $84,000 in annual after-tax take-home pay. Her advisor is demonstrating the four-step progression of the income replacement approach using a 5% investment rate of return, a 25% marginal tax rate, and a 2% inflation rate. If the advisor accounts for the after-tax rate of return ONLY (before making any inflation adjustment), what is the resulting capitalized value?

Hannah每年的税后实得收入为$84,000。她的顾问正在用5%的投资回报率、25%的边际税率和2%的通胀率演示收入替代法的四步演化。如果顾问仅计入税后回报率（尚未进行任何通胀调整），算出的资本化价值是多少?

a. $2,240,000
b. $1,680,000
c. $2,856,000
d. $4,896,000

66. After accounting for survivor benefits, a family faces a monthly income shortfall of $3,088.65. Using an after-tax, inflation-adjusted return of 1.72%, the capital retention method produces a required lump sum of approximately $2,155,000, whereas a 14-year simplified zero net real return capital drawdown calculation produces approximately $519,000. According to the LLQP framework, when is the capital drawdown method more appropriate than the capital retention method?

在计入遗属给付后，某家庭面临每月$3,088.65的收入缺口。按1.72%的税后通胀调整回报率计算，资本保留法得出的所需本金约为$2,155,000，而覆盖14年的零实际净收益简化资本耗尽法得出的金额约为$519,000。根据LLQP分析框架，在什么情况下选用资本耗尽法比资本保留法更恰当?

a. When the income need has a definite end point, such as supporting a dependent child for 14 years until adulthood or paying support for a fixed term.
b. When the primary goal is to preserve the entire insurance principal forever so that survivors live exclusively off investment interest.
c. When the agent wants a quick initial ballpark estimate during a first interview without asking about survivor expenses or duration.
d. When the surviving spouse has no other income and requires permanent, lifelong income replacement with no termination date.

66′. An agent is comparing the income replacement approach and the capital needs approach for a client couple. Why does the LLQP exam explicitly recommend the capital needs approach over the income replacement approach for making a formal coverage recommendation?

一名代理人正在为一对客户夫妻比较收入替代法与资本需求法。为什么LLQP考纲明确指出在提出正式保额建议时，资本需求法比收入替代法更被推荐?

a. Because the income replacement approach requires detailed post–death household budgets and takes much longer to calculate.
b. Because the capital needs approach ignores existing insurance coverage and available assets, ensuring the client buys the maximum possible policy.
c. Because the capital needs approach itemizes actual post–death expenses, survivor income, one–time capital needs, and duration, reflecting the family's true shortfall.
d. Because the capital needs approach is legally mandated by the British Columbia Family Law Act for all married couples.

67. Gavin is divorced and remarried. Under a written mediation agreement with his former spouse, he pays $900 per month in support until his 10–year–old child reaches age 19. When Gavin's insurance agent asks about this obligation, Gavin replies, 'Our mediation agreement doesn't say a word about buying life insurance, so if I die tomorrow, that obligation disappears.' How should the agent assess this situation in British Columbia?

Gavin离异后再婚。根据与前配偶签署的书面调解协议，他每月支付$900抚养费，直至10岁的孩子年满19岁。当保险代理人问及这项义务时，Gavin回答说：「我们的调解协议只字未提买寿险的事，所以就算我明天身故，这项义务也会自动消失。」在BC省，代理人应当如何评估这一处境?

a. Accept Gavin's statement and omit the $900 monthly payment, because any support agreement without an insurance clause automatically terminates upon death.
b. Assume that British Columbia's Family Law Act s.170(e) automatically orders every divorced parent to purchase a brand–new permanent life insurance policy.
c. Replace the entire support obligation with the $307.81 monthly CPP children's benefit, which legally extinguishes any family law claim against the estate.
d. Review the exact wording of the mediation agreement, because if it is silent on termination at death, the former spouse may still claim against Gavin's estate under family law.

67′. Under British Columbia's Family Law Act s.170(e) and s.171, which statement accurately describes the relationship between support obligations, existing life insurance, and claims against a deceased payor's estate?

根据BC省《家庭法》(Family Law Act) s.170(e)与s.171，下列哪项准确描述了抚养义务、既有寿险保单以及针对已故支付方遗产提出索赔之间的关系?

a. A mediation agreement is identical to a court order and automatically grants the former spouse the full value of the deceased's estate if insurance is not mentioned.
b. Section 170(e) can require a payor to name a spouse or child on existing insurance and keep paying premiums, and under s.171 a silent agreement may still expose the estate.
c. If a divorce agreement does not explicitly mention life insurance, the support obligation is legally void upon the payor's death in all circumstances.
d. The Family Law Act prohibits naming a former spouse or child from a prior marriage as a beneficiary once the payor remarries.

68. Nora owns shares in a Canadian-controlled private corporation (CCPC) that qualify as qualified small business corporation (QSBC) shares, while her brother Leo holds an interest in a general operating partnership (not a family farm or fishing partnership). When answering an LLQP exam question based on the 2022 exam rules regarding the tax consequences upon death, how are Nora's QSBC shares and Leo's general operating partnership interest treated?

Nora持有一家加拿大人控股私人公司（CCPC）的股份且符合合格小型企业公司（QSBC）股份定义，而她的哥哥Leo持有一家普通经营合伙企业（非家族农渔业合伙）的权益。在按2022年考试口径回答LLQP考题、评估身故时的税务后果时，Nora的QSBC股份与Leo的普通经营合伙权益应如何处理?

a. Both face deemed disposition at death; under the 2022 exam rules, Nora's QSBC gain can be sheltered by the LCGE up to $913,630, but Leo's partnership interest cannot.
b. Neither is subject to deemed disposition at death because all private business interests automatically roll over tax-free to surviving siblings.
c. Leo's general operating partnership interest qualifies for the LCGE up to $913,630, whereas Nora's CCPC shares are taxed as regular employment income with no exemption.
d. Both Nora's QSBC shares and Leo's general operating partnership interest qualify for two separate $913,630 LCGE deductions upon death.

68′. Simone is the sole shareholder of a CCPC. At her death in 2026, her shares have a fair market value of $650,000 and an adjusted cost base (ACB) of $10,000. Assuming the shares meet all QSBC conditions and Simone has never used any of her Lifetime Capital Gains Exemption (LCGE), how is the $640,000 capital gain treated under 2026 tax rules?

Simone是一家CCPC的唯一股东。若她在2026年身故，其股份的公允市值为$650,000，调整后成本基数（ACB）为$10,000。假定该股份符合所有QSBC条件，且Simone从未使用过她的终身资本利得豁免（LCGE），在2026年税法规则下，这笔$640,000的资本利得应如何处理?

a. The $640,000 capital gain is completely ignored and never produces a taxable capital gain or any alternative minimum tax (AMT) consideration.
b. Because CCPC shares are treated identically to a general operating partnership, the entire $320,000 taxable capital gain is fully taxable with no LCGE available.
c. Only the $10,000 adjusted cost base is subject to deemed disposition, while the $640,000 growth is taxed as a corporate dividend.
d. Half of the $640,000 gain, or $320,000, is a taxable capital gain that the capital gains deduction can offset within the 2026 LCGE of $1,275,000, subject to AMT.

69. Victor has total personal and corporate assets with a combined book and market value of $1,180,000. This total includes private corporation shares with a fair market value of $650,000 (and an adjusted cost base of $10,000) that his family intends to retain and continue operating after his death, as well as the family home in which his surviving spouse will continue living. When calculating Victor's net life insurance need under the capital needs approach, how should the $650,000 corporate shares and the family home be treated in determining 'assets available upon death'?

Victor名下个人与公司总资产合计为$1,180,000。其中包括公允市值为$650,000（调整后成本基数ACB为$10,000）、家人打算在他身故后保留并继续经营的私人公司股权，以及未亡配偶将继续居住的家庭自住房。按资本需求法计算Victor的净寿险需求时，在确定「身故时可用资产」时应如何处理这$650,000公司股权与家庭自住房?

a. Include the full $1,180,000 total asset value as available cash, because all assets owned by the deceased automatically reduce the need for life insurance.
b. Exclude from available assets both the $650,000 shares the family will keep operating and the home in which the spouse will continue living.
c. Include the $640,000 unrealized capital gain on the corporate shares as liquid cash available to pay estate expenses.
d. Include the $650,000 corporate shares in available assets while excluding only the $10,000 adjusted cost base.

69′. During a capital needs analysis, a client lists a family cottage that she wants passed intact to her children, a retirement account that her surviving spouse will continue holding for retirement, and a high-interest savings account earmarked for debt repayment at death. Which rule governs which of these assets reduce the total capital need?

在资本需求分析中，客户列出了一处希望原封不动传给子女的家族度假屋、一个未亡配偶将继续持有用于养老的退休金账户，以及一个专门留作身故清偿债务的高息储蓄账户。下列哪条规则决定了其中哪些资产可以扣减总资本需求?

a. Exclude the cottage meant for the children and the retirement account the spouse keeps; deduct only the savings account available at death.
b. Deduct the gross market value of the cottage, the retirement account, and the savings account without adjustment for taxes or selling costs.
c. Deduct only the cottage and the retirement account, because liquid cash accounts are excluded from the capital needs approach.
d. Ignore all three assets because the capital needs approach only deducts existing life insurance policies and never deducts client assets.

70. Owen, age 46, is married and has two young children. He has contributed to the Canada Pension Plan (CPP) throughout his career. When calculating Owen's family needs for an LLQP exam question that does not specify a newer statutory year, how should the CPP death benefit and monthly CPP survivor benefits be treated?

46岁的Owen已婚并育有两名幼子，职业生涯中一直向加拿大退休金计划（CPP）供款。在回答一道未指定新法年份的LLQP考题、计算Owen的家庭保障需求时，应当如何处理CPP一次性身故给付和CPP遗属月给付?

a. Use a $5,000 CPP death benefit automatically because all married contributors qualify for the $2,500 top-up, and add the maximum monthly survivor benefits unconditionally.
b. Omit all CPP benefits from the needs analysis because government benefits are paid automatically without application and cannot offset private insurance needs.
c. Use the basic $2,500 CPP death benefit and the figures stated in the exam stem (or the 2022 exam snapshot if unspecified), without assuming every family receives the maximum monthly ceiling.
d. Substitute British Columbia's WorkSafeBC funeral benefit of $11,704.51 in place of the CPP death benefit for any illness-related death.

70′. Kendra is leaving her employer and wants to know how her group life insurance conversion privilege works when assessing her ongoing coverage needs in British Columbia. Which statement accurately explains the exam treatment and the actual regulatory rule in BC?

Kendra即将离职，在评估自己在BC省的持续保障需求时，她想了解团体寿险的离职转换权是如何运作的。下列哪项准确解释了考试口径与BC省的实际监管规则?

a. BC's Insurance Act guarantees a mandatory 90–day statutory conversion window for all group life policies, matching the pension waiver period.

b. The exam cites a 30–day or 31–day conversion window (it is internally inconsistent), while in BC conversion rests on CLHIA industry guidelines, not statute.

c. Group life insurance automatically continues at the employer's expense for 14 years after an employee resigns.

d. Converting a group life policy requires full medical underwriting within 60 days, and the exam states that conversion is prohibited before age 65.

第 11 章 · 提出寿险推荐 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

71. Elena is a single parent with a young child and a twenty-year mortgage. She is starting a new career, so her current income is limited and her long-term estate needs are still uncertain, though she expects her earnings to grow in a few years. Which life insurance recommendation best fits her situation?

Elena 是一位独自抚养幼年子女的单亲家长，背负一笔二十年期房贷。她刚起步新职业，目前收入有限且长期遗产需求尚不确定，但她预计几年后收入会增长。下列哪项寿险推荐最贴合她的处境?

a. A convertible term life insurance policy, which covers her immediate obligations at an affordable cost while preserving the option to convert to permanent coverage later without medical evidence.

b. A participating whole life policy for the full mortgage and income need, because recommending the most comprehensive permanent coverage is the safest way to avoid liability.

c. A universal life policy funded at the minimum level, because flexible premiums mean she can stop paying entirely for many years without worrying about the cost of insurance.

d. A joint last-to-die permanent policy naming her child as co-insured, since all family protection needs should be bundled into a single lifelong contract.

71′. Liam and Nora are retired spouses whose mortgage is paid off and whose children are financially independent. Their sole insurance objective is to provide cash to pay the capital gains tax on their family cottage, which will only become payable upon the death of whichever spouse dies second. They have maxed out their RRSP and TFSA room. Which policy type is most appropriate?

Liam 与 Nora 是一对已退休夫妇，房贷已还清，子女也已经济独立。他们唯一的保险目标是提供现金来支付家庭度假屋的资本利得税，而这笔税款仅在两人中后去世的那位配偶身故时才须缴纳。他们已用满 RRSP 与 TFSA 额度。哪种保单类型最合适?

a. A twenty-year term policy on the older spouse alone, since term insurance has the lowest initial premium.

b. Two separate short-term policies that must be renewed every five years until the cottage is sold.

c. A joint last-to-die permanent life insurance policy, which matches the lifelong duration of the tax liability triggered upon the second spouse's death.

d. Relying solely on an employer group life policy, because group coverage has no maximum limit and always continues unchanged throughout retirement.

72. An agent in British Columbia is comparing a ten-year renewable term policy against a twenty-year term policy for a client who needs twenty years of coverage. The client also wants to name her married spouse as primary beneficiary and asks whether she will need her spouse's consent to change the beneficiary later. What should the agent tell her?

BC 省的一位代理人正在为需要二十年保障期的客户比较一张十年期可续保定期险与一张二十年期定期险。客户还希望指定自己的已婚配偶为主要受益人，并询问日后若想变更受益人是否需要征得配偶同意。代理人应如何告知她?

a. She should pick the ten-year term based solely on its lower first-year premium, and her spousal designation is automatically irrevocable because they are legally married.
b. She should compare cumulative premiums over the full twenty years, including the renewal jump, and in BC her spousal designation is revocable unless declared irrevocable.
c. She should name her estate instead of her spouse as beneficiary so the death benefit bypasses probate fees, and compare only the first-year monthly premiums.
d. Both policies will have identical total premiums over twenty years, and in BC only contingent beneficiaries can be changed without written consent.

72′. A policyholder in Quebec names his legally married spouse as the beneficiary of his individual life insurance policy in an application form (outside of a will) without checking either the revocable or irrevocable box. Meanwhile, his brother in British Columbia does the exact same thing on a BC policy. How do the default rules treat these two designations?

魁北克省的一位保单持有人在投保单（遗嘱以外的书面文件）中指定自己的合法已婚配偶为个人寿险受益人，但未勾选可撤销或不可撤销栏位。与此同时，他在 BC 省的哥哥在 BC 保单上做了完全相同的操作。默认规则如何对待这两项指定?

a. Quebec treats a married spouse named outside a will as irrevocable unless stated otherwise; BC treats the same designation as revocable by default.
b. Both designations are automatically irrevocable across all Canadian provinces whenever the named beneficiary is a legal spouse.
c. Both designations are revocable by default, because irrevocable status only applies when the policyholder's estate is named as beneficiary.
d. In BC the designation is irrevocable by default for married spouses, whereas in Quebec it applies only to common-law partners automatically.

73. An agent is presenting a permanent life insurance policy illustration that includes non-guaranteed cash surrender values and dividends. The client asks why there are different columns of numbers and what her signature on the illustration actually means. Which explanation by the agent is accurate?

一位代理人正在向客户展示一份包含非保证现金解约价值与红利的永久寿险保单演示件。客户询问为什么表格中有不同栏位的数字，以及她在演示件上签字究竟意味着什么。代理人的下列哪项解释是准确的?

a. Guaranteed values are shown apart from non-guaranteed projections, with at least two scenarios, and her signature confirms she understands the illustration, not any return.
b. Signing the illustration creates a binding guarantee that the insurer will credit the higher projected dividend scale for the first two policy years.
c. Only term life insurance illustrations require two dividend scenarios, whereas permanent policies only need to display a single historical return column.
d. The agent may remove the less favourable scenario column before printing if the insurer's historical participating account performance has been stable.

73′. An agent reviews a draft policy illustration for a universal life contract whose investment account returns are non-guaranteed. The printout handed to the agent displays the guaranteed column alongside only one optimistic non-guaranteed investment projection. What should the agent do before meeting the client?

一位代理人在见客户前审阅一份万能寿险合同的保单演示件草稿，该合同的投资账户回报是非保证的。交到代理人手上的打印件在保证栏旁边只展示了一套乐观的非保证投资回报投影。代理人在见客户前应该怎么做?

a. Present the printout as is, since universal life illustrations are exempt from showing multiple scenarios.
b. Handwrite a guaranteed label over the optimistic projection so the client feels confident signing the application.
c. Use a participating whole life dividend table from another policy to serve as the second scenario for this universal life illustration.
d. Question the illustration and get a compliant version showing at least two scenarios, including a less favourable one, before presenting it.

74. An agent convinces a policyholder to surrender an existing permanent life policy with Insurer Alpha and use the cash value to purchase a new permanent policy with Insurer Beta, using misleading claims that the old policy is about to lose its coverage. To speed up the sale, the agent instructs the client to cancel the Insurer Alpha policy on the day the new application is submitted. Which statement accurately evaluates this situation?

一位代理人用「旧保单保障即将失效」的误导性说法，说服保单持有人退掉在 Alpha 保险公司的既有永久寿险保单，并用现金价值购买 Beta 保险公司的一张新永久寿险保单。为了加快出单，代理人指示客户在递交新投保单当天就取消 Alpha 公司的旧保单。下列哪项准确评估了这一情形?

a. The agent committed churning because two policies were involved, and cancelling the old policy upon application was proper to avoid paying duplicate premiums.
b. This is twisting through misrepresentation across insurers, and cancelling the old policy before the new one is in force and accepted breaks the replacement rules.
c. The transaction is compliant as long as the new policy offers a twenty-day rescission period, because the two-year incontestability period carries over from Insurer Alpha to Insurer Beta.
d. Misleading replacement across two companies is permissible if the client signs a Life Insurance Replacement Declaration after the old policy is terminated.

74′. Seeking to earn a new first-year commission, an agent misleads a client into withdrawing the cash value from her existing participating policy with Insurer Omega to buy a brand-new policy issued by the very same Insurer Omega, even though keeping the original contract was clearly in the client's best interest. What is the specific term for this improper practice?

为了赚取新的首年佣金，一位代理人误导客户从其在 Omega 保险公司既有的分红保单中提取现金价值，去购买由同一家 Omega 保险公司签发的一张全新保单，尽管保留原合同明显更符合客户的最佳利益。这种不当行为的专门术语是什么?

a. Twisting, because any improper replacement of a permanent life insurance contract is classified as twisting.
b. Cumulative cost balancing, which is a standard step in the six-step recommendation workflow.
c. Rescission, which refers to replacing an internal policy within the same insurer for higher commission.
d. Churning, because misleading information was used to replace a policy within the same insurer.

75. At age 38, Victor bought a $250,000 twenty-year renewable term life policy at non-smoker rates for $35 per month. Now age 58, the initial twenty-year term is expiring. During the past decade, Victor started smoking and his health deteriorated, though he still needs life insurance coverage. When advising Victor on whether to renew his existing policy or apply for a new policy, what is the critical mechanism the agent must explain?

Victor 在 38 岁时以非吸烟者费率购买了一张保额 $250,000、月保费 $35 的二十年期可续保定期寿险保单。如今他 58 岁，最初的二十年保障期即将届满。在过去十年间，Victor 开始吸烟且健康状况恶化，但他仍需要寿险保障。在就「续保原保单」还是「申请新保单」向 Victor 提供建议时，代理人必须讲清楚的关键机制是什么？

a. Applying for a new policy is always cheaper than renewing an expiring term contract, regardless of whether the insured has started smoking in the meantime.
b. Renewing the existing policy will trigger a new two-year incontestability period and require Victor to pass a full medical exam at smoker rates.
c. Renewal pricing follows his original health class from issue, while a new policy requires underwriting as a smoker and must be compared with the contract's renewal rates.
d. Victor must cancel his expiring policy before submitting a new application so that the insurer does not reject him for over-insurance.

75′. Hannah, age 45, owns a $300,000 participating whole life policy purchased five years ago that has accumulated $18,000 in cash value. An agent suggests she surrender this policy to buy a new universal life policy with a critical illness rider. Which item MUST be included in the written pros-and-cons comparison (reason-why record) before Hannah decides?

45 岁的 Hannah 持有一张五年前购买的 $300,000 分红终身寿险保单，目前已积累 $18,000 现金价值。一位代理人建议她退保该旧单，改买一张附加重疾保障的新万能寿险保单。在 Hannah 做出决定前，下列哪项必须写入书面利弊对照表（reason-why 记录）中？

a. A statement that the five years already served under the old policy's incontestability period will transfer to the new universal life contract.
b. Disclosure that the two-year incontestability period restarts, cash value builds again from zero, and the new coverage and rider face current underwriting.
c. A comparison using the participating whole life account's historical dividend rates to project the guaranteed return of the new universal life policy.
d. An assurance that because the new policy adds a critical illness rider, replacement disclosure forms are not required.

76. A client in British Columbia tells her agent that she wants to replace her existing individual life insurance policy with a new individual life contract, adding that because replacing the policy was her own idea, they can skip the paperwork. Under the exam standard, which statement correctly describes the replacement disclosure requirement across Canada?

BC 省的一位客户告诉代理人，她想把既有的个人寿险保单替换成一张新的个人寿险合同，并表示因为换保单是她自己主动提出的，所以可以省去繁琐的披露文件。按照考试口径，下列哪项正确描述了加拿大的替换披露要求?

a. Replacement disclosure is waived whenever the policyholder initiates the replacement without solicitation from the agent.

b. Only the policy applicant needs to sign the replacement declaration, even when the life insured under the contract is a different person.

c. Disclosure is still required whoever initiated it, and the exam says most jurisdictions use the LIRD, while Quebec uses its own replacement notice.

d. The LIRD form is used exclusively in Quebec, while British Columbia and all other provinces have no written replacement declaration form.

76′. An agent in British Columbia is handling a life insurance replacement where the policy applicant is a business owner and the life insured is a key employee. Before proceeding with the new replacement application, what documentation and signatures must the agent obtain?

BC 省的一位代理人正在办理一项人寿保险替换业务，其中投保申请人是企业主，被保险人是一名关键员工。在着手办理这项替换的新投保申请之前，代理人必须取得哪些文件与签名?

a. Explain the declaration, have both the applicant and the life insured sign it, and attach a written note on the reasons, benefits, and cases where the new policy may not pay.

b. Only a verbal confirmation from the business owner is required before application, provided the written LIRD is mailed within thirty-one days after the old policy lapses.

c. Only the key employee needs to sign the LIRD form, and no written comparison is needed if the new policy has a higher face amount.

d. No replacement declaration is required in British Columbia because replacement disclosure is solely an informal industry custom in Quebec.

77. After completing a needs analysis showing a total insurance gap of $600,000, an agent recommends a combination of term and permanent policies. The client states that he only wants to purchase $300,000 of term insurance right now and declines the rest. Which action should the agent take to properly conclude this recommendation?

在完成需求分析并算出总保额缺口为 $600,000 后，代理人推荐了一套定期险加永久险的组合方案。客户表示自己目前只想购买 $300,000 的定期寿险，并拒绝其余建议。代理人应采取下列哪项行动来妥善完成本次推荐的收尾？

a. Repeatedly pressure the client until he agrees to the full $600,000 package, because an agent must never process a partial coverage application.

b. Process the $300,000 application and discard all notes about the $600,000 recommendation so the file shows no discrepancy.

c. Tell the client that reason-why records are only written when an existing policy is being replaced, so no written note is needed for a new application.

d. Explain the risks left uncovered, record the $600,000 recommendation, the alternatives, and his $300,000 choice in a reason-why record, and ask him to acknowledge the gap.

77′. An agent is writing a reason-why record for a client who considered a pure term insurance option but ultimately chose a combination of term insurance and a small participating whole life policy to build cash value for retirement. Besides the summary of the client's situation and the final recommendation matched to specific needs, what other elements belong in a sound reason-why record?

一位代理人正在为客户撰写一份 reason-why 推荐留痕记录。该客户曾考虑纯定期险方案，但最终为了积累现金价值用于退休补充，选择了定期险加小额分红终身险的组合。除了「客户处境摘要」与「最终推荐及匹配的具体需求」外，一份站得住脚的 reason-why 记录还应包含哪些要素？

a. Only the agent's commission schedule and a verbatim copy of every page of the insurer's policy contract.

b. The alternative options considered and why they were not chosen, along with the client's response (acceptance, partial acceptance, or refusal after having the risks explained).

c. A guarantee signed by the agent promising that the participating policy's non-guaranteed dividends will never decrease.

d. A Quebec replacement notice, because every new recommendation across Canada requires a replacement declaration even when the client owns no prior insurance.

第 12 章 · 寿险保障期内服务 人寿保险

带 ′ 的是同一考点的变式题：主题题做错时再做它。

78. Liam owns an individual life insurance policy and contacts his agent to request several changes over the course of the year. Which of the following policy changes requires Liam to provide evidence of insurability for underwriting approval?

Liam 持有一份个人人寿保单，并在一年内联系代理人提出多项变更申请。下列哪一项保单变更需要 Liam 提供可保性证据以供核保批准?

a. Changing his rate classification from smoker to non-smoker after quitting tobacco

b. Completing a collateral assignment of the policy to secure a bank loan

c. Reducing the face amount of coverage to lower his monthly premium

d. Changing the revocable beneficiary designation from his brother to his sister by written declaration

78′. Nora owns a permanent life insurance policy and wants to transfer all ownership rights permanently to her adult daughter, while also removing an accidental death rider she no longer needs. How does the insurer treat these two requests with respect to underwriting and taxation?

Nora 持有一份终身人寿保单，希望将全部保单所有权永久转让给成年女儿，同时删除一项不再需要的意外身故附加险。保险公司在核保和税务上如何处理这两项请求?

a. Both the ownership transfer and removing the rider require medical underwriting

b. Removing the rider triggers a taxable disposition, while the ownership transfer has no tax impact

c. Neither request requires underwriting, but the absolute assignment is generally a disposition that triggers a tax review

d. The absolute assignment is excluded from disposition rules under s.148 just like a collateral loan assignment

79. Marcus missed a renewal premium on his individual term life policy. After the 30-day grace period ended without payment and the policy lapsed, Marcus waited another 55 days before contacting his insurer to reinstate the policy. Under BC Insurance Act s.57, what is required for Marcus to reinstate his policy at this point?

Marcus 错过了一份个人定期寿险的续期保费。在 30 天宽限期届满仍未缴费导致保单失效后，Marcus 又过了 55 天才联系保险公司申请复效。根据 BC《Insurance Act》s.57，此时 Marcus 必须满足什么条件才能使保单复效?

a. He only needs to pay the overdue premium because he is still within the 2-year reinstatement period
b. He must apply within the 2-year window, pay all overdue premiums and contract indebtedness with permitted interest, and provide satisfactory evidence of health and insurability
c. His policy remains automatically in force because the 30-day grace period and 30-day short reinstatement window combine into 60 days of continuous coverage
d. He has permanently lost the statutory right to reinstate because more than 30 days have passed since the end of the grace period

79′. Elena missed a renewal premium on her individual life policy. During the 30-day window after the 30-day grace period expired and the policy lapsed, Elena died in an accident before paying the overdue premium. The next day, her spouse tendered the overdue premium to the insurer claiming the policy was within the 30-day post-grace reinstatement window. How will the insurer respond under BC Insurance Act s.50 and s.57?

Elena 错过了个人寿险续期保费。在 30 天宽限期届满保单失效后的 30 天窗口期内，Elena 在补缴保费前因意外身故。次日，其配偶向保司补交欠费，声称仍处于宽限期末后 30 天复效短窗口内。根据 BC《Insurance Act》s.50 与 s.57，保司将如何处理?

a. Deny the claim and refuse reinstatement because the policy had lapsed and the life insured was no longer alive when payment was tendered
b. Pay the full death benefit minus the overdue premium because death occurred within 30 days after the grace period ended
c. Reinstate the policy if the spouse can prove Elena was in good health on the day before the accident
d. Pay a reduced death benefit proportional to the premiums paid before the lapse

80. Victor designated his adult daughter, who is 19 years old, as the irrevocable beneficiary on his individual life insurance policy and properly filed the designation at the insurer's head office in Canada while alive. Two years later, Victor wants to borrow against the policy's cash value or change the beneficiary to his new partner. Under BC Insurance Act s.60 and s.66, what rule applies?

Victor 在生前将年满 19 岁的成年女儿指定为个人人寿保单的不可撤销受益人，并已合规存档于保险公司加拿大总办事处。两年后，Victor 想要用保单现金价值贷款或将受益人改为新伴侣。根据 BC《Insurance Act》s.60 与 s.66，适用什么规则?

a. Victor can change the beneficiary on his own at any time simply by signing a new will that names his partner
b. Victor can take a policy loan without consent, and only needs his daughter's consent if he surrenders the policy completely
c. While his daughter lives, he cannot alter the designation or deal with the policy without her consent, save statutory or court exceptions
d. The designation is automatically treated as revocable because BC does not recognize irrevocable beneficiaries outside Quebec

80′. Hannah executes a valid will in which she states that her brother is to be the irrevocable beneficiary of her life insurance policy. She never sends a copy of this designation to the insurer's head office in Canada during her lifetime. Under BC Insurance Act s.60, what is the legal effect of making an irrevocable beneficiary designation in a will?

Hannah 立下一份有效遗嘱，在遗嘱中声明其兄长为人寿保单的不可撤销受益人，但在生前从未将该指定寄送至保险公司加拿大总办事处存档。根据 BC《Insurance Act》s.60，在遗嘱中作出不可撤销受益人指定的法律效力是什么?

a. It becomes fully binding as an irrevocable designation once the will is probated and filed with the insurer after her death
b. A will cannot create an irrevocable designation, so the wording takes effect only as a revocable declaration
c. It invalidates the entire life insurance policy, and the insurer must refund all premiums paid to her estate
d. It causes the death benefit to be forfeited to the insurer because the designation was never filed with it

81. David bought a life insurance policy in BC and named his wife, Clara, as the revocable beneficiary in the policy contract. Five years later, David and Clara divorced, and David remarried. David never submitted a written declaration to change the beneficiary on his policy before he passed away. How does the divorce affect Clara's status as the policy beneficiary in BC?

David 在 BC 省购买了一份人寿保单，并在合同中指定妻子 Clara 为可撤销受益人。五年后两人离婚，David 再婚，但在去世前从未提交书面声明更改保单受益人。在 BC 省，离婚对 Clara 作为保单受益人的资格有何影响?

a. Divorce automatically revokes a former spouse's designation on any life insurance policy in every Canadian province, including BC
b. Divorce does not revoke the policy designation, so Clara stays the beneficiary on record unless a valid written declaration changes it
c. The death benefit is automatically redirected to David's new spouse as soon as the remarriage is registered
d. The policy lapses automatically on the date the divorce judgment takes effect

81′. After finalizing his divorce, Owen called his life insurance agent and verbally instructed the agent to remove his ex-spouse and name his sister as the revocable beneficiary. Owen died shortly afterward without ever signing a written declaration, and the insurer paid the death benefit to the ex-spouse listed on its records. Under BC Insurance Act s.59 and s.77, is the insurer liable to pay Owen's sister a second time?

办妥离婚后，Owen 致电寿险代理人，口头指示删除前配偶并将妹妹列为可撤销受益人。不久后 Owen 身故，生前从未签署任何书面声明，保司按记录将保险金付给了前配偶。根据 BC《Insurance Act》s.59 与 s.77，保司是否需要向 Owen 的妹妹二次赔付?

a. Yes, because a verbal instruction given to a licensed agent is legally equivalent to a signed declaration filed with the insurer
b. Yes, because the insurer must investigate the insured's family changes before it pays any former spouse on record
c. No, only half of the benefit must be paid to the sister because the agent made a verbal promise
d. No, because a change needs a written declaration, and the insurer is discharged when it pays per its records before written notice arrives

82. An agent convinces a client to cancel an existing permanent life policy with Insurer X and purchase a new policy with Insurer Y using misleading comparisons that hide the surrender charges and new contestability period. When replacing a life policy in BC, how is this improper cross-company practice termed, and what mandatory step applies to any legitimate replacement?

一名代理人通过隐瞒退保费用和新不可抗辩期的误导性对比，说服客户取消在 X 保险公司的既有终身寿险，转而购买 Y 保险公司的新保单。在 BC 省，这种跨保司的不当替换称为什么？任何合规的保单替换必须执行什么强制步骤?

a. Churning; the agent must cancel the old policy with Insurer X first, and only then submit the new application to Insurer Y
b. Twisting; give and explain the replacement declaration and pros-and-cons statement before applying, and keep the old policy until the new one is in force
c. Twisting; the replacement declaration and the written pros-and-cons statement are only required after the new policy has been delivered
d. Churning; in addition, exercising a contractual group conversion option is always treated as a statutory replacement under the regulation

82′. When a policy passes the 2-year incontestability period after issue, later lapses due to non-payment, and is subsequently reinstated under s.57, what happens to the suicide exclusion period and disclosure rules upon reinstatement?

当一份保单在签发后已满 2 年不可抗辩期，随后因欠费失效并依 s.57 办理复效时，复效后自杀除外期与披露规则会如何变化?

a. Disclosure rules reapply, and the contract's suicide exclusion period (commonly 2 years) restarts from the latest reinstatement date
b. Neither the incontestability period nor the suicide clause restarts because the original 2-year period was already completed
c. Only the suicide clause restarts, and it lasts just 30 days, while the incontestability period never restarts after reinstatement
d. The insurer can contest any non-fraudulent misstatement at any time for the rest of the policy's life once it has been reinstated

83. Arthur passed away five years after buying an individual life policy with a $120,000 face amount. During claim verification, the insurer discovered an unintentional recording error on the application that understated Arthur's age by three years: he paid $240 per year, whereas the correct premium for his true age was $300 per year. Under BC Insurance Act s.54, how much death benefit is payable?

Arthur 在购买一份保额 $120,000 的个人人寿保单五年后去世。理赔核实中，保司发现投保时因无意记录错误将其年龄写小了三岁：他每年实缴保费 $240，而其真实年龄应缴保费为每年 $300。根据 BC《Insurance Act》s.54，应付身故保险金是多少?

a. $0, because the misstatement of age voids the contract even after 2 years

b. $120,000, because the 2-year incontestability period has expired and prevents any adjustment

c. $96,000, calculated as $120,000 multiplied by ($240 divided by $300)

d. $150,000, calculated as $120,000 multiplied by ($300 divided by $240)

83′. Suppose instead that on a $120,000 individual life policy, an unintentional recording error overstated the insured's age by three years: the insured actually paid $300 per year, whereas the correct premium for the true younger age was only $240 per year. Under BC Insurance Act s.54, what happens when the claim is settled?

假设在另一份保额 $120,000 的个人寿险保单中，无意记录错误将被保险人的年龄写大了三岁：被保险人每年实缴 $300，而其真实较年轻年龄的应缴保费仅为每年 $240。根据 BC《Insurance Act》s.54，理赔结算时如何处理?

a. The death benefit remains capped at $120,000 because s.54 only permits downward adjustments

b. The benefit rises to $150,000, calculated as $120,000 multiplied by ($300 divided by $240)

c. The death benefit is reduced to $96,000 regardless of the direction of the error

d. The insurer voids the policy and refunds $300 per year to the estate

84. A life insured goes missing after a boating trip and no body is recovered. For the purpose of the LLQP exam, after how many years of unexplained absence can the beneficiary generally apply to a court for a declaration of presumption of death?

一名被保险人在乘船出行后失踪且未找到遗体。按 LLQP 考试口径通则，在毫无音讯失踪满多少年后，受益人通常可以向法院申请推定死亡宣告?

a. 2 years

b. 5 years

c. 6 years

d. 7 years

84′. A husband (the policyowner and life insured) and his wife (the sole primary beneficiary) die together in a car crash in BC, and it cannot be determined who died first; the policy has no contingent beneficiary or contrary declaration. Meanwhile, two distant relatives file competing claims with the insurer demanding the proceeds. Under BC Insurance Act s.82 and s.83, which rules apply?

在 BC 省，丈夫（投保人兼被保险人）与妻子（唯一主要受益人）在同一场车祸中遇难，无法确定谁先死亡；保单未设条件受益人或相反声明。与此同时，两名远房亲属向保司提出互相冲突的索赔。根据 BC《Insurance Act》s.82 与 s.83，适用什么规则?

a. The life insured is presumed to have died first so the proceeds pass to the wife's estate, and the insurer must adjudicate the relatives' dispute itself
b. The wife is presumed to have died first, so proceeds are paid as if she did not survive him; the insurer may pay into court amid competing claims
c. The insurer must wait 7 years before paying anyone, because the order of the two deaths can never be determined
d. The proceeds are split equally between the two estates, and the insurer is not allowed to pay the money into court

第 13 章 · A&S 保护什么 意外与疾病

带 ′ 的是同一考点的变式题：主题题做错时再做它。

85. Arthur and Beatrice, a married couple approaching age 65, are reviewing their financial plan with their advisor. They have accumulated a retirement portfolio designed to support their expected retirement years, but longevity runs in both of their families and Beatrice's elderly mother is currently living in a private care facility. If Arthur and Beatrice live much longer than expected and exhaust their savings while requiring ongoing assistance with daily living, which risk category and primary financial goal are directly threatened?

即将年满 65 岁的 Arthur 和 Beatrice 夫妇正在与顾问审视他们的理财计划。他们积累的退休投资组合预计能支撑预期退休年限的生活，但双方家族都有长寿基因，Beatrice 年迈的母亲目前住在私人护理机构。如果 Arthur 和 Beatrice 的实际寿命远超预期，在需要持续日常照护的同时耗尽积蓄，这直接威胁到哪一类风险和哪一个核心财务目标?

a. Mortality risk threatening their family's short-term mortgage payments.
b. Longevity risk, which threatens their retirement income and accumulated wealth as their assets run out.
c. Systematic market risk threatening their business overhead expenses.
d. Short-term disability risk threatening the employment paycheques they still earn before retirement.

85′. Evelyn, an adult under age 65, tells her insurance advisor that she is only worried about dying too soon or becoming disabled before age 65. She believes that living a very long life past her life expectancy is purely a blessing and poses no financial risk to her retirement plan or the estate she hopes to leave her children. How should the advisor correct Evelyn's understanding?

未满 65 岁的 Evelyn 告诉保险顾问，她只担心自己过早去世或在 65 岁前伤残。她认为活得远超预期寿命纯粹是福气，不会对她的退休计划或希望留给子女的遗产构成任何财务风险。顾问应如何纠正 Evelyn 的理解?

a. Agree with Evelyn, because A&S needs analysis only evaluates risks that occur before age 65.
b. Explain that living longer raises her mortality risk, which she should handle by buying additional accidental death coverage.
c. Explain that longevity is a real financial risk: outliving savings or needing long-term care can drain retirement income and erode her estate.
d. Advise her that federal Employment Insurance sickness benefits will cover her living expenses if her retirement savings run out in old age.

86. Logan owns a custom cabinetry manufacturing company with salaried employees. Over the past year, he has become concerned about two potential threats: (1) a province-wide housing market slowdown and rising interest rates that could sharply reduce customer orders, and (2) the possibility that he suffers a severe stroke, leaving the business unable to pay its monthly factory lease and staff wages while he recovers. How are these two threats classified in an A&S business needs analysis?

Logan 拥有一家雇有受薪员工的定制橱柜制造公司。过去一年里，他担心两个潜在威胁：（1）全省房地产市场放缓和利率上升可能导致客户订单大幅减少；（2）他本人可能突发严重中风，导致康复期间企业无法支付每月的厂房租金和员工工资。在 A&S 企业需求分析中，这两项威胁应如何分类？

a. Threat (1) is systematic risk that A&S products cannot insure; Threat (2) is unsystematic, business-specific risk that A&S business cover or self-funding can address.

b. Both threats are systematic risks, and a Business Overhead Expense (BOE) policy will reimburse lost revenue from both economic downturns and the owner's stroke.

c. Threat (1) is unsystematic risk covered by key person disability insurance, while Threat (2) is systematic risk covered by Workers' Compensation.

d. Neither threat can be transferred to an A&S insurer, because business fixed expenses must always be handled 100% through risk retention.

86′. Nadia runs a boutique engineering consultancy. She asks her advisor whether she can buy an Accident and Sickness policy that will pay her firm's office rent if a new competitor enters her city and undercuts her pricing, or if she is hospitalized for four months due to a serious car accident. Which statement accurately explains what A&S insurance can cover?

Nadia 经营一家精品工程咨询公司。她询问顾问，如果新竞争对手进入她所在的城市并压低价格，或者如果她因严重车祸住院四个月，她是否可以购买一份意外与疾病保单来支付公司的办公室租金。哪项陈述准确解释了 A&S 保险能承保什么？

a. A&S insurance can cover office rent during the price war, because a new competitor's pricing counts as an unsystematic health risk.

b. A&S can cover eligible fixed expenses if Nadia is disabled by the accident (unsystematic risk), but not losses from market competition (systematic risk).

c. Federal Employment Insurance will pay the consultancy's commercial office lease directly in both scenarios, so no A&S policy is needed.

d. Both scenarios must be managed exclusively through risk avoidance by closing the consultancy immediately.

87. Kevin is a salaried warehouse supervisor who suffers a non-work-related knee injury requiring surgery and recovery. He has no employer short-term disability plan, so he relies on federal Employment Insurance (EI) sickness benefits before his individual disability policy takes over. Based on the Harmonized LLQP exam baseline, what is the maximum duration and income replacement percentage of EI sickness benefits after the one-week waiting period?

Kevin 是一名受薪仓库主管，因非工伤膝盖受伤需要手术和康复。他没有雇主短期伤残计划，因此在个人伤残保单启动前依赖联邦就业保险（EI）病假福利。根据统一 LLQP 考试口径，在 1 周等待期之后，EI 病假福利的最长给付周数和收入替代比例是多少?

a. Up to 15 weeks at 55% of insurable earnings (up to the maximum weekly benefit).

b. Up to 15 weeks at 90% of net income, coordinated through the provincial workers' compensation board.

c. Up to 52 weeks at 75% of gross pre-disability salary with no waiting period.

d. Indefinitely until age 65, provided the knee injury is severe and prolonged.

87′. An advisor is preparing for the LLQP exam while also updating her BC practice checklists for 2026. She is comparing the federal Employment Insurance (EI) sickness benefit rules in the LLQP exam manual against current federal legislation (effective since December 2022). Which pairing correctly states the maximum benefit duration under the exam baseline versus the current 2026 rule?

一名顾问正在备考 LLQP 考试，同时更新她 2026 年的 BC 展业核对表。她正在对比 LLQP 考试资料中的联邦就业保险（EI）病假福利规则与现行联邦立法（自 2022 年 12 月起生效）。哪一项配对正确陈述了考试口径与 2026 现行规则下的最长给付周数?

a. Exam baseline: 26 weeks (55% replacement); Current 2026 rule: 15 weeks.

b. Exam baseline: 16 weeks (about four months); Current 2026 rule: 52 weeks.

c. Exam baseline: 15 weeks; Current 2026 rule: 26 weeks (55% replacement in both).

d. Exam baseline: 12 months of benefits; Current 2026 rule: 24 months.

88. Mateo is a salaried electrician in British Columbia who is severely injured when scaffolding collapses at his job site. He is unable to work for several months. Mateo has provincial workers' compensation coverage (WorkSafeBC) and an employer group disability plan. When Mateo asks if he can collect full workers' compensation benefits, full federal EI sickness benefits, and full group disability benefits on top of each other to earn more than his regular pay, how should his advisor explain the coordination of benefits?

Mateo 是 BC 省的一名受薪电工，在工地脚手架坍塌时受重伤，连续数月无法工作。Mateo 享有省级工伤补偿保障（WorkSafeBC）和雇主团体伤残计划。当 Mateo 询问他是否可以同时全额领取工伤补偿金、联邦 EI 病假福利和团体伤残给付，从而拿到比平时工资更高的收入时，顾问应如何解释给付的协调机制?

a. He can stack all three benefits in full without any reduction, because government programs and group plans never coordinate with each other.
b. Federal EI sickness benefits always pay first for workplace injuries, and Workers' Compensation only begins paying after EI benefits run out.
c. Workers' Compensation pays first for a work injury (about 80—90% of net earnings; about 90% in BC), and the group plan only fills gaps after offsets and caps.
d. The provincial Medical Services Plan (MSP) will replace about 90% of his lost wages for the months he is unable to work.

88′. Hannah suffers a non-work-related autoimmune illness that leaves her permanently unable to work. She qualifies for the CPP disability benefit (CPP-D) after four months and also holds an employer group long-term disability (LTD) policy and a personally paid individual disability policy. When estimating Hannah's net monthly cash flow, what is the advisor's correct approach?

Hannah 患上非工伤自身免疫性疾病，永久无法工作。她在四个月后符合申领 CPP 伤残给付（CPP-D）的资格，同时持有雇主团体长期伤残（LTD）保单和一份个人自费伤残保单。在估算 Hannah 的每月净现金流时，顾问的正确做法是什么?

a. Check each contract's offset clauses and all-source maximum, since CPP-D is usually integrated with and deducted from group LTD rather than added on top.
b. Add the maximum CPP-D benefit, the full group LTD benefit and the full individual DI benefit together as guaranteed tax-free monthly income.
c. Instruct Hannah to file a claim with WorkSafeBC first, because WorkSafeBC is the first payor for all severe illnesses regardless of cause.
d. Advise Hannah not to apply for CPP-D so that she never has to read her group policy's coordination rules.

89. During a fact-find interview, Priya tells her advisor that she has two distinct concerns: first, she does not want routine prescription drugs, physiotherapy, and dental bills (which are not covered by her provincial health plan) to drain her monthly bank savings; second, she does not want to be forced to liquidate her investment portfolio or family home if she suffers a major heart attack or needs years of nursing care later in life. Under the four A&S need categories, how are Priya's two concerns matched to insurance products?

在事实发现面谈中，Priya 告诉顾问她有两个不同的担忧：第一，她不希望省级医保不覆盖的日常处方药、理疗和牙科账单掏空她的每月银行储蓄；第二，如果她突发严重心脏病或晚年需要数年护理，她不希望被迫变卖投资组合或家庭房产。在 A&S 四大需求分类下，Priya 的这两项担忧应如何匹配保险产品？

a. First concern: 'protecting assets' with critical illness insurance; second concern: 'protecting savings' with extended health and travel cover.

b. Both concerns fall under 'protecting income' and should be solved with one disability income (DI) policy alone.

c. First concern: 'protecting business' with a BOE policy; second concern: 'protecting income' with an AD&D policy.

d. First concern: 'protecting savings' with extended health and dental; second: 'protecting assets' with critical illness and long-term care insurance.

89′. Liam has built a substantial investment estate that he wants to pass on to his children intact. He is already retired, so he has no employment income to replace, and he has a retiree group plan that reimburses routine prescription drugs and dental cleanings. However, he worries that requiring long-term private facility care for cognitive decline would force his family to sell his investment properties. Which A&S need category and product directly address Liam's remaining gap?

Liam 积累了一笔可观的投资遗产，希望完整地传给子女。他已经退休，因此没有需要替代的就业收入，而且他有一份退休人员团体计划，可以报销日常处方药和洗牙费用。但他担心，如果因认知能力下降需要长期私人机构护理，会迫使家人变卖他的投资房产。哪一个 A&S 需求分类和产品直接解决 Liam 剩下的缺口？

a. Protecting income, addressed by purchasing an own-occupation disability income policy.

b. Protecting assets, through long-term care (LTC) insurance that helps avoid a forced sale of his estate.

c. Protecting savings, by purchasing a second travel and dental insurance policy on top of his retiree plan.

d. Protecting business, addressed by a key person disability insurance policy.

90. An advisor is explaining to a surgical specialist why different disability income policies have different premium rates and claim thresholds. The advisor refers to the four-level spectrum of disability definitions used across the LLQP exam. Ranked from the MOST liberal (easiest for the claimant to qualify for benefits) to the MOST restrictive (hardest to qualify), what is the correct order of this spectrum?

一名顾问正在向一位外科专科医生解释为什么不同的伤残收入保单会有不同的保费费率和理赔门槛。顾问引用了贯穿 LLQP 课程的伤残定义四级光谱。按从最宽松（索赔人最容易获赔）到最严格（获赔门槛最高）排序，这条光谱的正确顺序是什么？

a. CPP total disability → any occupation → regular occupation → own occupation.

b. Own occupation → regular occupation → any occupation → CPP total disability.

c. Regular occupation → own occupation → CPP total disability → any occupation.

d. Any occupation → regular occupation → own occupation → CPP total disability.

90′. Dr. Lin is an orthopedic surgeon whose hands are injured in an accident. She can no longer perform surgery, but she is medically able to work full-time as a university medical lecturer or hospital administrator. Under which disability definition on the four-level spectrum would Dr. Lin have the LOWEST threshold (greatest likelihood) to qualify for disability benefits despite her ability to teach?

Lin 医生是一名骨科外科医生，在一次事故中双手受伤。她不能再做手术，但医学上可以全职担任大学医学讲师或医院行政人员。在四级光谱的哪一种伤残定义下，尽管 Lin 医生能够教书，她获赔的门槛最低（最容易获得伤残给付）？

a. CPP total disability (severe and prolonged).

b. Any occupation definition.

c. Extended health care reimbursement definition.

d. Own occupation definition.

91. Victor owns a thriving dental clinic with ongoing monthly fixed overhead expenses (staff salaries, equipment leases, and commercial rent) and also has ongoing monthly family living expenses at home. He tells his advisor that he plans to buy a single personal Critical Illness (CI) policy and skip Business Overhead Expense (BOE) insurance, reasoning that a CI lump sum has no spending restrictions and can easily cover both his clinic and his family if anything happens to his health. What is the primary flaw in Victor's plan?

Victor 拥有一家生意兴隆的牙科诊所，每月有持续的固定营运开支（员工工资、设备租赁和商业房租），同时家里每月还有持续的家庭生活开支。他告诉顾问，他打算只买一份个人重疾险（CI）保单，不买企业营运费用险（BOE），理由是 CI 一次性给付没有用途限制，万一健康出问题可以轻松同时覆盖诊所和家庭。Victor 计划的主要漏洞是什么？

a. Personal CI lump-sum benefits are legally prohibited from being spent on commercial rent or employee wages under BC law.
b. Government Employment Insurance will automatically pay the clinic's monthly overhead while he is sick, so both CI and BOE are redundant.
c. It mixes family and clinic needs: a disabling condition may not meet a CI definition, and one lump sum may not cover both recovery and ongoing overhead.
d. BOE policies pay a guaranteed lump sum when a critical illness is diagnosed, even if the business has no fixed expenses at all.

91′. Camille owns a small bakery in Richmond. She recently suffered a covered critical illness and received a lump-sum payout from her personal Critical Illness (CI) policy. Because the policy has no restriction on how she uses the money, she is using it to pay the bakery's rent and bakers' wages while also paying her household mortgage and medical recovery costs. When reviewing this case as a lesson for other small business owners, how should an advisor compare personal CI with Business Overhead Expense (BOE) insurance?

Camille 在列治文拥有一家小型烘焙店。她最近患上受保的重大疾病，并从个人重疾险（CI）保单中获得了一笔一次性给付。由于保单对资金用途没有限制，她用这笔钱支付烘焙店的房租和面包师工资，同时支付家里的房贷和医疗康复费用。在将此案例作为其他小企业主的借鉴时，顾问应如何比较个人 CI 与企业营运费用险（BOE）？

a. Unrestricted CI money can pay business bills, but household and business needs should be assessed separately, since BOE reimburses eligible overhead monthly up to set limits.
b. Tell business owners that under provincial insurance law, using personal CI benefits to pay staff wages voids the policy retroactively from the date of claim.
c. Recommend replacing all personal DI and CI policies with BOE, because BOE also covers the owner's personal mortgage payments and family groceries.
d. Advise that corporate-owned CI policies never require checking who owns the policy or who is named as the beneficiary.

带 ′ 的是同一考点的变式题：主题题做错时再做它。

92. Dr. Marcus, an orthopedic surgeon, is covered by both an individual disability insurance policy with an own occupation definition and a hospital group long-term disability plan that also uses an own occupation definition. After a hand tremor permanently prevents him from performing surgery, he takes a full-time medical school teaching position earning $95,000 a year. Ignoring any all-source maximum offset, how do the two policies treat his disability benefits while he teaches?

骨科外科医生 Marcus 医生同时受一份采用本职定义（own occupation）的个人伤残保险保单和一份同样写着本职定义的医院团体长期伤残计划保障。在一次手部震颤永久阻碍他进行外科手术后，他接受了一份年薪 $95,000 的医学院全职教学职位。在不考虑全来源上限抵消的情况下，这两份保单在他任教期间会如何处理他的伤残给付?

a. The individual policy keeps paying in full, while the group benefit is reduced or stopped because group own occupation works like regular occupation.
b. Both policies continue paying full unreduced benefits because both contracts specify an own occupation definition.
c. Both policies terminate benefits immediately because his teaching role matches his medical education, training, and experience.
d. The group policy keeps paying full benefits, while the individual policy stops paying as soon as he earns any employment income at all.

92′. Clara, a commercial airline pilot, loses her medical flight certification due to a permanent inner-ear disorder. She has a group long-term disability policy with an own occupation definition. Two months into her claim, the airline offers her a full-time ground-based flight simulator instructor position that matches her background, and she accepts it. Under the exam rules for group own occupation definitions, what happens to her group disability benefit?

商业航空公司飞行员 Clara 因永久性内耳疾病失去了飞行医疗合格证。她拥有一份采用本职定义（own occupation）的团体长期伤残保单。理赔两个月后，航空公司向她提供了一份与她背景相匹配的全职地面飞行模拟器教员职位，她接受了该职位。根据考试口径关于团体本职定义的规则，她的团体伤残给付会怎样?

a. She continues to receive her full group disability benefit on top of her instructor salary because she can no longer fly commercial aircraft.
b. Her group benefit is automatically converted into an individual non-cancellable policy with no reduction in payout.
c. Her group benefit is reduced or stopped, because a group own occupation clause works like regular occupation once she accepts other work.
d. Her group disability benefit is doubled for 6 months as a standard statutory rehabilitation bonus.

93. Liam is a self-employed graphic designer applying for an individual disability income policy. His tax return shows $140,000 in gross business revenue, $50,000 in deductible business operating expenses, and $18,000 in ongoing rental income from a residential duplex that a property manager runs and that will continue regardless of whether Liam can work. If the insurer's maximum insurable limit is 60% of eligible pre-tax earned income, what is the maximum annual disability benefit Liam can be underwritten for based on his earned income?

自雇平面设计师 Liam 正在申请一份个人伤残收入保单。他的报税表显示营业总收入为 $140,000，可扣除的经营支出为 $50,000，此外还有一套由物业经理打理的双拼住宅带来的 $18,000 持续租金收入（无论 Liam 能否工作都会继续取得）。如果保险公司的最高可承保限额为合格税前劳动收入的 60%，按他的劳动收入计算，Liam 最高可获核保的年伤残给付额是多少？

a. $84,000 per year, calculated as 60% of his $140,000 gross business revenue.
b. $54,000 per year: 60% of $90,000 net business income ($140,000 minus $50,000), with the $18,000 rent listed separately.
c. $64,800 per year, calculated as 60% of $108,000 ($90,000 net business income plus the $18,000 rental income).
d. $94,800 per year, calculated as 60% of $158,000 ($140,000 gross revenue plus $18,000 rental income).

93′. Maya, an independent bookkeeper, generates $110,000 in gross annual billings, incurs $30,000 in office and software expenses, and receives $12,000 per year in ongoing trust dividend distributions that continue even if she is disabled. Using a 60% insurable income ratio on eligible pre-tax earned income, what is her maximum annual insurable disability benefit?

独立簿记员 Maya 每年产生 $110,000 的营业总收入，发生 $30,000 的办公与软件支出，并每年从信托获得 $12,000 的持续股息分配（即使她失能也会继续发放）。按合格税前劳动收入 60% 的可保比例计算，她的最高可保年伤残给付额是多少？

a. $66,000 per year, based on 60% of her $110,000 gross annual billings.
b. $55,200 per year, based on 60% of $92,000 ($80,000 net business income plus $12,000 ongoing trust dividends).
c. $73,200 per year, based on 60% of $122,000 ($110,000 gross billings plus $12,000 ongoing trust dividends).
d. $48,000 per year, based on 60% of her $80,000 net business income, with the trust dividends left out.

94. According to the LLQP exam rules, when an eligible employee without a group short-term disability plan becomes unable to work due to illness and submits a medical certificate, what is the maximum benefit period and waiting period for Employment Insurance (EI) sickness benefits?

根据 LLQP 考试口径，当一名没有团体短期伤残计划的合格员工因病无法工作并提交医疗证明时，就业保险（EI）病假福利的最长给付期和等待期分别是多少?

a. A maximum 15-week benefit period after a one-week waiting period.

b. A maximum 52-week benefit period after a two-week waiting period.

c. A maximum 12-month benefit period after a 90-day waiting period.

d. A maximum 24-month benefit period starting four months after the onset of severe and prolonged disability.

94′. Under the standard LLQP exam provisions, an employer designs its group disability program to coordinate with federal Employment Insurance (EI) sickness benefits. After the initial one-week waiting period, for how many maximum weeks does the exam state that EI sickness benefits will pay at 55% of insurable earnings?

在标准 LLQP 考试口径下，雇主将其团体伤残计划设计为与联邦就业保险（EI）病假福利相协调。在最初的一周等待期之后，考试口径指出 EI 病假福利按可保收入的 55% 最长给付多少周?

a. Up to 4 weeks at 55% of insurable earnings.

b. Up to 15 weeks at 55% of insurable earnings.

c. Up to 60 weeks at 55% of insurable earnings.

d. Up to 104 weeks at 55% of insurable earnings.

95. Tariq earns a pre-disability gross salary of $6,000 per month ($72,000 per year). His employer's group long-term disability (LTD) plan pays 60% of gross monthly salary ($3,600) and includes an 85% all-source maximum based on pre-disability gross income, with no separate dollar-for-dollar CPP offset clause. Tariq also owns an individual disability policy paying $1,500 per month, and his group master contract includes individual disability benefits in the all-source maximum calculation. Once Tariq is approved for a $1,200 monthly CPP disability (CPP-D) benefit, how much will his group LTD plan pay him each month?

Tariq 失能前的税前月薪为 $6,000（年薪 $72,000）。他雇主的团体长期伤残（LTD）计划给付税前月薪的 60%（$3,600），并设有基于失能前税前收入的 85% 全来源上限，且无另外逐元抵消 CPP 的条款。Tariq 还持有一份每月给付 $1,500 的个人伤残保单，而他的团体主合同将个人伤残给付计入全来源上限池子。一旦 Tariq 获批每月 $1,200 的 CPP 伤残给付（CPP-D），他的团体 LTD 计划每月将向他支付多少?

a. $3,600 per month, because neither CPP-D nor individual disability benefits reduce group LTD payouts.

b. $3,900 per month, calculated as the $5,100 all-source maximum minus the $1,200 CPP-D benefit.

c. $2,400 per month: the $6,300 total exceeds the $5,100 cap by $1,200, so group LTD drops from $3,600.

d. $2,100 per month, because the $1,500 individual policy is deducted dollar-for-dollar while CPP-D is ignored.

95′. Using the same pre-disability gross income of $6,000 per month, a 60% group LTD benefit ($3,600/month), a $1,200/month CPP-D benefit, and a $1,500/month individual disability policy, suppose the employer's group master contract explicitly exempts individual disability policies from the 85% all-source maximum pool (and has no separate dollar-for-dollar CPP offset). What is the total combined monthly nominal benefit Tariq receives from all three sources before income tax?

同样在失能前税前月收入 $6,000、60% 团体 LTD 给付（$3,600/月）、$1,200/月 CPP-D 给付以及 $1,500/月个人伤残保单的条件下，假设雇主的团体主合同明确将个人伤残保单豁免于 85% 全来源上限池子之外（且无另外逐元抵消 CPP 的条款）。Tariq 在扣税前从这三个来源收到的合计名义月给付是多少?

a. $6,300 per month: group plus CPP-D is $4,800, under the $5,100 cap, so LTD is unreduced and the exempt $1,500 is added.
b. $5,100 per month, because no claimant can ever receive more than 85% of pre-disability gross income from all policies combined.
c. $4,800 per month, because the individual disability policy refuses to pay whenever group LTD and CPP-D are active.
d. $5,700 per month, because half of the CPP-D benefit is deducted from the group LTD payout.

96. Devon, a long-haul transport driver, owns an individual disability insurance policy with a 120-day (approximately 4-month) waiting period and a 5-year (60-month) benefit period. After a severe spinal injury, Devon is continuously disabled and unable to work for 68 months. For how many total months will Devon receive disability benefit payments under this policy?

长途货运司机 Devon 持有一份个人伤残保险保单，等待期为 120 天（约 4 个月），给付期为 5 年（60 个月）。在一次严重的脊椎损伤后，Devon 持续失能长达 68 个月无法工作。在这份保单下，Devon 一共能领取多少个月的伤残给付?

a. 56 months, because the 4-month waiting period is subtracted from the 60-month maximum benefit period.
b. 64 months, because subtracting the 4-month waiting period from the 68 months of disability leaves 64 payable months.
c. 60 months, starting at Month 5 after the 120-day waiting period and paying up to the full 60-month benefit period cap (Months 5 through 64).
d. 68 months, because once the 120-day waiting period is satisfied, benefits are paid retroactively from Day 1 for the entire disability.

96′. Sonia owns an individual disability policy with a 90–day (approximately 3–month) waiting period and a 2–year (24–month) benefit period. Following a serious illness, she remains continuously disabled for 30 months before recovering. How many months of disability benefits will Sonia collect in total?

Sonia 持有一份等待期为 90 天（约 3 个月）、给付期为 2 年（24 个月）的个人伤残保单。在一场重病后，她持续失能 30 个月才康复。Sonia 总共能领取多少个月的伤残给付?

a. 21 months, calculated by deducting the 3–month waiting period from the 24–month benefit period.
b. 24 months, beginning after the 3–month waiting period and paying for the full 24–month maximum benefit period.
c. 27 months, calculated by subtracting the 3–month waiting period from the 30–month total disability duration.
d. 30 months, covering every month she was unable to work.

97. Grace, a salon owner, holds an individual disability policy under which benefits start after 90 days and run for up to 24 months; its recurring disability clause uses a 6–month window. She becomes disabled due to a chronic illness, satisfies the 90–day waiting period, collects benefits for 14 months, and then returns to work full–time. After working for 4 months, she suffers a relapse from the exact same chronic illness and remains disabled for another 18 months. How will her insurer handle the second period of disability?

美发店主 Grace 持有一份个人伤残保单，等待期为 90 天，给付期为 24 个月，并含有 6 个月窗口的复发条款。她因慢性病失能，度过 90 天等待期后领取了 14 个月给付，随后全职复工。工作 4 个月后，她因同一种慢性病复发并再次持续失能 18 个月。她的保险公司将如何处理第二段失能期?

a. Waive the 90–day waiting period and pay benefits for up to 24 additional months because each relapse resets the benefit period.
b. Impose a new 90–day waiting period and then pay benefits for the remaining 10 months of the original benefit period.
c. Impose a new 90–day waiting period and reset the maximum benefit period to a fresh 24 months.
d. Waive the 90–day waiting period so benefits resume at once, but pay only 10 more months since 14 of the 24 have been used.

97′. Suppose Grace (same policy: benefits start after 90 days, run for up to 24 months, and relapses use a 6-month window) collected 14 months of benefits during her first disability, returned to full-time work for 7 months, and then suffered a relapse from the same chronic condition that lasted another 18 months. How will the insurer treat this second disability?

假设 Grace（同一份保单：90 天等待期、24 个月给付期、6 个月复发窗口）在第一次失能期间领取了 14 个月给付，全职复工满 7 个月后，因同一种慢性病复发并再次失能 18 个月。保险公司将如何处理这第二次失能?

a. Waive the 90-day waiting period and pay only the remaining 10 months from the first claim's benefit period.
b. Treat it as a new disability: apply a fresh 90-day waiting period and reset the maximum benefit period to a full 24 months.
c. Waive the 90-day waiting period and also reset the maximum benefit period to a full 24 months.
d. Deny the second claim completely because the 6-month recurring disability window has expired.

98. Arthur, a 64-year-old corporate lawyer, holds an individual non-cancellable disability insurance policy that expires at age 65. Meanwhile, his younger associate, Ben, recently enrolled in a professional association disability plan advertised as guaranteed issue, which also states in the contract that the policy is cancellable. Which statement accurately describes their coverage rights?

64 岁的公司法律师 Arthur 持有一份将在 65 岁到期的个人不可撤销（non-cancellable）伤残保险保单。与此同时，他的年轻助理 Ben 最近加入了一项宣传为保证承保（guaranteed issue）的专业协会伤残计划，而该合同中写明保单属于可撤销（cancellable）等级。哪项陈述准确描述了他们的保障权利?

a. Arthur loses all disability coverage permanently at age 65 with no conversion option, while Ben's guaranteed issue policy can never be terminated by the insurer.
b. Arthur can usually convert to guaranteed renewable at 65 without medical evidence, while Ben's guaranteed issue plan, being cancellable, can still be ended by the insurer.
c. Arthur can extend his non-cancellable policy to age 75 at his original locked-in premium rate, while Ben's premiums are locked in for life under guaranteed issue.
d. Both Arthur and Ben must pass a full medical examination at age 65 to keep any disability coverage in force.

98′. Dr. Evelyn is comparing two disability insurance offers: Plan X is an individual non-cancellable policy to age 65, and Plan Y is an association plan marketed as guaranteed issue with a cancellable renewal clause. Which statement correctly distinguishes the underwriting and renewability features of these two plans?

Evelyn 医生正在比较两份伤残保险报价：计划 X 是保至 65 岁的个人不可撤销（non-cancellable）保单，计划 Y 是宣传为保证承保（guaranteed issue）且附带可撤销（cancellable）续保条款的协会计划。哪项陈述正确区分了这两个计划的核保与续保特征?

a. Guaranteed issue means Plan Y can never raise premiums or cancel coverage, which makes it identical to Plan X once the policy is issued.

b. Plan X allows the insurer to raise premiums across Evelyn's occupational class prior to age 65, whereas Plan Y locks in premiums permanently.

c. Plan X locks premiums and benefits to 65 with a usual medical-free conversion at 65; Plan Y's guaranteed issue applies only at entry, and it stays cancellable.

d. Neither Plan X nor Plan Y can be continued past age 65 under any circumstances unless Evelyn submits new medical evidence to the insurer.

第 15 章 · 重疾与长期护理 意外与疾病

带 ′ 的是同一考点的变式题：主题题做错时再做它。

99. Victor, age 49, purchased a $150,000 critical illness (CI) insurance policy with a 30-day qualification period and a 30-day survival period. Six months after the policy took effect, Victor suffered a severe stroke that fully satisfied the contract's medical definition. He survived for 34 days following the diagnosis, submitted his claim forms, and then passed away from complications two days before the insurer finished processing the payout. Who is entitled to the $150,000 CI benefit?

49 岁的 Victor 购买了一份保额 $150,000 的重大疾病（CI）保险保单，带有 30 天合格期和 30 天存活期。保单生效六个月后，Victor 突发严重中风，完全符合合同的医学定义。他在确诊后存活了 34 天，提交了理赔表格，但在保险公司完成赔付审批前两天因并发症去世。谁有权获得这 $150,000 的 CI 保险金?

a. No one, because a critical illness policy only pays benefits to a living insured and cancels any pending claim if death occurs before the cheque is issued.

b. Victor's estate or named beneficiary, because he satisfied both the qualification period and the 30-day survival period before he died.

c. No one, because a stroke requires a mandatory 90-day survival period whenever the insured is hospitalized in intensive care.

d. Victor's estate, but only a refund of premiums paid, because the qualification period restarts upon the date of diagnosis.

99′. Clara purchased a $200,000 critical illness (CI) policy with a 30-day qualification period and a 30-day survival period. Eight months after policy issue, she was diagnosed with a covered heart attack. Tragically, Clara passed away 19 days after the diagnosis. She did not purchase a return of premium on death (ROPD) rider. How will the insurer handle the $200,000 CI benefit claim?

Clara 购买了一份保额 $200,000 的重大疾病（CI）保单，带有 30 天合格期和 30 天存活期。保单签发八个月后，她被诊断出患有受保的心脏病发作。不幸的是，Clara 在确诊 19 天后去世。她没有加购身故保费返还（ROPD）附加险。保险公司将如何处理这 $200,000 的 CI 理赔申请?

a. Pay $200,000 to her beneficiary, because the heart attack occurred well after the 30-day qualification period had expired.

b. Pay a pro-rated benefit of 19/30 of $200,000 to her estate based on the days she survived after diagnosis.

c. Convert the $200,000 critical illness benefit into a tax-free life insurance death benefit automatically upon her death.

d. Pay no critical illness benefit, because she died before completing the required 30-day survival period following diagnosis.

100. Hannah is preparing for her licensing exam and reviewing how long-term care (LTC) insurance policies are structured in the exam. According to the standard exam rules, what is the typical elimination period range for an LTC policy, and how are home care versus facility care benefits generally categorized?

Hannah 正在备考牌照考试，复习考试课程中长期护理（LTC）保险保单的结构设计。根据标准考试口径，LTC 保单典型的免赔期（等待期）区间是多少？居家照护与机构照护的给付模式通常如何分类？

a. An elimination period of 0 to 90 days (where a shorter period means a higher premium), with home care generally using a reimbursement model and facility care using an indemnity model.
b. An elimination period of 365 or 730 days starting no earlier than age 65, with both home care and facility care strictly restricted to expense reimbursement.
c. A mandatory 30-day qualification period followed by a 30-day survival period, paying a single lump sum regardless of where care is received.
d. An elimination period of 0 to 90 days (where a shorter period means a lower premium), with home care using an indemnity model and facility care using a reimbursement model.

100′. An advisor is comparing two individual long-term care (LTC) insurance policies from the exam manual: Policy X has a 30-day elimination period and Policy Y has a 90-day elimination period. All other coverage terms are identical. Under the exam principles, which statement is correct regarding their premiums and benefit structure?

一位顾问正在比较考试手册中的两份个人长期护理（LTC）保险保单：保单 X 的免赔期为 30 天，保单 Y 的免赔期为 90 天。所有其他保障条款完全相同。根据考试课程原则，关于它们的保费和给付结构，下列哪项陈述是正确的？

a. Policy Y has a higher premium than Policy X because the insured waits longer before benefits begin.
b. Neither policy is valid under the exam rules because the minimum elimination period for LTC insurance is 365 days.
c. Policy X has a higher premium than Policy Y because the insurer starts paying sooner, and both fit the exam's 0—90 day range.
d. Both policies charge the exact same premium because the elimination period only affects critical illness policies, not LTC policies.

101. Kevin, age 54, owns a 10-condition critical illness (CI) policy that covers stroke. Under the policy's stroke definition, transient ischemic attacks (TIAs) are explicitly excluded. One afternoon, Kevin experiences sudden slurred speech and weakness in his left arm. At the hospital, his symptoms completely resolve within 45 minutes, brain imaging shows no permanent neurological damage, and the attending physician records a diagnosis of TIA (commonly called a "mini-stroke"). How will the insurer respond to Kevin's CI claim?

54 岁的 Kevin 持有一份包含中风保障的 10 病种重大疾病（CI）保单。根据保单的中风定义，短暂性脑缺血发作（TIA）被明确除外。一天下午，Kevin 突然出现说话含糊和左臂无力。在医院里，他的症状在 45 分钟内完全消退，脑部影像未见永久性神经损伤，主治医生在病历上记录的诊断为 TIA（俗称「小中风」）。保险公司将如何回应 Kevin 的 CI 理赔申请?

a. Approve the full benefit, because a TIA is medically known as a mini-stroke and the policy covers stroke.
b. Approve 50% of the benefit, because temporary neurological symptoms automatically qualify as a half-stroke under industry law.
c. Deny the claim, because a TIA diagnosis does not meet the contract's definition of a covered stroke and is expressly excluded.
d. Defer the decision for 90 days and pay the full benefit as long as Kevin remains alive at the end of the waiting period.

101′. Nadia holds a basic critical illness policy covering four conditions, where the contract's cancer definition explicitly excludes non-invasive cancer in situ and early stage T1a prostate or skin lesions. Her dermatologist removes a superficial non-invasive lesion that pathology confirms is carcinoma in situ, and Nadia has no other partial-benefit riders. Why will her claim for the full critical illness benefit be denied?

Nadia 持有一份覆盖四种疾病的基础重大疾病保单，合同中的癌症定义明确排除了非浸润性原位癌（cancer in situ）及早期 T1a 期病变。她的皮肤科医生切除了一处浅表非浸润性病变，病理确认为原位癌，且 Nadia 没有附加任何其他早期部分给付条款。为什么她申请全额重疾保险金会被拒赔?

a. Because carcinoma in situ is expressly excluded, so her diagnosis does not meet the contract's definition of covered cancer.
b. Because cancer is not one of the Big 4 conditions, so a four-condition basic plan never includes a cancer benefit.
c. Because surgical removal cured the lesion before the 30-day qualification period could even be calculated.
d. Because critical illness policies only pay when the insured is permanently unable to return to any work.

102. In 2021, Desmond was diagnosed with life-threatening colon cancer and received the full $100,000 lump-sum benefit under his standalone critical illness (CI) policy. Under the terms of his contract, full payment of the face amount terminates the policy, and Desmond had never added a second event rider. In 2025, Desmond suffers a major heart attack and contacts his insurer to claim another benefit under the same policy. What is the outcome?

2021 年，Desmond 被确诊患有危及生命的结肠癌，并获得了其独立重大疾病（CI）保单下 $100,000 的全额一次性保险金。根据他的合同条款，全额给付保额后保单即告终止，且 Desmond 从未加购二次理赔附加险（second event rider）。2025 年，Desmond 突发严重心脏病，联系保险公司要求在同一份保单下再次索赔。结果是什么?

a. He receives another $100,000 because heart attack and cancer are separate conditions within the Big 4 category.
b. He receives $50,000 because a second unrelated critical illness automatically pays half the original face amount.
c. He receives $100,000 minus the premiums he would have paid between 2021 and 2025 under the waiver of premium clause.
d. He receives nothing under that policy, because it terminated on the full payout in 2021 and he had no second event rider.

102′. Wendy holds a $250,000 critical illness policy that separates early-stage partial benefit conditions from full-payout conditions, and she also added a second event rider. Last year, she received an early-stage partial benefit that did not terminate her base contract. If she later claims for another condition under the policy or the second event rider, what principle applies?

Wendy 持有一份保额 $250,000 的重大疾病保单，该保单将早期部分给付病种与全额给付病种分列，且她还加购了二次理赔附加险（second event rider）。去年，她获得了一笔不终止主合同的早期部分给付。如果她日后根据主保单或二次理赔附加险就另一种疾病提出索赔，适用什么原则?

a. Any small partial payout automatically terminates the entire critical illness contract, exactly as a 100% full claim would.
b. Her base coverage may stay in force after the partial payout, but a later claim must still meet condition definitions, interval rules and survival periods.
c. Having a second event rider guarantees an immediate payout for any future illness without needing to meet a survival period or medical definition.
d. The insurer will convert her remaining coverage into a disability income policy that pays monthly benefits until she reaches age 65.

103. Leonard, age 78, has a long-term care (LTC) insurance policy. Following a mild neurological episode, he has occasional difficulty finding the right words when speaking, but his memory, orientation, and reasoning remain intact and he does not require continual supervision. He can independently perform bathing, dressing, toileting, eating, and continence, and only needs minor help with transferring from bed to chair. Under the standard exam criteria for ADLs and cognitive impairment, does Leonard qualify for LTC benefits?

78 岁的 Leonard 持有一份长期护理（LTC）保险保单。在一次轻微的神经系统发作后，他在说话时偶尔难以找到合适的词汇，但他的记忆力、定向力和推理能力保持完好，不需要持续监督。他能够独立完成洗澡、穿衣、如厕、进食和控制大小便，仅在从床移位到椅子时需要轻微协助。根据关于日常生活活动能力（ADLs）和认知障碍的标准考试判据，Leonard 是否符合领取 LTC 给付的资格?

a. Yes, because any speech difficulty is automatically classified as severe cognitive impairment under LTC rules.
b. Yes, because needing assistance with even one activity of daily living, such as transferring, triggers full LTC benefits.
c. No, because only one of the six ADLs is affected (two are required) and he has no cognitive decline requiring continual supervision.
d. No, because an insured must lose all six ADLs simultaneously before an LTC policy will begin counting the elimination period.

103′. Evelyn, age 81, is physically healthy and can independently dress, bathe, use the toilet, transfer, eat, and maintain continence without any physical assistance. However, due to advanced Alzheimer's disease, she suffers severe cognitive deterioration and requires continual supervision to prevent her from wandering into traffic or leaving the stove on. After satisfying the policy's elimination period, is Evelyn eligible for long-term care (LTC) benefits?

81 岁的 Evelyn 身体健康，无需任何身体协助即可独立穿衣、洗澡、如厕、移位、进食并控制大小便。然而，由于患有晚期阿尔茨海默病，她出现严重认知恶化，需要持续监督以防止她走失到车流中或忘关炉灶。在满足保单的免赔期后，Evelyn 是否有资格获得长期护理（LTC）给付?

a. Yes, because cognitive impairment requiring continual supervision is a separate trigger, even if she can still perform all six ADLs.
b. No, because an insured must always fail at least two physical ADLs in addition to having a cognitive impairment.
c. No, because Alzheimer's disease is only covered under a standalone critical illness policy, never under an LTC contract.
d. Yes, but only for a maximum of 30 days under the respite care clause, because she has no physical impairment.

104. Marcus is comparing critical illness (CI) insurance quotes from two different insurers. Both policies cover the "Big 4" conditions (heart attack, stroke, cancer, and coronary artery bypass surgery). Marcus asks his advisor whether the medical definition of "heart attack" is guaranteed to be identical in both policies because of the CLHIA CI Benchmark Definitions. What is the advisor's correct response?

Marcus 正在比较两家不同保险公司的重大疾病（CI）保险报价。两份保单均涵盖「四大核心病种（Big 4）」（心脏病发作、中风、癌症和冠状动脉搭桥手术）。Marcus 询问他的顾问，由于存在 CLHIA 重疾定义基准，两份保单中关于「心脏病发作」的医学定义是否保证完全相同。顾问的正确回答是什么？

a. Yes, every insurer operating in Canada is legally required by provincial legislation to copy the 2024 CLHIA benchmark definitions word for word.
b. Yes, for the Big 4 conditions the wording is strictly identical across all insurers, and differences only exist for extended conditions beyond the first four.
c. No, because adoption of the CLHIA benchmark definitions by insurers is voluntary, so the advisor must review the exact definition wording in each specific contract.
d. No, because the CLHIA benchmark definitions only apply to group disability insurance and have never covered critical illness policies.

104′. An advisor tells a client, "Every basic critical illness policy on the market must cover all four of the Big 4 conditions, and every insurer's contract uses the exact same definition threshold." Why is the advisor's statement inaccurate?

一位顾问告诉客户：「市场上每一份基础重大疾病保单都必须涵盖全部四个『四大核心病种（Big 4）』，而且每家保险公司的合同都使用完全相同的定义门槛。」为什么这位顾问的说法是不准确的？

a. Because the Big 4 refers to four activities of daily living in long-term care insurance, not critical illness conditions.
b. Because some basic CI policies cover three or fewer conditions, and industry benchmark definitions are voluntary so exact contract wording varies by insurer.
c. Because Canadian insurers are only allowed to offer comprehensive 20+ condition policies and are banned from selling 3- or 4-condition plans.
d. Because critical illness definitions are set individually by the client's family physician at the time of claim rather than by the insurance contract.

105. Owen holds a reimbursement-style long-term care (LTC) policy with a daily maximum benefit of $150 and a nominal benefit period of 365 days, creating a total maximum benefit pool of $54,750 ($150 × 365). After satisfying the elimination period, Owen receives eligible home care that costs exactly $100 per day. Under the exam's benefit pool carry-forward rule, how much is reimbursed per day and how many days can Owen's total benefit pool last at this spending rate?

Owen 持有一份报销型长期护理（LTC）保单，每日给付上限为 $150，名义给付期为 365 天，形成总保障额上限为 $54,750（$150 × 365）的资金池。在满足免赔期后，Owen 接受合资格的居家照护，每天实际花费恰好为 $100。根据考试口径的资金池顺延规则，每天报销多少金额？按此花费速度，Owen 的总保障资金池可以持续多少天？

a. $150 per day for 365 days, because the insurer always pays the full daily maximum regardless of actual receipts.
b. $100 per day for 365 days only, with the unused $50 per day forfeited permanently at the end of the nominal 365-day period.
c. $50 per day for 1,095 days, because the insured must pay the first $100 per day as a continuing co-payment.
d. $100 per day for up to 547.5 days, because the unused $50 daily balance carries forward until the $54,750 total maximum benefit is exhausted.

105′. Vera has a long-term care (LTC) policy with a daily maximum benefit of $200 and a total maximum benefit pool of $146,000 (equivalent to 730 days at the maximum rate). After completing her elimination period, she incurs $160 per day in eligible home care expenses. Under the exam's carry-forward rule for unused daily benefits, how many days of care will her $146,000 total benefit pool fund if her daily cost remains $160?

Vera 持有一份长期护理（LTC）保单，每日给付上限为 $200，总保障额上限资金池为 $146,000（相当于按最高日额给付 730 天）。在完成免赔期后，她每天产生 $160 的合资格居家照护费用。根据考试口径关于未用完日限额的顺延规则，如果她的每日费用保持在 $160，她的 $146,000 总保障资金池可以支持多少天的照护？

a. 730 days, because the nominal day count can never be extended even when daily expenses are below $200.
b. 912.5 days, because the unused $40 per day remains in the pool until the full $146,000 maximum is spent ($146,000 ÷ $160).
c. 3,650 days, because the policy only pays the $40 difference between the $200 cap and the $160 invoice.
d. 584 days, because the $146,000 pool is reduced by 20% whenever the insured stays at home instead of entering a facility.

第 16 章 · 医疗牙科与旅行险 意外与疾病

带 ′ 的是同一考点的变式题：主题题做错时再做它。

106. Elena, an architect in Kelowna, incurs an $800 eligible bill for routine dental maintenance. Her personal dental insurance policy has an unused annual deductible of $100 and a co-insurance factor of 80% for routine maintenance, with sufficient annual maximum remaining. How much will the insurer reimburse, and how much must Elena pay out of pocket?

基洛纳的建筑师 Elena 因常规牙科维护产生了一笔 $800 的合资格账单。她的个人牙科保单尚有 $100 的年度免赔额未用完，常规维护的共保比例为 80%，且年度报销上限充足。保险公司将报销多少，Elena 需要自付多少?

a. The insurer reimburses $640, and Elena pays only the $100 annual deductible out of pocket.
b. The insurer reimburses $560, and Elena pays $240 out of pocket ($100 deductible plus $140 co-insurance share).
c. The insurer reimburses $700, and Elena pays $100 out of pocket because the deductible replaces co-insurance.
d. The insurer reimburses $800, and Elena pays $0 out of pocket because routine dental maintenance is covered in full.

106′. Marcus, a graphic designer in Kamloops, submits an $800 eligible claim for a dental crown (major restorative work). His policy has an unused annual deductible of $100, covers routine maintenance at 80%, and covers major restorative work at a 50% co-insurance factor. Why does the insurer apply a 50% co-insurance factor instead of 80% after deducting the $100 deductible from the $800 bill?

坎卢普斯的平面设计师 Marcus 因安装牙冠（重建类项目）提交了一笔 $800 的合资格理赔。他的保单尚有 $100 年度免赔额未用，常规维护共保比例为 80%，重建类项目共保比例为 50%。在从 $800 账单中先扣除 $100 免赔额（余 $700）后，为什么保险公司对余额适用 50% 而非 80% 的共保比例?

a. Because provincial health care plans already pay the other 50% of major restorative crowns and bridges.
b. Because the $100 deductible was not paid upfront at the dental clinic through direct billing.
c. Because insurers raise the client's share on costlier, harder-to-predict restorative work to curb moral hazard.
d. Because any dental bill reaching $800 is automatically penalized for exceeding the provincial dental fee schedule.

107. Tariq has a dental plan that covers 80% of routine maintenance with no deductible, based on the provincial dental association fee schedule specified in his contract. His dentist charges more than the contract's fee schedule amount for a filling, leaving Tariq with a larger out-of-pocket bill than 20% of the clinic's invoice. Tariq complains that his insurer partially denied his claim. How should the advisor explain this outcome?

Tariq 的牙科计划按合同指定的省牙医协会费用标准表报销 80% 的常规维护且无免赔额。他的牙医对一次补牙收取的费用高于合同费用标准表金额，导致 Tariq 的自付账单超过了诊所发票总额的 20%。Tariq 投诉保险公司对他进行了部分拒赔。代理人应如何解释这一结果?

a. The insurer fulfilled its contract by paying 80% of the fee schedule amount; the excess charged by the dentist was never a covered expense and must be paid by Tariq.
b. The insurer improperly reduced the benefit because fillings are classified as major restorative work subject to a 50% co-insurance factor.
c. The dentist violated provincial health care regulations by charging above the fee schedule, so the provincial plan will reimburse the difference.
d. The insurer applied a hidden annual deductible because direct billing was used at the dental clinic instead of manual reimbursement.

107′. Simone's extended health plan covers prescription drugs according to a strict drug formulary that reimburses up to the cost of the lowest-priced generic equivalent. At the pharmacy, Simone insists on receiving the brand-name medication instead of the generic drug. How will the claim be settled?

Simone 的扩展医疗计划按严格的药品处方集（formulary）报销处方药，即最高按最便宜的同效仿制药价格核算。在药房取药时，Simone 坚持要求使用品牌药而非仿制药。这笔理赔将如何结算?

a. The insurer will deny the entire prescription claim because choosing a brand-name drug voids formulary coverage.
b. The provincial Medical Services Plan (MSP) will automatically cover the price difference between the generic drug and the brand-name drug.
c. The pharmacy must waive the price difference whenever the insured presents a direct billing card at the counter.
d. The insurer will reimburse based on the eligible generic drug cost under the formulary, and Simone must pay the price difference out of pocket.

108. Devon, his spouse, and their child are covered under a group extended health plan with an individual annual deductible of $50 and a family annual deductible of $150. Earlier this year, Devon submitted $50 of eligible expenses and his spouse submitted $60 of eligible expenses. Today, their child submits $60 of eligible expenses. How is the deductible applied to the child's $60 claim, and what is the family's deductible status afterward?

Devon、他的配偶及孩子受保于一份团体扩展医疗计划，个人年度免赔额为 $50，家庭年度免赔额为 $150。今年早些时候，Devon 提交了 $50 合资格费用，其配偶提交了 $60 合资格费用。今天，他们的孩子提交了 $60 合资格费用。孩子的这笔 $60 理赔如何扣减免赔额，之后全家的免赔额状态如何?

a. Only $10 of the child's claim is applied to the deductible because the spouse's $60 claim already pushed the family total to $140.
b. All $60 of the child's claim is applied to the deductible, bringing the family deductible total to $170 for the year.
c. $50 goes to the deductible and $10 to co-insurance, bringing the family total to $150 and clearing the deductible for everyone this year.
d. None of it, because once two members each meet a $50 individual deductible, the $150 family deductible is waived.

108′. A family of several members is covered under a group extended health plan with an individual annual deductible of $50 per person and a family annual deductible of $150. Once three family members have each incurred $50 in eligible expenses during the calendar year, how will another family member's first eligible claim of the year be handled?

一个多成员家庭受保于一份团体扩展医疗计划，个人年度免赔额为每人 $50，家庭年度免赔额为 $150。当家里已有三位成员在日历年内各自发生 $50 合资格费用后，家里另一位成员当年的第一笔合资格理赔将如何处理?

a. That member's claim bypasses the deductible entirely and goes straight to co-insurance because the $150 family deductible has already been satisfied.
b. That member must still pay a $50 individual deductible because every insured person must satisfy their own deductible regardless of family totals.
c. The family deductible automatically increases to $200 because each additional insured member adds $50 to the cap.
d. That member's claim is reimbursed at 100% with no co-insurance factor because satisfying the family deductible eliminates all cost sharing.

109. Arthur, aged 72, holds a multi-trip travel insurance policy that requires pre-existing medical conditions to be stable for 180 days prior to each departure. Exactly 130 days before leaving for a 90-day winter trip to Arizona, Arthur's cardiologist adjusted the dosage of his heart medication, which the policy defines as a change in treatment with no applicable exception. Assuming Arthur made no material misrepresentation on his application, what is the coverage outcome if he is hospitalized in Arizona first for a heart attack and later during the same trip for a broken leg from an accidental fall?

72 岁的 Arthur 持有一份年度多次往返旅行险保单，条款要求既往病史在每次出发前须满足 180 天的稳定期。在前往亚利桑那州过冬 90 天前的第 130 天，Arthur 的心脏科医生调整了他的心脏病用药剂量，该调整属于合同定义的治疗变更且无适用例外。假定 Arthur 投保时无重大误述，若他在亚利桑那州先因心脏病发作住院，随后在同一趟旅行中又因意外摔倒导致腿部骨折住院，理赔结果将如何?

a. Both the heart attack claim and the broken leg claim are denied because violating the 180-day stability period voids the entire travel policy.
b. Both claims are paid in full because the 90-day trip duration is shorter than the 130 days that elapsed after the medication adjustment.
c. The heart attack claim is covered because exam rules cap all stability periods at 90 days, while the broken leg claim is subject to a 1-year waiting period.
d. Heart-related bills are denied because 130 days is short of the 180-day requirement, but the unrelated leg injury may still be covered.

109′. Clara, aged 69, plans a foreign trip and relies on the travel medical coverage included with her credit card rather than purchasing a standalone travel policy. Because the credit card did not require her to complete a detailed medical questionnaire when she paid for the trip, Clara believes her pre-existing chronic condition is unconditionally covered. How should her advisor clarify the risk structure of credit card travel insurance?

69 岁的 Clara 计划出国旅行，并依赖其信用卡附带的旅行医疗保障，而未购买单独的旅行险。由于用信用卡支付旅费时无需填写详细的医疗问卷，Clara 认为自己的既有慢性病获得了无条件保障。代理人应如何向她澄清信用卡附带旅行险的风险结构?

a. Credit card travel insurance never applies stability periods or age limits because underwriting is waived for all cardholders.
b. It still applies eligibility, age and trip-length limits and stability clauses, and the insurer checks medical records when a claim is made.
c. Credit card travel insurance covers trip cancellation and interruption only, and never includes emergency medical coverage outside Canada.
d. Under provincial health care rules, BC's Medical Services Plan (MSP) automatically pays 100% of any foreign hospital bill that a credit card policy denies.

110. Liam, a hospital technician in Victoria, reviews his employer's group extended health plan with his advisor. They identify five specific gaps: the group plan has no accidental death and dismemberment (AD&D) coverage, limits vision care to $100 every 24 months, caps lifetime orthodontics at $2,500 with 50% co-insurance, covers only semi-private hospital rooms, and excludes out-of-country travel medical insurance. What is the appropriate needs analysis recommendation?

维多利亚的医院技师 Liam 与代理人一起核对雇主的团体扩展医疗计划，找出了五处具体缺口：无意外身故与伤残（AD&D）保障、视力保健每 24 个月仅限 $100、牙齿矫正终身上限仅 $2,500 且共保比例为 50%、住院只保半私人病房、且完全不含境外旅行医疗险。在需求分析下，恰当的处理方式是什么?

a. Keep the group plan for its low cost and lack of medical underwriting, and add individual coverage that fills only the listed gaps.
b. Opt out of the employer group plan completely and replace it with a comprehensive individual plan so all coverage sits under one contract.
c. Demand that the group insurer modify the master contract exclusively for Liam to increase his vision and orthodontic limits.
d. Purchase a duplicate full-scope individual health plan that mirrors every benefit already in the group plan without listing specific gaps.

110′. Why do employer group extended health plans commonly leave gaps such as a $100 vision care limit every 24 months or 50% co-insurance on orthodontics, whereas individual extended health plans allow applicants to select higher customized limits?

为什么雇主团体扩展医疗计划常留下诸如视力保健每 24 个月限 $100 或牙齿矫正共保比例 50% 这类缺口，而个人扩展医疗计划却允许投保人选择更高的定制额度?

a. Group plans are prohibited by provincial law from covering private hospital rooms, AD&D, or out-of-country travel medical expenses.
b. Group plans are employer-negotiated packages for a whole class at low cost with no underwriting; individual plans are tailored but usually underwritten.
c. Individual plans are subsidized by the Employer Health Tax (EHT), which allows private insurers to offer higher vision and dental maximums.
d. Group plans require every employee to pass full medical and financial underwriting before joining, forcing insurers to cap benefits.

111. Owen has an Accidental Death and Dismemberment (AD&D) rider attached to his policy. Under the policy's schedule of loss (which matches the standard exam illustration: 100% of the principal sum for loss of two limbs or sight in both eyes, 67% for loss of sight in one eye, 50% for loss of speech, and 33% for loss of hearing in one ear, provided the loss occurs within 365 days of the accident), Owen suffers an accident that permanently destroys the hearing in one ear 90 days after the injury. What percentage of the principal sum will the AD&D rider pay?

Owen 的保单附有意外身故与伤残（AD&D）附加险。根据保单的给付比例表（采用考试标准示例：双肢缺失或双目失明给付主保额的 100%，单眼失明给付 67%，失语给付 50%，单耳失聪给付 33%，前提是损失在意外发生后 365 天内出现），Owen 遭遇意外并在受伤后第 90 天永久丧失单耳听力。该 AD&D 附加险将按主保额的多少比例给付?

a. 100% of the principal sum, because any permanent dismemberment or sensory loss occurring within 365 days triggers the full benefit.
b. 67% of the principal sum, because all single-organ sensory losses are grouped under the same benefit tier.
c. 33% of the principal sum, because the loss occurred within the 365-day time limit and loss of hearing in one ear pays 33% under the schedule of loss.
d. 0% of the principal sum, because AD&D benefits are only payable if the specified loss occurs on the exact date of the accident.

111′. Using the same AD&D schedule of loss illustration (100% of the principal sum for loss of sight in both eyes; 75% for loss of one limb; 50% for loss of speech; 33% for loss of hearing in one ear; loss must occur within 365 days of the accident), what percentage of the principal sum is payable if the insured permanently loses speech 180 days after a covered accident?

沿用同一份 AD&D 给付比例表示例（双目失明给付主保额的 100%；单肢缺失 75%；失语 50%；单耳失聪 33%；损失须在意外后 365 天内发生），若受保人在受保意外发生后第 180 天永久丧失语言能力（失语），应按主保额的多少比例给付?

a. 50% of the principal sum, because loss of speech within the 365-day window is paid at 50% on this schedule.
b. 75% of the principal sum, because loss of speech is paid at the same rate as the loss of a single limb.
c. 100% of the principal sum, because total loss of speech is complete and permanent rather than partial.
d. 0% of the principal sum, because the loss occurred more than 90 days after the covered accident happened.

112. Hannah, a healthy adult between the ages of 19 and 64 living in Vancouver, has no employer group benefits and relies solely on British Columbia's Medical Services Plan (MSP). This month, she visits her family physician for a medically necessary consultation, gets a routine eye exam at an optometrist's clinic, receives physiotherapy for a sprained wrist, and has a routine dental cleaning. Assuming she does not belong to any special supplementary assistance group, which of these expenses is paid by MSP?

居住在温哥华、年龄在 19 至 64 岁之间的健康成年人 Hannah 没有雇主团体福利，仅依赖 BC 省医疗服务计划（MSP）。本月她因医疗必要原因看家庭医生门诊、在验光师诊所做了常规验光、因手腕扭伤接受物理治疗，并做了一次常规洗牙。假定她不属于任何特定补助人群，上述哪项费用由 MSP 支付?

a. The medically necessary family physician consultation and the routine eye exam, because MSP covers all physician and vision diagnostic services.
b. Only the medically necessary physician visit; MSP does not generally pay for the routine eye exam at her age, physiotherapy, or dental cleaning.
c. All four services, because British Columbia eliminated personal MSP premiums in 2020 and replaced them with universal comprehensive coverage.
d. The family physician consultation and the physiotherapy sessions, because only dental and cosmetic services are excluded from MSP.

112′. During a client meeting in Burnaby, an applicant asks why he would need private extended health insurance if Canada already has public health care and national pharmacare legislation. Which explanation by the advisor is accurate?

在本拿比的一次客户会谈中，一名投保人询问：既然加拿大已经有公共医保和联邦药物保险立法，为什么他还需要私人扩展医疗险？代理人的哪项解释是准确的?

a. Public plans pay for medically necessary doctor and hospital care and some listed drugs, which still leaves gaps in dental, vision, paramedical and other drug costs.
b. Provincial governments provide zero funding for any prescription drugs, dental surgery in hospitals, or medical care outside a doctor's office.
c. Private extended health insurance is legally mandatory for all British Columbia residents ever since MSP personal premiums were eliminated in 2020.
d. Private extended health insurance is designed to replace lost employment income when an illness prevents the insured from working.

第 17 章 · 企业伤残险 意外与疾病

带 ′ 的是同一考点的变式题：主题题做错时再做它。

113. Liam and Noah are equal co-owners of a commercial printing company that employs Elena, a master colour-calibration specialist whose unique skills generate 45% of the firm's contracts. Liam and Noah want insurance that will provide funds to recruit and train a temporary replacement if Elena suffers a disabling injury for eight months, and separate insurance to buy out Liam's or Noah's shares if either co-owner becomes permanently disabled for more than a year. Which combination of business disability policies addresses these two distinct exposures?

Liam和Noah是一家商业印刷公司的等额共同业主，公司雇佣了首席色彩校准专家Elena，她凭借独特技术为公司创造了45%的合同营收。Liam和Noah希望配置一份保险，以便在Elena因伤残失能八个月时提供资金招聘并培训临时替代人员；同时配置另一份保险，以便在任一共同业主永久失能超过一年时买下其所持股份。哪组企业伤残险组合能够分别覆盖这两类不同的风险敞口？

a. Key person disability insurance on Elena owned by the company, and disability buyout insurance on Liam and Noah linked to their buy-sell agreement.

b. Business overhead expense (BOE) insurance on Elena to reimburse her lost wages, and key person disability insurance on Liam and Noah to fund the share purchase.

c. Disability buyout insurance on Elena payable to her family, and business overhead expense (BOE) insurance on Liam and Noah to purchase the disabled partner's equity.

d. A Private Health Services Plan (PHSP) on Elena to cover recruitment costs, and a business loan protection disability policy on Liam and Noah to transfer their shares.

113′. Hannah is the sole owner of an accounting practice with three salaried bookkeepers, and her top tax manager, Lucas (who holds 0% equity), brings in most of the complex corporate audit engagements. If Hannah wants coverage that pays the office lease and bookkeepers' salaries while she herself is disabled for four months, plus coverage that compensates the firm for lost revenue if Lucas is disabled for six months, what policies should the practice purchase?

Hannah是一家雇有三名领薪簿记员的会计师事务所的唯一业主，而她麾下不持股的首席税务经理Lucas负责带来绝大部分复杂的企业审计业务。如果Hannah希望配置一份在她本人失能四个月期间用来支付办公室房租和簿记员工资的保险，再加上一份在Lucas失能六个月期间用来补偿事务所营收损失的保险，事务所应当购买哪两份保单？

a. Disability buyout insurance on Hannah and business overhead expense (BOE) insurance on Lucas.

b. Business loan protection disability insurance on Hannah and a Private Health Services Plan (PHSP) on Lucas.

c. Business overhead expense (BOE) insurance on Hannah and key person disability insurance on Lucas, with the practice as policyowner and beneficiary of both.

d. Key person disability insurance on Lucas payable directly to Lucas's personal bank account, and individual disability insurance on Hannah to pay office rent.

114. Dr. Chloe owns a dental clinic that holds a business overhead expense (BOE) policy with a $10,000 monthly limit, a 24-month benefit period, and an unused-benefit carryover provision. After satisfying the waiting period, Dr. Chloe remains totally disabled. In Month 1 of benefits, the clinic incurs $8,500 in office rent, utility bills, staff wages, and commercial loan interest. In Month 2, the clinic incurs $9,200 in office rent, staff wages, and utilities, plus $1,500 in commercial loan interest, $2,000 in commercial loan principal repayment, and $6,000 for Dr. Chloe's own monthly salary draw. How much will the BOE policy reimburse for Month 2?

Chloe医生的牙科诊所持有一份营业费用险（BOE）保单，月度封顶为$10,000，给付期为24个月，并带有未用额度结转条款。度过等待期后，Chloe医生持续完全失能。在第1个给付月，诊所发生了$8,500的房租、水电费、员工工资及商业贷款利息。在第2个月，诊所发生了$9,200的房租、员工工资及水电费，外加$1,500的商业贷款利息、$2,000的商业贷款本金偿还额，以及$6,000的Chloe医生本人月度薪水支取。BOE保单在第2个月将报销多少金额?

a. $10,000, because the policy never pays more than the monthly limit in any single month regardless of prior unused room.
b. $10,700: the $9,200 of rent, wages and utilities plus $1,500 of loan interest, paid from the $10,000 cap and $700 of Month 1's carryover.
c. $11,500, because the clinic can claim the full $10,000 monthly cap plus the entire $1,500 carryover by including the $2,000 loan principal repayment.
d. $16,700, because Dr. Chloe's $6,000 salary draw is a regular monthly payroll expense that can be reimbursed out of the $240,000 total benefit pool.

114′. An optometry clinic carries a business overhead expense (BOE) policy with a $6,000 monthly cap and a carryover provision. After the waiting period ends, the clinic incurs $5,100 of eligible fixed expenses in Month 1. In Month 2, the clinic records $5,800 in office rent and employee wages, $700 in commercial loan interest, $1,200 in commercial loan principal, and $3,500 for purchasing a new diagnostic camera. How much will the BOE policy reimburse for Month 2?

一家视光诊所设有一份月度封顶$6,000且含结转条款的营业费用险（BOE）。等待期结束后，诊所在第1个月发生了$5,100的合格固定开支。在第2个月，诊所记录了$5,800的房租与员工工资、$700的商业贷款利息、$1,200的商业贷款本金，以及$3,500的新购诊断相机款。BOE保单在第2个月将报销多少金额?

a. $6,500, using the $6,000 Month 2 limit plus $500 from Month 1's $900 unused carryover to cover rent, employee wages, and loan interest.
b. $6,000, because BOE policies cap every single month strictly at the stated monthly limit without inter-month adjustments.
c. $6,900, because the $1,200 loan principal pushes eligible expenses above $6,900 and exhausts the entire $900 carryover from Month 1.
d. $10,000, because the new diagnostic camera is an operational tool reimbursable from the total benefit pool.

115. Mateo's manufacturing firm has a commercial bank loan with monthly payments consisting of $1,800 in interest and $3,200 in principal. Mateo purchases both a business overhead expense (BOE) policy and a business loan protection disability insurance policy. Which statement correctly describes the income tax treatment and claim coordination of these two policies?

Mateo的制造企业有一笔商业银行贷款，每月还款额包含$1,800利息和$3,200本金。Mateo同时购买了营业费用险（BOE）保单和商业贷款保护伤残险保单。哪项陈述正确描述了这两份保单的所得税处理及理赔协调规则?

a. Both policies have tax–deductible premiums and pay tax–free benefits, so Mateo can claim the same $1,800 of monthly loan interest under both policies at once.
b. BOE premiums are non–deductible with tax–free benefits, whereas business loan protection DI premiums are tax–deductible with taxable benefits.
c. BOE premiums are deductible and its benefits taxable; loan protection DI premiums are non–deductible and its benefits tax–free; the same loan interest cannot be claimed under both.
d. BOE covers both the $1,800 interest and the $3,200 principal on a tax–free basis, making the business loan protection DI policy completely unnecessary.

115′. Sonia owns a bakery that pays $2,500 per month ($900 interest and $1,600 principal) on a commercial oven financing loan. Her accountant asks how the tax rules treat premiums and payouts if the bakery buys a business loan protection disability policy versus a business overhead expense (BOE) policy. Which explanation is accurate?

Sonia拥有一家烘焙坊，每月须为一笔商用烤箱融资贷款支付$2,500（含$900利息和$1,600本金）。她的会计师询问，如果烘焙坊购买商业贷款保护伤残险对比营业费用险（BOE），税法如何处理两者的保费和理赔给付。哪项解释是准确的?

a. Loan protection DI has non–deductible premiums and tax–free benefits for qualified principal and interest; BOE has deductible premiums and taxable benefits and covers only the interest, never both on one loan.
b. Business loan protection DI premiums are fully deductible because loan interest is deductible, making its benefits taxable to the bakery.
c. BOE premiums are non–deductible, and BOE guarantees a zero net tax effect in every calendar year regardless of when expenses are recognized.
d. The bakery can deduct the BOE premiums, claim the $900 of interest under BOE, and at the same time claim the full $2,500 monthly payment under the business loan protection DI policy as well.

116. Apex Robotics Inc. wants to insure its lead firmware architect, Tariq, who holds 15% of the company's shares and earns $144,000 per year ($12,000 per month). If Tariq becomes disabled, the company estimates it will take up to 10 months and significant executive-search and double-salary training costs to find and onboard a temporary replacement. Based on exam conventions for key person disability insurance, how should this coverage be structured?

Apex Robotics公司希望为其首席固件架构师Tariq投保，Tariq持有公司15%的股份，年薪为$144,000（月薪$12,000）。如果Tariq发生伤残失能，公司预计需要长达10个月的时间以及可观的猎头费与培训双薪成本，才能招到并培养出一名替代人员。根据关键人伤残险的考试口径惯例，应当如何设计这份保障?

a. Tariq is automatically disqualified from key person disability coverage because any shareholding between 10% and 50% makes an employee ineligible across all insurers.
b. The policy should be owned by Tariq with benefits payable to his spouse for up to 5 years, with the amount calculated using the long-term gross profit contribution method borrowed from key person life insurance.
c. The company owns the policy and is its beneficiary, with a 30-to-90-day waiting period, a benefit period of up to 12 months within the usual cap (about $15,000/month or 100% of salary), and a replacement expense rider.
d. The company should use a 24-month waiting period before any key person benefits begin, matching the standard elimination period of disability buyout insurance.

116′. BioLab Corp. relies heavily on Dr. Lin, a research director who owns 12% of the company and earns $180,000 annually ($15,000/month). Which statement accurately reflects how key person disability insurance applies to Dr. Lin under the exam's rules?

BioLab公司高度依赖研发总监Lin博士，她持有公司12%的股份，年薪为$180,000（月薪$15,000）。哪项陈述准确反映了考试口径下关键人伤残险如何适用于Lin博士?

a. Because key person life insurance and key person disability insurance share the same name, both use a 10-year gross profit multiple and pay benefits until age 65.
b. BioLab owns the policy and collects benefits for a short period (often up to 12 months after a 30-to-90-day wait), and may add waiver, recurrent disability and replacement expense riders.
c. The $15,000 monthly benefit must be paid directly to Dr. Lin tax-free to replace her personal household income while she recovers.
d. Every insurer in Canada enforces a single statutory shareholding cap of 10%, so Dr. Lin's 12% stake makes her legally uninsurable as a key person.

117. Arthur and Bernard are equal co-owners of an engineering firm valued at $1,600,000 ($800,000 per partner). Five years ago, they signed a buy-sell agreement funded by disability buyout insurance with an initial $800,000 limit on each partner, a 12-month waiting period, and the exam's standard post-age-60 reduction provision (20% per year after age 60). At age 62, Arthur suffers a stroke, cannot perform his regular occupation, is not working in any capacity, and triggers the buyout after completing the waiting period. Based on the exam's reduction example, how does the policy respond?

Arthur和Bernard是一家估值$1,600,000（每位合伙人股权价值$800,000）的工程公司的等额共同业主。五年前，他们签署了一份买卖协议，并配套了每位合伙人初始保额$800,000、等待期12个月、且含考试口径标准60岁后递减条款（60岁后每年递减20%）的伤残买断险。Arthur在62岁时突发中风，无法从事其常规职业且完全没有从事任何工作，在完成等待期后于62岁触发买断。根据考试口径的递减示例，保单将如何赔付?

a. The policy pays the full $800,000 initial face amount because disability buyout policies lock in a level benefit until age 71.
b. The policy pays nothing because Arthur could theoretically do part-time administrative consulting from home, even though he is not working at all.
c. The policy starts the 12-month waiting period from the date Arthur was first diagnosed with high blood pressure two years earlier, rather than from the date he met the policy's disability definition.
d. Because the coverage reduces by 20% per year after age 60 in the exam model, the available buyout benefit at age 62 is discounted from the original $800,000, leaving an unfunded gap under the buy-sell agreement.

117′. Two CPA partners, Evelyn and Grace, hold disability buyout policies with a 360-day waiting period and the exam's post-age-60 reduction rule (20% per year after age 60). Evelyn is diagnosed with a progressive neurological condition at age 60, continues working full-time until she finally stops working and meets the policy's disability definition at age 61, and completes the 360-day waiting period at age 62. Meanwhile, her partner Grace asks whether Evelyn could still trigger the buyout if Evelyn worked part-time as a paid university lecturer during recovery. Which statement is correct?

两位注册会计师合伙人Evelyn和Grace持有等待期360天且含考试口径60岁后递减规则（60岁后每年递减20%）的伤残买断保单。Evelyn在60岁时确诊进行性神经系统疾病，但继续全职工作，直到61岁才彻底停止工作并满足保单的失能定义，随后在62岁完成360天等待期。与此同时，合伙人Grace询问：如果Evelyn在康复期间兼职担任有薪大学讲师，是否仍能触发买断。哪项陈述是正确的?

a. The 360-day wait runs from age 61, when she stops working and meets the definition (not the age-60 diagnosis); her cover is reduced 20% a year after 60; and paid lecturing would breach the not-working-at-all test.
b. The waiting period starts on the age-60 diagnosis date even while Evelyn works full-time, so full unreduced benefits are payable on her 61st birthday.
c. Because disability buyout policies use a pure own-occupation definition, Evelyn can work full-time as a paid lecturer and still collect the full buyout benefit.
d. If the firm selects the 60-month installment payout option, Grace must first pay Evelyn personally out of Grace's own savings, and the insurer reimburses Grace only after the full five years.

118. An LLQP candidate is studying the disability risk statistics cited in the exam reference manual for 45-year-old business owners before age 65. According to the exam wording (based on the 1985 Commissioner's Disability Table), what are the approximate probabilities of a disability lasting 90 days or more for a single 45-year-old owner versus at least one of two 45-year-old co-owners, and what is the average duration?

一位LLQP考生正在复习考试参考资料中引用的45岁企业主在65岁前的伤残风险统计数据。按考试口径（基于1985年Commissioner's Disability Table），单一45岁业主对比两位45岁共同业主中至少一人发生持续90天以上伤残的概率分别约为多少，平均持续时间又是多久？

a. About 15% for a single owner, about 30% for at least one of two co-owners, with an average duration of 1.2 years.
b. About 40% for a single owner, about 62.5% for at least one of two co-owners, with an average duration of 3.2 years.
c. About 62.5% for a single owner, about 90% for at least one of two co-owners, with an average duration of 5.0 years.
d. About 20% for a single owner, about 40% for at least one of two co-owners, with an average duration of 2.0 years.

118′. Two 45-year-old business partners ask their advisor how likely it is that at least one of them will suffer a disability lasting 90 days or longer before age 65, and how long such a disability lasts on average according to the LLQP exam reference material. Which figures reflect the exam's cited 1985 table?

两位45岁的商业合伙人询问顾问，根据LLQP考试参考资料，他们在65岁前至少有一人发生持续90天或以上伤残的可能性有多大，且此类伤残平均持续多久。哪组数字反映了考试引用的1985年统计表？

a. A 40% probability that both partners will be disabled simultaneously, lasting an average of 12 to 24 months.
b. A 50% probability for at least one partner, matching the upper shareholding cap for key person disability insurance, lasting an average of 1.0 year.
c. A 20% probability for at least one partner, lasting an average of 60 months.
d. About 62.5% that at least one of the two will have a 90-day-plus disability before 65, lasting 3.2 years on average (versus about 40% for one owner).

119. A growing software firm with 18 employees wants to provide disability and health benefits specifically for its four senior vice-presidents without purchasing a traditional group insurance policy, and also wants to understand the difference between a grouped individual disability plan, a Private Health Services Plan (PHSP), and an Employee Life and Health Trust (ELHT). Which statement accurately describes these arrangements?

一家拥有18名员工的成长型软件公司希望专门为其四位高级副总裁提供伤残与健康福利，而不购买传统的团体保险保单；同时希望厘清“拼团式”个人伤残险计划、私人健康服务计划（PHSP）以及雇员生命与健康信托（ELHT）之间的区别。哪项陈述准确描述了这些安排？

a. A grouped DI/CI plan buys individual policies for a defined class of employees (such as all senior vice-presidents), not hand-picked individuals, and a PHSP reimburses eligible medical costs, not lost income.

b. A grouped disability plan allows the employer to arbitrarily pick one favourite junior clerk and one vice-president without defining an objective employee class.

c. A Private Health Services Plan (PHSP) pays monthly tax-free cash benefits to cover the software firm's office lease and utility bills whenever one of the senior executives is disabled.

d. Any Health and Welfare Trust (HWT) that did not convert to an ELHT under Income Tax Act s.144.1 by the end of 2021 was automatically seized by the government and declared illegal.

119′. An engineering firm is reviewing its employee benefit structures: it wants to offer individual critical illness and disability policies to its entire class of licensed project managers, maintain a Private Health Services Plan (PHSP) for dental and prescription drug bills, and check the tax status of an Employee Life and Health Trust (ELHT). Which statement is correct under the lecture's rules?

一家工程公司正在检视其员工福利结构：公司希望向“全体持牌项目经理”这一类别的员工统一提供个人重疾与伤残保单，保留一份用于报销牙科与处方药账单的私人健康服务计划（PHSP），并核查雇员生命与健康信托（ELHT）的税务地位。根据讲座规则，哪项陈述是正确的？

a. The PHSP can be used to pay a disabled project manager's monthly salary and the firm's commercial loan interest.

b. Every PHSP in Canada is subject to one universal statutory contribution cap of $1,500 per adult and $750 per child, regardless of whether it covers arm's-length employees or self-employed owners.

c. Buying individual DI/CI policies for a defined class is a grouped plan, the PHSP pays medical costs outside public coverage, and ELHTs fall under Income Tax Act s.144.1 since the old HWT rules ended after 2021.

d. A grouped disability/CI plan is simply a standard group master policy where employees receive certificates rather than individual contracts.

带 ′ 的是同一考点的变式题：主题题做错时再做它。

120. Julian is a self-employed landscape contractor whose financial statements show $72,000 in gross business revenue, $12,000 in operating expenses (leaving $60,000 in net business income), and $6,000 in dividends from a passive investment portfolio. Less than 12 months ago, he registered with the Canada Employment Insurance Commission via My Service Canada Account (MSCA) for Employment Insurance (EI) special benefits. If Julian is injured off the job today and cannot work, how should his agent assess his insurable earned income and his current EI sickness benefit eligibility?

Julian 是一名自雇园林承包商，其财务报表显示营业总收入为 $72,000，经营开支为 $12,000（净经营收入为 $60,000），并从被动投资组合中获得 $6,000 股息收入。不到 12 个月前，他通过加拿大服务部账户（MSCA）自愿注册了就业保险（EI）特别福利。如果 Julian 今天因非工伤意外受伤无法工作，代理人应如何评估他的可保劳动收入以及当前的 EI 病假福利资格?

a. $60,000 of net business income (the $6,000 of dividends is recorded separately), and no EI sickness claim is possible yet because the 12-month registration wait has not passed.

b. His insurable earned income is $72,000 based on gross business revenue, and he qualifies for EI sickness benefits immediately because his prior-year earnings exceeded the $9,254 self-employed threshold.

c. His insurable earned income is $66,000 by combining net business income with investment dividends, and he can cancel his EI registration at any time after claiming benefits without penalty.

d. His insurable earned income is $60,000, and he can collect EI sickness benefits immediately because the 12-month waiting period runs from the date he first opened his business.

120′. Hannah is a self-employed interior designer whose past three years of tax returns average $60,000 in net business income ($5,000 per month) after deducting studio overhead, plus $6,000 in ongoing rental income from a property. She registered for EI special benefits within the past 60 days and has never filed a claim, but she now prefers to rely on an individual disability insurance policy and a business overhead expense (BOE) policy instead. Which statement accurately describes her profile?

Hannah 是一名自雇室内设计师，近三年报税表显示扣除工作室固定开支后的平均净经营收入为 $60,000（每月 $5,000），另有物业持续性租金收入 $6,000。她在过去 60 天内注册了 EI 特别福利且从未申领过福利，但现在她更倾向于改用个人伤残保险和营业费用险（BOE）。下列哪项表述准确描述了她的画像情况？

a. Her rental income is added directly to her net business income to raise her insurable earned income, and her EI registration is permanently irrevocable the moment she signs the online agreement.

b. She has no need for a separate business overhead expense (BOE) policy because a personal disability income policy automatically reimburses studio rent and staff wages.

c. Insurable earned income rests on the $60,000 net business income (rent listed separately), and since she is within 60 days and has never claimed, she may withdraw from EI owing no premiums.

d. Her insurable earned income is $60,000, and she is already eligible to claim EI sickness benefits today because her net self-employed income exceeds $9,254.

121. Carmen is a full-time salaried bookkeeper whose employer does not offer a group short-term disability plan. She is hospitalized for a serious non-occupational illness and applies for federal Employment Insurance (EI) sickness benefits. According to the standard LLQP exam (2022 exam benchmark), what is the maximum duration of EI sickness benefits and the basic earnings replacement rate?

Carmen 是一名全职领薪簿记员，其雇主未提供团体短期伤残保险计划。她因严重的非工伤疾病住院，并申请联邦就业保险（EI）病假福利。根据标准 LLQP 考试口径（2022 版考试资料基准），EI 病假福利的最长给付周数和基本收入替代比例分别是多少？

a. Up to 15 weeks at 60% of average insurable weekly earnings.

b. Up to 15 weeks at 55% of average insurable weekly earnings.

c. Up to 26 weeks at 85% of pre-disability net earnings.

d. Up to 52 weeks at 90% of net insurable earnings.

121′. Trevor is a salaried warehouse supervisor who has accumulated 600 insurable hours over the past 52 weeks and experienced a weekly earnings reduction of more than 40% due to illness. However, his employer provides a group short-term disability (STD) plan that pays 60% of his $6,000 monthly salary ($3,600 per month), which is well above the Employment Insurance (EI) 55% replacement rate and weekly cap ($729 current / $638 exam benchmark). When profiling Trevor's government coverage, how should the agent view EI sickness benefits?

Trevor 是一名领薪仓库主管，过去 52 周内累计满 600 个受保小时，且因病导致正常周收入减少超过 40%。然而，他的雇主提供一份团体短期伤残保险（STD），按其 $6,000 月薪的 60%（每月 $3,600）发放给付，远高于就业保险（EI）55% 的替代比例与周上限（现行 $729 / 考试口径约 $638）。在为 Trevor 做政府保障画像时，代理人应如何看待 EI 病假福利?

a. Whatever the week limit (15 on the exam, 26 today), EI pays second to an employer plan, so Trevor may get nothing from EI because his STD already exceeds the EI maximum.
b. Trevor will receive both his full 60% employer STD benefit and the full 55% EI sickness benefit because he has met the 600-hour qualification threshold.
c. EI is the first payor ahead of all employer group STD plans, so the employer plan is completely cancelled while EI pays.
d. Trevor can force his employer's STD plan to extend its minimum benefit period from 15 weeks to 26 weeks because the EI Premium Reduction Program automatically mirrors the 26-week sickness limit.

122. Valerie is an accountant in Burnaby earning a gross annual salary of $72,000 ($6,000 per month). She is covered by her employer's group long-term disability (LTD) plan, which provides a nominal benefit equal to 60% of pre-disability gross salary. Her employer pays 100% of the LTD premiums. Assuming an effective tax rate of 25% applies to both her regular salary and any taxable disability benefits, what is Valerie's net monthly disability benefit and her real after-tax income replacement ratio?

Valerie 是本拿比的一名会计师，税前年薪为 $72,000（每月 $6,000）。她享有雇主的团体长期伤残保险（LTD）计划，名义给付额为失能前税前月薪的 60%。她的雇主支付 100% 的 LTD 保费。假设她的日常工资和任何应税伤残给付的有效税率均为 25%，Valerie 的税后每月伤残给付到手金额以及真实的税后收入替代率分别是多少?

a. $3,600 net monthly benefit, resulting in an after-tax income replacement ratio of 80%.
b. $2,700 net monthly benefit, resulting in an after-tax income replacement ratio of 50%.
c. $2,700 net monthly benefit, resulting in an after-tax income replacement ratio of 60%.
d. $4,500 net monthly benefit, resulting in an after-tax income replacement ratio of 85%.

122′. Suppose Valerie's colleague, Derek, also earns a gross monthly salary of $6,000 with a 25% effective tax rate (giving him $4,500 in net monthly income), and his group LTD plan also pays a nominal 60% of gross salary ($3,600 per month). However, under Derek's plan structure, the employees pay 100% of the LTD premiums themselves through after-tax payroll deductions. What is Derek's after-tax income replacement ratio from the group LTD plan alone?

假设 Valerie 的同事 Derek 税前月薪同样为 $6,000，有效税率为 25%（税后月收入为 $4,500），且他的团体 LTD 计划名义给付同样为税前月薪的 60%（每月 $3,600）。但在 Derek 的计划结构下，员工通过税后工资扣款 100% 自付 LTD 保费。仅凭这份团体 LTD 计划，Derek 的税后收入替代率是多少?

a. 60%, because the nominal percentage stated in a group policy always equals the after-tax replacement ratio.
b. 80%, because his $3,600 monthly LTD benefit is received tax-free and replaces $3,600 of his $4,500 after-tax monthly income.
c. 55%, because all tax-free group disability plans are capped at the Employment Insurance replacement rate.
d. 85%, because all group long-term disability plans automatically top up tax-free benefits to the all-source maximum.

123. Felix is a powerline technician earning $6,000 in gross monthly salary, and his minimum monthly household living expenses are $4,500. His employee-paid group long-term disability (LTD) plan pays a tax-free benefit of 50% of gross salary ($3,000/month) and contains a direct dollar-for-dollar offset for Canada Pension Plan disability (CPP-D) benefits. After the LTD waiting period, Felix is approved for a gross monthly CPP-D benefit of $1,234.68, which is subject to a 25% effective tax rate (leaving $926.01 net). Assuming no EI benefits apply, what is Felix's total net monthly disability income and his monthly income gap once CPP-D begins paying?

Felix 是一名电力线路技术员，税前月薪为 $6,000，最低家庭月生活开支需要 $4,500。他由员工自付保费的团体长期伤残保险（LTD）提供税前月薪 50% 的免税给付（$3,000/月），且合同包含对加拿大退休金计划伤残给付（CPP-D）的逐元直接抵消条款。度过 LTD 等待期后，Felix 获批每月税前 $1,234.68 的 CPP-D 给付，该给付适用 25% 的有效税率（税后净额为 $926.01）。假设无 EI 给付，在 CPP-D 开始发放后，Felix 每月到手的伤残总收入和每月收入缺口分别是多少?

a. Total net monthly income of $3,926.01 and a monthly gap of $573.99 because CPP-D is added on top of the full $3,000 LTD benefit.
b. Total net monthly income of $3,000.00 and a monthly gap of $1,500.00.
c. Total net monthly income of $1,765.32 and a monthly gap of $2,734.68.
d. Total net monthly income of $2,691.33 and a monthly gap of $1,808.67.

123′. Consider Felix during Stage 1 of his claim—after his group LTD waiting period has ended and his tax-free $3,000/month LTD benefit has started, but before his CPP-D application has been approved or reached its start date (the fourth month after the month of disability). Assuming his minimum monthly household need is $4,500 and no EI is payable, what is Felix's monthly gap during Stage 1, and how should the agent design his individual coverage recommendation across both stages?

考察 Felix 在理赔第一阶段的情况——即团体 LTD 等待期已过、每月 $3,000 免税 LTD 已开始发放，但他的 CPP-D 申请尚未获批或尚未到达起付日（伤残月份之后的第四个月）。假设他的最低家庭月开支需求为 $4,500 且无 EI 给付，Felix 在第一阶段的每月缺口是多少？代理人应如何跨两个阶段设计他的个人投保方案？

a. His Stage 1 gap is $1,500; it widens to $1,808.67 once the taxable CPP-D offset starts, so coverage should be sized to the largest gap on the timeline.
b. His Stage 1 monthly gap is $1,808.67 because the group insurer deducts an estimated CPP-D amount starting on the very first day of the injury.
c. His Stage 1 monthly gap is $1,500, and once CPP-D is approved in Stage 2 the direct offset is waived because his total income is below the 85% all-source maximum.
d. His Stage 1 monthly gap is $1,000 because CPP-D is guaranteed to pay retroactively from the date of diagnosis without tax.

124. Elena is a freelance translator whose average net business income over the past three years suggests a disability insurance need of $3,000 per month under the 60% income approach. However, when her agent tallies Elena's actual rent, groceries, utilities, and tax reserves under the expense approach, the minimum required amount is $2,000 per month. Elena wants coverage but says the premium for a $3,000 monthly benefit exceeds what she can afford right now. How should the agent proceed, and which financial statements verify her waiting-period buffer versus her monthly premium budget?

Elena 是一名自由译者，按过去三年平均净经营收入的 60%（收入法）测算，其伤残保险需求为每月 $3,000。然而，当代理人按支出法逐项汇总她的实际房租、日常饮食、水电及税务预留时，最低所需金额为每月 $2,000。Elena 希望投保，但表示 $3,000 月保额对应的保费超出了她目前的承受能力。代理人应如何处理？哪两张财务报表分别用于核实她的等待期缓冲能力与每月保费预算？

a. Insist on the $3,000 income approach figure or decline the file, using the cash flow statement to measure her liquid reserves and the net worth statement to track her monthly surplus.
b. Place $2,000 of expense-based coverage now with a future purchase option, using the net worth statement for the waiting-period buffer and the cash flow statement for premium affordability.
c. Rely exclusively on her net worth statement to determine both the monthly benefit amount and her monthly premium budget, ignoring the expense approach.
d. Recommend that she liquidate her Registered Disability Savings Plan (RDSP) to pay for the $3,000 policy, using her T4 slip to verify her fluctuating freelance income.

124′. Marcus is a salaried project manager reviewing his disability insurance profile. He asks his agent two specific questions: first, whether he has enough liquid savings and unencumbered assets to survive a 120-day waiting period before benefits begin; and second, which discretionary monthly outlays he can trim so he can afford the monthly policy premium. Which pair of financial statements answers Marcus's first and second questions, respectively?

Marcus 是一名领薪项目经理，正在审阅自己的伤残保险画像。他向代理人提出了两个具体问题：第一，在给付开始前，他是否有足够的流动储蓄和无负担资产扛过 120 天的等待期；第二，他每月可以削减哪些非必要开支，以便负担每月的保单保费。哪一对财务报表分别回答了 Marcus 的第一个和第二个问题?

a. The cash flow statement answers whether he can survive the 120-day waiting period, and the net worth statement shows which monthly expenses he can trim.
b. The employer's group benefits booklet answers both questions by specifying the 85% all-source maximum.
c. His corporate financial statements answer the first question, and the 60% income approach formula answers the second question.
d. The net worth statement answers whether he can self-fund the 120-day wait, and the cash flow statement shows where his monthly budget has room for the premium.

125. Liam and Noah are two warehouse managers in Coquitlam, each earning a gross monthly salary of $5,000 ($3,000/month disability need under the 60% income approach). Liam is single with no other household income. Noah lives in a dual-earner household with his spouse, Maya, whose stable salary theoretically covers most of the household bills, leaving Noah with a theoretical disability gap of only $1,000 per month. When the agent advises Noah on how much disability coverage to apply for compared with Liam, what caution from the exam applies?

Liam 和 Noah 是高贵林的两名仓库经理，税前月薪均为 $5,000（按 60% 收入法测算的伤残需求均为 $3,000/月）。Liam 单身，没有其他家庭收入来源。Noah 与配偶 Maya 组成双职家庭，Maya 的稳定薪水理论上可以覆盖大部分家庭账单，使 Noah 的理论伤残缺口仅为每月 $1,000。代理人对照 Liam 为 Noah 建议投保额度时，考试口径中的哪项警示适用?

a. Noah may buy less than Liam, but should keep a buffer above the bare $1,000 gap, since Maya may have to cut back or stop work to care for him.
b. Noah must purchase the exact $1,000 theoretical gap because insurers prohibit dual-earner spouses from insuring more than $1,000 of their monthly salary.
c. Liam can safely insure far less than $3,000 per month because single individuals automatically receive double the 55% Employment Insurance sickness benefit rate.
d. Maya's salary is classified as Noah's insurable earned income, allowing Noah to apply for a disability benefit equal to 60% of their combined household salaries.

125′. Priya is a single software engineer earning $5,000 per month with no dependents and no group disability coverage. Her sister, Taran, also earns $5,000 per month with no group coverage, but Taran's spouse earns a steady income that covers most of their shared mortgage and living costs, leaving a theoretical gap of $1,000 per month. If both sisters ask why their recommended disability insurance amounts differ despite identical salaries, which explanation is accurate?

Priya 是一名单身软件工程师，月薪 $5,000，无受抚养人且无团体伤残保障。她的姐妹 Taran 月薪同样为 $5,000 且无团体保障，但 Taran 的配偶有一份稳定收入，可负担两人大部分共同房贷和生活开支，使理论缺口仅为每月 $1,000。如果姐妹俩询问为什么她们薪水相同但建议的伤残保险额度却不同，哪项解释是准确的?

a. Both sisters must purchase the exact same $3,000 monthly benefit because family structure and spousal income are irrelevant at every stage of the client profiling process.
b. Taran needs more disability coverage than Priya because her spouse's salary triggers a mandatory dollar-for-dollar offset under every individual disability policy she might buy.
c. Priya has no second earner and needs the full $3,000/month, while Taran's spouse partly replaces income—but Taran should still keep a cushion above the $1,000 gap in case care duties stop that income.
d. Priya can rely on the EI Family Supplement to top up her income, whereas Taran is disqualified because she is married.

126. Lucas, a commercial electrician in Surrey who meets age and contribution rules, suffers a back injury while rewiring a retail store on the job. He files a wage-loss claim with provincial workers' compensation (WorkSafeBC) and asks his insurance agent whether he should also count on immediate Canada Pension Plan disability (CPP-D) benefits in his financial profile, given that his doctor confirms it is a temporary injury and he will return to full-time electrical work after a brief recovery. How should the agent evaluate Lucas's government benefit profile?

素里符合年龄与缴费要求的商业电工 Lucas 在零售店进行工作布线时背部受伤。他向省级工伤补偿机构（WorkSafeBC）提交了工资损失理赔申请，并询问保险代理人：鉴于医生确认这只是短期伤情、短暂康复后即可重返全职电工岗位，他是否还应在财务画像中把即时发放的加拿大退休金计划伤残给付（CPP-D）算作确定收入？代理人应如何评估 Lucas 的政府福利画像?

a. He qualifies for CPP-D immediately because any occupational injury covered by workers' compensation automatically satisfies the CPP-D medical test.
b. He is barred from claiming provincial workers' compensation because the exam states that federal EI sickness benefits must pay the first 15 weeks of any workplace injury.
c. The injury belongs to workers' compensation (tax-free, about 90% of net income in BC; 80%—90% on the exam), and a temporary injury fails the 'prolonged' test for CPP-D.
d. His routine dental crown repair after the fall will be fully reimbursed by the British Columbia Medical Services Plan (MSP) at any neighbourhood dental clinic, as highlighted in the LLQP exam.

126′. Suppose Lucas's coworker, Quentin, suffers a permanent, career-ending spinal cord injury in the same workplace accident and his physician certifies that the condition is both severe and prolonged (indefinite duration, incapable regularly of pursuing any substantially gainful occupation). When profiling Quentin's cash flow during the first few months after the injury, how should the agent account for CPP-D alongside provincial workers' compensation?

假设 Lucas 的同事 Quentin 在同一起工伤事故中遭受永久性、终结职业生涯的脊髓损伤，且医生证明其状况属于「严重且持久」（期限不确定，经常无法从事任何实质有收益的工作）。在对 Quentin 受伤后前几个月的现金流进行画像时，代理人应如何统筹考虑 CPP-D 与省级工伤补偿?

a. List the maximum monthly CPP-D amount ($1,741.20) as tax-free cash flow starting on the date of the accident, on top of his full workers' compensation benefit.
b. Treat them as separate programs that may run concurrently, list CPP-D as pending until approved (paid from the fourth month after disability), and check offset rules instead of adding gross amounts.
c. Advise Quentin not to apply for workers' compensation because its 80%—90% benefit is fully taxable and would disqualify him from claiming the Disability Tax Credit (DTC) in future years.
d. Assume that because the LLQP exam never names WorkSafeBC, provincial workers' compensation benefits are ignored in all gap analysis calculations.

带 ′ 的是同一考点的变式题：主题题做错时再做它。

127. Helena, a freelance graphic designer, was severely injured in an accident and remained hospitalized and unable to manage her affairs until day 45, when she immediately sent written notice of claim to her individual disability insurer. Based on the standard exam rules for statutory conditions, how is her claim affected?

自由平面设计师 Helena 在一次意外中受重伤，住院期间无法处理个人事务，直到第 45 天恢复能力后立即向个人伤残险保司发送了书面理赔通知。根据法定条款的考试标准口径，她的索赔会受到什么影响?

a. Not forfeited if 30-day notice was not reasonably possible and she gave it as soon as she could, within the relief limit (6 months on the exam, 1 year in BC law); proof is still due in 90 days.

b. Her claim is automatically forfeited because the 30-day statutory period for written notice of claim is an absolute deadline with no exceptions.

c. She complied with the initial deadline because the statutory period for giving initial written notice of claim is 90 days, followed by a further 90 days for submitting proof.

d. Her claim remains valid, but the insurer will reduce her monthly disability benefit on a pro-rata basis under the change of occupation clause.

127′. Marcus developed a disabling illness and submitted written notice of claim to his individual disability insurer on day 15. By what statutory deadline from the date the claim arose must he submit written proof of claim, and what is the exam rule if submitting on time is not reasonably possible?

Marcus 患上致残疾病，并在第 15 天向其个人伤残险保司提交了书面理赔通知。自索赔产生之日起，他必须在哪个法定期限内提交书面理赔证明? 如果按期提交在客观上不合理可行，考试规则怎么规定?

a. Written proof must be submitted within 30 days of the notice date, and any delay beyond 30 days permanently voids the claim.

b. Written proof must be submitted within 60 days from the end of the elimination period, with no statutory relief for late submission.

c. Written proof is due within 90 days of the claim arising, with late relief up to 6 months on the exam (1 year in BC law) if not reasonably possible.

d. Written proof must be submitted within 15 days after the insurer mails the claim forms, or the policy is terminated by registered mail.

128. When Victor purchased his individual disability insurance policy, he worked as an office administrator. Two years later, he switched to a higher-risk occupation as a commercial roofer without notifying the insurer, and he was subsequently injured on the job. Under Statutory Condition 3, how will the insurer handle his claim?

Victor 购买个人伤残保险保单时是一名办公室行政人员。两年后，他转行做了风险更高的商业屋顶工，但没有通知保司，随后在工作中受伤。根据法定条款第 3 条（Statutory Condition 3），保司会如何处理他的索赔?

a. The insurer will deny the claim completely and void the contract for failure to disclose a change to a more hazardous occupation.
b. The insurer will pay the reduced benefit amount that the original premium paid would have purchased at the premium rate for the new, higher-risk occupation.
c. The insurer must pay the full face amount because the two-year statutory incontestability period has already expired.
d. The insurer will suspend claim payments until Victor pays two years of retroactive extra premiums plus interest within a 30-day grace period.

128′. Nadia bought an individual disability policy while working as a bookkeeper. She later became a logging site supervisor, a more hazardous occupation class, without informing her insurer. If she becomes disabled, what is the legal effect under the statutory change of occupation clause?

Nadia 在担任簿记员期间购买了一份个人伤残保单。后来她转行成为伐木场主管（属于更高风险的职业类别），但未告知保司。如果她发生伤残，根据法定的职业变更条款会产生什么法律后果?

a. Her benefit becomes what her actual premium would have bought at the insurer's rate for the logging supervisor occupation.
b. Her policy is terminated immediately upon claim submission because moving to a higher-risk job breaches a material condition of the contract.
c. Her elimination period is automatically extended from 30 days to 120 days while keeping the original monthly benefit unchanged.
d. Her claim is denied unless the disability occurred entirely off the job and had no connection to her logging duties.

129. A self-employed architect wants individual disability coverage with an own-occupation definition, a 30-day elimination period, and a benefit period to age 65, but the premium exceeds his budget. The advisor considers four ways to lower the premium. Which adjustment carries the greatest risk of losing coverage altogether when his health declines?

一位自雇建筑师希望购买包含本职定义、30 天等待期、给付期至 65 岁的个人伤残保险，但保费超出了他的预算。代理人考虑了四种降低保费的方法。哪一种调整最有可能导致他在健康恶化时彻底失去保障?

a. Extending the elimination period from 30 days to 90 days while keeping the contract guaranteed renewable.

b. Shortening the benefit period from age 65 to 5 years while keeping the contract non-cancellable.

c. Switching from guaranteed renewable to cancellable, so the insurer keeps a Condition 4 right to terminate.

d. Changing the contract from non-cancellable to guaranteed renewable so the insurer can adjust premiums by class.

129′. Clara holds a guaranteed renewable individual disability policy, while her colleague holds a non-cancellable policy. Five years after issue, the insurer experiences higher-than-expected claims across their entire occupational class. What action is the insurer permitted to take regarding Clara's policy?

Clara 持有一份保证续保的个人伤残保单，而她的同事持有一份不可撤销保单。签发五年后，保司在该职业类别上的整体理赔率高于预期。关于 Clara 的保单，保司被允许采取什么行动?

a. The insurer can unilaterally terminate Clara's policy by giving 15 days' notice by registered mail or 5 days' personal notice.

b. The insurer cannot terminate Clara's policy unilaterally, but it may increase premiums for all policyowners in her entire underwriting class.

c. The insurer cannot change Clara's premium at all because guaranteed renewable and non-cancellable policies both lock in premiums until age 65.

d. The insurer can single out Clara for an individual premium surcharge if she filed a claim during the previous two years.

130. Gavin is disabled and files a valid notice of claim under his individual disability policy. Once he submits satisfactory written proof of claim for his loss of income, what are the insurer's statutory obligations regarding claim forms, the initial payment, and ongoing payments under Statutory Conditions 6 and 9?

Gavin 发生伤残，并在其个人伤残保单下提交了有效的理赔通知。一旦他针对误工损失提交了合格的书面理赔证明，根据法定条款第 6 条和第 9 条（Statutory Conditions 6 and 9），保司在理赔表格、首笔给付和持续给付方面的法定义务是什么?

a. Provide claim forms within 30 days of notice, make the first loss-of-income payment within 90 days of proof, and pay every 90 days thereafter.
b. Provide claim forms within 5 days of notice, wait until the disability ends to verify total loss, and pay a single lump sum within 60 days.
c. Provide claim forms within 15 days of notice, make the initial loss-of-income payment within 60 days of proof, and pay every 30 days thereafter.
d. Forms within 15 days of notice, the first loss-of-income payment within 30 days of proof, then payments at least every 60 days while liability continues.

130′. An insurer decides to terminate a cancellable individual accident and sickness contract at renewal. Under Statutory Condition 4, what advance notice must the insurer provide to the insured?

一家保司决定在续保时终止一份可撤销的个人意外与疾病保险合同。根据法定条款第 4 条（Statutory Condition 4），保司必须向被保险人提供多长时间的提前通知?

a. At least 15 days' notice by registered mail or 5 days' written notice personally delivered.
b. At least 30 days' notice by regular mail or 15 days' notice personally delivered, matching the statutory grace period.
c. At least 60 days' notice by registered mail or 30 days' notice personally delivered, matching the claim payment intervals.
d. At least 90 days' written notice before the policy anniversary date, matching the proof of claim period.

131. Liam is resigning from his employer and wants to convert his group disability coverage to an individual policy without providing evidence of insurability. Considering the exam discrepancy (30 days in Chapter 2 versus 31 days in Chapter 7) and real-world practice, what is the proper rule regarding the conversion window?

Liam 即将从雇主处离职，希望在不提供可保性证明的情况下将其团体伤残保障转换为个人保单。考虑到考试资料内部的差异（第 2 章写 30 天，第 7 章写 31 天）及实务规范，关于转换窗口的正确规则是什么？

a. On the exam, follow the specific number stated in the question stem (30 or 31 days); in practice, verify the exact conversion terms written in the client's specific group plan document.
b. Statutory Condition 5 sets a mandatory 90-day conversion window for all group accident and sickness plans across the province.
c. The advisor should always guarantee a 31-day window without checking the group booklet because group life insurance rules automatically govern group disability plans.
d. The conversion window is always 6 months under the exam rule and 1 year under the provincial statute.

131′. Sonia is leaving her company and asks her advisor how many days she has to apply for an individual disability policy under her group plan's conversion privilege, and she does not have her group booklet with her right now. How should the advisor handle the conversion deadline?

Sonia 即将离开公司，向代理人询问根据其团体计划的转换权她有多少天时间申请个人伤残保单，但她手头暂时没有团体计划手册。代理人应当如何处理这个转换期限问题？

a. Tell her she has 90 days under Statutory Condition 5 because statutory conditions override all group disability contracts.
b. Assure her that provincial reinstatement legislation guarantees a 2-year window to convert any group disability coverage that terminated when she left her employer.
c. Assume the deadline is 60 days based on Statutory Condition 8 for non-income claims and tell her there is no rush.
d. Check her plan's conversion document or HR summary (the exam cites both 30 and 31 days) and use the shorter period until the document is in hand.

132. An advisor unconditionally delivers an individual accident and sickness policy to Trevor, who has not experienced any change in insurability, but Trevor's initial premium cheque has not yet been paid. Two days later, Trevor suffers an accidental injury. Under BC accident and sickness legislation (section 106(1)), is the insurer bound by the contract?

代理人将一份个人意外与疾病保单无条件交付给了可保性没有任何变化的 Trevor，但 Trevor 的首期保费支票尚未支付。两天后，Trevor 遭遇意外受伤。根据 BC 省意外与疾病保险法规（s.106(1)），保司受该合同约束吗?

a. No, because under life insurance section 39 rules, no insurance contract can ever take effect until the initial premium is paid in full.
b. Yes; a delivered accident and sickness policy binds the insurer even though the first premium is unpaid, and the insurer can recover that premium.
c. No, because the 10-day client review period suspends the insurer's liability until the 10 days have expired.
d. Yes, but only if Trevor applies for statutory reinstatement within a 30-day or 2-year life insurance reinstatement window.

132′. Elena's individual disability policy lapsed after she missed a renewal premium and the 30-day statutory grace period expired. She asks her advisor what the statutory deadline is to reinstate her accident and sickness policy. What is the accurate rule?

Elena 漏缴了一笔续期保费，且在 30 天法定宽限期届满后，她的个人伤残保单失效。她询问代理人，按法律规定她必须在多长期限内将意外与疾病保单复效。正确的规则是什么?

a. She has a mandatory 2-year statutory window to reinstate the policy under section 57 of the Insurance Act.
b. She has a mandatory 90-day statutory window to reinstate, matching the proof of claim period under Statutory Condition 5.
c. There is no uniform statutory window as in life insurance; reinstatement depends on the contract, while section 113 applies disclosure and the two-year contest period from reinstatement.
d. Once the 30-day grace period expires, an accident and sickness contract is permanently prohibited by statute from ever being reinstated, whatever the policy terms might say.

133. Dr. Aris, a specialized hand surgeon, is comparing individual disability insurance options with a 90-day elimination period and a 5-year benefit period. Why would Dr. Aris pay a higher premium to select an own-occupation definition of disability rather than an any-occupation definition, and how does the 90-day elimination period affect his 5-year benefit period?

专科手部外科医生 Aris 正在对比具有 90 天等待期和 5 年给付期的个人伤残保险方案。为什么 Aris 医生愿意支付更高的保费来选择“本职定义”而非“任何职业定义”的残疾条款？此外，90 天的等待期会如何影响他的 5 年给付期？

a. Own-occupation pays only if he cannot perform any job suited to his education, and the 90-day elimination period is deducted from the 5-year benefit period.
b. Own-occupation pays if he cannot do the main duties of his surgical specialty even while earning from teaching, and the 90-day wait does not shorten the 5-year benefit period.
c. Own-occupation automatically waives the two-year incontestability period under section 112, and the 90-day elimination period extends the benefit period to age 65.
d. Own-occupation is the cheapest option designed for self-employed tradespeople without group STD, and the 90-day elimination period replaces the 30-day statutory notice of claim.

133′. Kenji is a salaried employee who already has a group short-term disability (STD) plan through his employer that covers the first 120 days of disability. How can his advisor use this existing coverage to structure an individual long-term disability policy more affordably?

Kenji 是一名领薪雇员，已经通过雇主拥有一份覆盖伤残前 120 天的团体短期伤残（STD）计划。他的代理人如何利用这份现有保障，以更实惠的保费为他设计个人长期伤残保单？

a. Select a longer elimination period of 120 days on the individual policy to lower the premium, since the group STD plan covers the initial waiting period.
b. Select a 30-day elimination period so he can collect full tax-free benefits from both policies simultaneously during the first 120 days.
c. Recommend a cancellable policy with a 2-year benefit period because employees with group STD do not need long-term protection.
d. Omit the written reason-why recommendation record because the employer's HR department already vetted the group STD plan.

第 20 章 · 团体福利计划 意外与疾病

带 ′ 的是同一考点的变式题：主题题做错时再做它。

134. A software firm in Richmond has 40 employees and 5 years of stable extended health and dental claims experience. Its cash flow is healthy, and the founders want to lower long-term benefit costs and customize the drug formulary, but a sudden cluster of high-cost specialty drug claims would still strain a 40-person budget. Which funding recommendation best balances their goals and group size?

列治文一家拥有40名员工的软件公司创立5年，扩展医疗与牙科理赔经验平稳，现金流健康。创始人希望降低长期福利成本并自主决定药品清单范围，但若突然集中出现几笔高额专科用药理赔，对40人规模的预算仍会造成冲击。哪种资金方式建议最能平衡其目标与团体规模?

a. Keep a permanent non-refund accounting plan, because groups of only 40 employees are legally barred from sharing in any claims surplus with the insurer.
b. Use refund accounting (retention accounting) as a transitional step for a few years before evaluating a full move to an ASO arrangement with stop-loss coverage.
c. Switch immediately to an unhedged ASO plan without any stop-loss insurance so the firm keeps 100% of every surplus while carrying zero claims risk itself.
d. Replace the extended health plan with an Employee Assistance Plan (EAP) to cover specialty prescription drugs.

134′. A newly established bakery with fewer than 25 employees has tight monthly cash flow and zero claims history. The owner cannot afford any unexpected year-end benefit deficits. Which funding method should the group broker recommend?

一家新成立、员工少于25人的烘焙坊每月现金流紧绷，且没有任何理赔历史。店主无法承受任何意外的年终福利赤字。团体险经纪应当推荐哪种资金方式?

a. Non-refund accounting (fully insured), where the insurer assumes all claims risk and retains any surplus.
b. Refund accounting (retention accounting), so the bakery shares claims deficits in exchange for a potential refund.
c. Administrative Services Only (ASO), so the bakery only pays a third-party administrator fee when claims occur.
d. Pure experience rating with 100% credibility so the bakery sets its own premium.

135. A mid-sized logistics company has 4 years of complete group claims history. The insurer's actuarial department assigns the group a credibility rating of 30%. Its experience rate is $45 per employee per month, while the manual rate for the industry is $60 per employee per month. What is the company's blended rate per employee per month?

一家中型物流公司拥有4年完整的团体理赔历史。保险公司精算部门评定该团体的信度评级为30%。其经验费率为每人每月$45，同行业手册费率为每人每月$60。该公司的混合费率是每人每月多少?

a. $45.00, because 4 years of claims history qualifies the group for pure experience rating.
b. $49.50, calculated by applying 30% to the manual rate ($60) and 70% to the experience rate ($45).
c. $55.50, calculated by applying 30% to the experience rate ($45) and 70% to the manual rate ($60).
d. $60.00, because any credibility rating below 50% defaults entirely to the manual rate.

135′. Two employers are applying for group health coverage. Firm X is a newly formed start-up with fewer than 25 employees and no claims history. Firm Y is a large established employer with a low annual employee turnover rate of 5—10% and many years of claims data. How will the insurer assign credibility ratings when calculating their premiums?

两家雇主正在申请团体健康保障。X公司是一家刚成立、少于25人且无理赔历史的初创企业；Y公司是一家规模大、年员工流动率低（5—10%）且拥有多年理赔数据的成熟企业。保险公司在计算保费时将如何评定它们的信度评级?

a. Firm X receives high credibility because fewer than 25 employees are easier to track one by one, while Firm Y must rely entirely on manual rating instead.
b. Both firms receive a 30% credibility rating because all group plans use the same fixed blended formula.
c. Firm X is denied group coverage due to zero credibility, while Firm Y pays the manual rate of $60.
d. Firm X receives zero credibility and is priced entirely by manual rating (pooled experience), while Firm Y receives high credibility weighting its own experience rate.

136. Marcus participates in his employer's group long-term disability (LTD) plan, where the employer and employees each pay 50% of the premium. This year, Marcus goes on claim and receives $9,600 in LTD benefits. Since joining the plan, his cumulative employee premium contributions that have not yet been used to offset benefits total $3,600. Under ITA s.6(1)(f), how much of this year's LTD benefit must Marcus include in his taxable income?

Marcus参加了雇主的团体长期伤残（LTD）计划，雇主与员工各承担50%的保费。今年Marcus出险并领取了$9,600的LTD给付。自加入计划以来，他历年累计缴纳且尚未用于抵减过给付的员工保费总额为$3,600。依联邦税法ITA s.6(1)(f)，Marcus今年须将多少LTD给付计入应税收入?

a. $6,000, calculated by deducting his $3,600 of unused cumulative employee contributions from the $9,600 benefit received.
b. $4,800, calculated by multiplying the $9,600 benefit by the employer's 50% premium share.
c. $0, because employees pay half of the premium with after-tax dollars, making the entire benefit tax-free.
d. $9,600, because the $3,600 of employee contributions was already taxed as a benefit when paid.

136′. Following up on a group LTD plan where the employer and employee each pay 50% of the premiums: an employee received $9,600 in benefits last year and used all $3,600 of her accumulated employee contributions to reduce last year's taxable benefit to $6,000. If she remains disabled this year, pays no further premiums, and receives another $9,600, how much is taxable this year?

接续一份雇主与员工各付50%保费的团体LTD计划：一名员工去年领取了$9,600给付，并用尽了她累计的$3,600员工缴费，将去年的应税给付减至$6,000。如果她今年继续失能、未再缴纳新保费，又领取了$9,600，今年应税金额是多少?

a. $4,800, because the 50% employer–paid ratio applies every calendar year.
b. $6,000, because the same $3,600 cumulative contribution deduction can be claimed again against each new year's benefit.
c. $9,600, because her unused cumulative employee contributions are now zero and cannot be deducted a second time.
d. $3,600, because taxable income is capped at the employee's historical contribution total.

137. Liam (born March 15) and his spouse Elena (born July 2) live together and each have group dental coverage through their respective employers. Their daughter incurs a $600 eligible dental expense. Liam's plan reimburses 80% with no deductible, while Elena's plan reimburses 100% with no deductible. How will the two plans co–ordinate this $600 claim?

Liam（3月15日出生）与配偶Elena（7月2日出生）共同生活，各自通过雇主拥有团体牙科保障。他们的女儿发生了一笔$600的合资格牙科费用。Liam的计划报销80%（无免赔额），Elena的计划报销100%（无免赔额）。两份计划将如何协调赔付这笔$600的理赔?

a. Elena's plan pays first ($600) because its 100% reimbursement rate is higher than Liam's 80% rate.
b. Liam's plan pays $480 first, and Elena's plan pays $600 second, giving the family a $480 surplus.
c. Each plan pays half of the bill ($300 from Liam's plan and $300 from Elena's plan).
d. Liam's plan pays first ($480), and Elena's plan pays second ($120), leaving $0 out–of–pocket for the family.

137′. Hannah (born July 2) incurs a $600 dental bill for her own treatment. Her employer's group plan covers 80% of dental expenses with no deductible. Her husband Noah (born March 15) has a group plan that covers 100% of spouses' dental expenses with no deductible. How is Hannah's own $600 dental claim settled?

Hannah（7月2日出生）本人看牙产生了一笔$600的牙科账单。她雇主的团体计划报销80%（无免赔额），她丈夫Noah（3月15日出生）的团体计划对配偶牙科费用报销100%（无免赔额）。Hannah本人这笔$600牙科理赔如何结算?

a. Noah's plan pays first ($600) because his March 15 birthday is earlier in the calendar year than Hannah's July 2 birthday.
b. Hannah's plan pays $480 first; Noah's plan then pays the lesser of $600 or the $120 balance, which is $120.
c. Hannah can choose to submit the claim only to Noah's plan so it pays the full $600 directly as primary payer.
d. Hannah's plan pays $480 and Noah's plan pays nothing because spousal plans only cover dependent children.

138. An employer wants its group short-term disability (STD) plan to qualify for the ESDC EI Premium Reduction Program. According to the exam benchmark rule and verified ESDC program rules, what minimum benefit criteria must the employer's STD plan satisfy?

一家雇主希望其团体短期伤残（STD）计划符合ESDC的EI保费减免计划资格。根据考试口径规则及经核实的ESDC计划细则，雇主的STD计划必须满足什么最低给付标准?

a. Benefits equal to or better than EI sickness benefits: at least 15 weeks at 55% or more, up to the applicable EI weekly maximum.
b. It must provide at least 26 weeks of STD benefits at 70—75% of earnings because any 15-week plan is automatically disqualified.
c. It only needs to match the 1-week EI waiting period and pay a flat $60 per month.
d. It must be funded exclusively through an Administrative Services Only (ASO) structure with 25 or fewer employees.

138′. When answering an LLQP exam question that tests the maximum duration of federal Employment Insurance (EI) sickness benefits without specifying a number in the stem, which benchmark should the candidate be alert to, and how does it compare with current law?

在回答一道未在题干中给出具体周数的LLQP考题、考察联邦就业保险（EI）病假福利最长给付周数时，考生应警惕哪个考试口径基准，它与现行法律又有何不同?

a. The exam benchmark is 3 months, whereas current law provides 30—60 days.
b. The exam benchmark is 26 weeks at $638/week, whereas current law has since reduced the maximum to 15 weeks at $729/week.
c. 15 weeks (after a 1-week wait) at 55% up to $638/week on the exam; current law allows 26 weeks (up to $729/week in 2026).
d. Both the exam and current law set EI sickness benefits at 50—60% of earnings for 4 years.

139. An employer pays 100% of the premiums for a group benefit package that includes group term life insurance, accidental death and dismemberment (AD&D), and a private health services plan (PHSP) for extended health and dental. Under federal tax rules, how do the employer's premium contributions affect an employee's taxable income at the time the premiums are paid?

一家雇主100%承担一整套团体福利计划的保费，其中包括团体定期寿险、意外身故与伤残险（AD&D）以及涵盖扩展医疗与牙科的私人健康服务计划（PHSP）。依联邦税法规则，雇主缴纳这些保费时对员工当年的应税收入有何影响?

a. Employer-paid PHSP premiums are a taxable benefit, whereas group term life and AD&D premiums are tax-exempt.
b. Employer-paid group term life and flat AD&D premiums generally create a taxable benefit, while qualifying PHSP health and dental premiums generally do not.
c. All employer-paid premiums across all three benefits are non-taxable at the time of payment, and all claims paid to the employee are taxed as income.
d. The employee must include 50% of all employer-paid premiums in taxable income regardless of the benefit type.

139′. In a group benefit plan where the employer pays 100% of the premiums for group term life insurance, a qualifying PHSP (dental and extended health), and a group short-term disability (STD) income replacement plan, which benefit payment received by an employee or beneficiary is taxable as income?

在一份由雇主100%承担保费的团体福利计划中（包含团体定期寿险、合资格PHSP医疗牙科计划，以及团体短期伤残STD收入替代计划），员工或受益人收到的哪一项理赔给付须作为收入纳税?

a. The periodic STD income replacement benefits received by the disabled employee.
b. The principal death benefit paid under the group term life insurance policy.
c. The dental expense reimbursement paid under the qualifying PHSP.
d. None of the three benefit payments are taxable because the plan sponsor is the policyholder.

140. An employer switches its group benefit plan from one insurer to another. Several employees protest that they never signed the new contract and demand that the group broker personally adjudicate and pay their pending dental claims. How do group contract law and broker duties apply in this situation?

一家雇主将其团体福利计划从一家保险公司更换到另一家。几名员工抗议称自己从未签署过新合同，并要求团体险经纪亲自审核并赔付他们待处理的牙科理赔。团体合同法与经纪人职责在此情形下如何适用?

a. The switch is invalid without every employee's signature on the master contract, and the broker must pay the claims from agency funds.
b. Employees have no statutory rights at all under provincial law once an employer signs a group contract, and the broker carries no service or complaint obligations after the sale.
c. The employer and insurer are the contracting parties (members still have BC s.96 rights such as policy copies), and the insurer or TPA handles claims while the broker assists with service.
d. The broker must issue a request for quotation (RFQ) to ESDC so the government adjudicates the dental claims.

140′. During the initial design and quoting stage of a group benefit plan, what documents and information must the group broker collect from the employer before issuing a request for quotation (RFQ) to insurers?

在团体福利计划的初步设计与报价阶段，团体险经纪在向多家保险公司发出询价请求（RFQ）之前，必须从雇主处收集哪些资料?

a. Each employee's individual tax returns and cumulative unused LTD contribution history from previous, unrelated employers going back several years.

b. Group makeup (headcount, age/sex mix, turnover), the industry, an employee data sheet (salaries, classes, dependants), and current plan terms and claims if replacing.

c. Signed master contracts from each employee and their spouses' birth certificates for the birthday rule.

d. Only the employer's preferred 33% ASO discount rate, since group plans never need employee salary, occupational class or dependant data to be quoted.

第 21 章 · 投资与储蓄基础 分离基金与年金

带 ′ 的是同一考点的变式题：主题题做错时再做它。

141. Elena invests a lump sum of $10,000 at a nominal annual return of 6% for 20 years, making no additional contributions or withdrawals. Compared with an account that pays only simple interest on the original principal at the same 6% rate for 20 years, approximately how much more will Elena accumulate through annual compounding?

Elena 一次性投资 $10,000，年化名义回报率为 6%，投资期 20 年，期间不追加也不提取。与同样按 6% 年利率仅对原始本金计单利的账户相比，每年复利（annual compounding）大约能让 Elena 多累积多少金额?

a. Approximately $10,071 more
b. Approximately $12,000 more
c. Approximately $22,000 more
d. Approximately $32,071 more

141′. Victor places $10,000 into a long-term savings vehicle earning 6% compounded annually for 20 years with no subsequent deposits or withdrawals. What will be the approximate total future value of Victor's investment at the end of the 20-year period?

Victor 将 $10,000 存入一项长期储蓄工具，按年化 6% 复利计息 20 年，期间无后续存款或提款。20 年期满时，Victor 这笔投资的终值（future value）总额大约是多少?

a. Approximately $22,000
b. Approximately $10,071
c. Approximately $32,071
d. Approximately $40,000

142. Nadia has already maximized her lifetime Tax-Free Savings Account (TFSA) contribution room by March of this year. In June, she withdraws $5,000 from her TFSA to pay for car repairs. In October of the same year, she receives a bonus and wants to re-contribute the $5,000 back into her TFSA immediately. What is the tax consequence if she makes this deposit in October?

Nadia 在今年 3 月已经用满了她所有的免税储蓄账户（TFSA）可用供款额度。6 月她从 TFSA 提取了 $5,000 用于修车。同年 10 月她收到一笔奖金，想立刻把这 $5,000 重新存回 TFSA。如果她在 10 月存入这笔钱，会产生什么税务后果?

a. No penalty applies because TFSA withdrawals immediately restore contribution room within the same calendar year.
b. The $5,000 deposit will be treated as an over-contribution subject to a penalty tax of 1% per month on the excess amount.
c. Only $3,000 will be penalized at 1% per month because TFSA rules provide a $2,000 lifetime over-contribution buffer.
d. The June withdrawal of $5,000 will retroactively become taxable income on her current-year tax return.

142′. Liam had zero remaining contribution room in his TFSA after making his annual deposit in January. In August, he withdrew $7,000 from his TFSA for a family trip. What is the earliest date Liam can re-contribute that $7,000 withdrawn amount without triggering a monthly over-contribution penalty?

Liam 在 1 月完成年度存款后，其 TFSA 已无任何剩余供款空间。8 月他从 TFSA 提取了 $7,000 用于家庭旅行。Liam 最早可以在哪一天把提取的这 $7,000 额度重新存回，而不会触发按月计算的超额供款罚款?

a. January 1 of the following calendar year
b. Immediately after the withdrawal settles in August of the current year
c. March 1 of the following year, matching the RRSP contribution deadline
d. Never, because TFSA withdrawals permanently eliminate contribution room just like RRSP withdrawals

143. Daniel had no unused RRSP contribution room carried forward and belongs to no employer pension plan. He earned $40,000 in the previous year and received a promotion on January 1 of the current year that raised his annual earned income to $65,000. Based on the standard 18% formula, how much new RRSP contribution room did Daniel generate for the current year, and what is the latest age by which his own RRSP must mature?

Daniel 没有结转的未用 RRSP 供款空间，也没有参加雇主养老金计划。他上一年的收入为 $40,000，并在今年 1 月 1 日升职，使今年的年收入提高到 $65,000。按标准的 18% 公式计算，Daniel 今年新增的 RRSP 供款空间是多少？他本人的 RRSP 最迟必须在几岁当年年底前到期处理?

a. $11,700 in new room; must mature by the end of the year he turns 71.
b. $7,200 in new room; must mature by the end of the year he turns 65.
c. $7,200 in new room; must mature by the end of the year he turns 71.
d. $11,700 in new room; must mature by the end of the year he turns 59.

143′. Margaret turns 71 in November of this year and still holds a substantial balance in her individual RRSP. Which of the following actions is a valid maturity option she must complete by December 31 of this year to avoid having the entire balance deregistered and taxed in one lump sum?

Margaret 今年 11 月满 71 岁，她的个人 RRSP 中仍有一笔可观余额。为了避免整笔余额被解除注册并一次性全额计入当年应税收入，她在今年 12 月 31 日前必须完成的合规到期选项是哪一项?

a. Transfer the RRSP balance directly into her Tax-Free Savings Account (TFSA) on a tax-deferred basis.
b. Convert the RRSP into a Registered Retirement Income Fund (RRIF) or purchase an eligible annuity.
c. Keep the RRSP open and continue making tax-deductible contributions until she stops working at age 75.
d. Roll the RRSP balance directly into a Registered Education Savings Plan (RESP) without tax consequences.

144. Hannah holds a $60,000 Guaranteed Investment Certificate (GIC) at a member bank, a $90,000 stock portfolio at an investment dealer, and an $80,000 segregated fund contract with a life insurance company. She asks her agent who regulates the sale of her segregated fund contract and which protection organization covers her segregated fund if the issuer becomes insolvent. Which response is correct?

Hannah 在一家会员银行持有 $60,000 的保证投资凭证（GIC），在一家证券交易商持有 $90,000 的股票组合，并在一家人寿保险公司持有 $80,000 的分离基金合同。她询问代理人：她的分离基金销售受哪类机构监管？如果发行机构破产，哪家保护组织负责保障她的分离基金？

a. Regulated by the securities self-regulatory organization (IIROC/MFDA, now CIRO) and protected against insolvency by CIPF.
b. Regulated by the provincial insurance regulator and protected against insurer insolvency by Assuris.
c. Regulated by the provincial insurance regulator and protected against both insolvency and market declines by CDIC.
d. Regulated by the federal banking regulator and protected against market losses of up to 20% by Assuris.

144′. Arthur holds a $100,000 equity mutual fund in an account with a registered mutual fund dealer. Due to a broad stock market downturn, the value of his mutual fund drops by 20% to $80,000, while the dealer remains financially solvent. How much compensation will Arthur receive from the investor protection fund (CIPF, or IPC in the exam manual)?

Arthur 在一家注册共同基金交易商账户中持有 $100,000 的股票型共同基金。由于股市整体下跌，他的基金市值下跌 20% 至 $80,000，而该交易商财务状况良好、并未破产。投资者保护基金（现行单一 CIPF，考试口径中共同基金对应 IPC）会向 Arthur 赔偿多少金额？

a. $20,000, because the loss is well below the $1,000,000 maximum coverage limit.
b. $15,000, because investor protection funds guarantee at least 75% of the original deposit during market crashes.
c. $100,000, provided Arthur transfers the mutual fund to a CDIC-member bank within 30 days.
d. $0, because investor protection funds only cover client property if the member firm becomes insolvent, not market value losses.

145. A married couple in Richmond, each earning $65,000 annually, plans to buy their first home in three years. They meet all first-time home buyer eligibility rules, currently hold $15,000 in their TFSAs, and have almost no RRSP savings. When comparing current registered account options for their upcoming home purchase, which statement accurately describes the rules of the First Home Savings Account (FHSA), the RRSP Home Buyers' Plan (HBP), and the TFSA?

列治文一对夫妻年收入均为 $65,000，计划三年后购买首套自住房。两人均符合首次购房者资格，目前 TFSA 有 $15,000 结余，RRSP 几乎没有储蓄。在比较现行可用于购房的注册账户选项时，下列哪项准确描述了首次购房储蓄账户（FHSA）、RRSP 购房者计划（HBP）与 TFSA 的规则?

a. FHSA contributions are non-deductible like a TFSA, and qualifying withdrawals must be repaid over 15 years like the RRSP HBP.
b. FHSA contributions are deductible and qualifying home withdrawals are tax-free with no repayment, while HBP withdrawals must be repaid or become taxable income.
c. A buyer must choose only one account among the FHSA, RRSP HBP, and TFSA because federal rules prohibit combining them for the same home purchase.
d. Opening a new RRSP specifically for a three-year home purchase horizon is always superior to an FHSA because RRSPs have no annual contribution cap.

145′. A parent contributes to a Registered Education Savings Plan (RESP) for a child who will attend university, while an aunt contributes to a Registered Disability Savings Plan (RDSP) for a relative under age 59 who qualifies for the Disability Tax Credit (DTC). How are contributions and future withdrawals of government grants and investment growth taxed across both plans?

一位家长为将来要上大学的孩子向注册教育储蓄计划（RESP）供款，同时一位姑姑为一名未满 59 岁且符合残障税收抵免（DTC）条件的亲属向注册残障储蓄计划（RDSP）供款。这两项计划的供款，以及未来提取政府补助与投资收益时是如何课税的?

a. Contributions to both plans are tax-deductible for the contributor, and all withdrawals including grants are completely tax-free.
b. Contributions are not tax-deductible, and when withdrawals occur, the entire amount including returned principal is taxed in the contributor's hands.
c. Contributions are tax-deductible up to $50,000 per year for an RESP and $200,000 per year for an RDSP, with grants taxed annually as they accrue.
d. Contributions are after-tax and not deductible; on withdrawal, contributions come back tax-free while grants and investment growth are taxed to the beneficiary.

146. During an initial Know Your Client (KYC) meeting, an agent reviews a client's net worth statement showing $600,000 in total assets and almost no liabilities, with 100% of the assets held in savings accounts and locked-in GICs. The client needs $80,000 in two years to fund a business obligation but says he feels comfortable taking big market swings to chase higher returns. How should the agent evaluate this client's situation?

在首次了解你的客户（KYC）会谈中，代理人审阅客户的净值表，发现其总资产为 $600,000、负债极低，但 100% 的资产都存放在储蓄账户和锁定期 GIC 中。客户两年后需要动用 $80,000 支付一笔业务款项，但口头表示自己愿意承受剧烈的市场波动以博取高回报。代理人应如何评估该客户的处境?

a. Conclude that the client has high risk capacity and needs no life insurance or conservative reserves because his $600,000 net worth is substantial.
b. Invest the $80,000 in a high-volatility equity fund because the client's stated risk tolerance overrides his two-year time horizon.
c. Record tolerance, capacity and perception separately, keep the two-year money in low-volatility liquid assets, and collect cash flow and goal details before recommending.
d. Place the $80,000 into an immediate life annuity because annuities offer the highest liquidity for a two-year obligation.

146′. A client has a non-registered portfolio and wants to compare how different types of investment income and liquidity work before choosing between bonds, common stocks, and cash equivalents. Under current Canadian tax rules, which statement accurately describes the taxation and risk characteristics of these assets in a non-registered account?

一位客户持有非注册投资组合，在债券、普通股和现金等价物之间做选择前，希望比较不同投资收益的课税方式与风险特征。按现行加拿大税务规则，下列哪项准确描述了这些资产在非注册账户中的课税与风险特征?

a. Interest income is 100% taxable at the marginal rate, capital gains have a 50% inclusion rate, and existing bond prices fall when market interest rates rise.
b. Capital gains are taxed at a 66.67% (two-thirds) inclusion rate on the first dollar earned, while interest income enjoys a federal tax credit.
c. Diversifying across multiple stocks completely eliminates systematic market risk, and foreign dividends qualify for the Canadian eligible dividend tax credit.
d. Net capital losses realized inside a TFSA or RRSP can be carried back 3 years to offset taxable capital gains in a non-registered account.

147. David, age 55, lives in Surrey and plans to retire in 10 years at age 65. His current annual living expenses are $80,000. He expects inflation to average 3% per year over the next 10 years, and he estimates that his living expenses in his first year of retirement will drop by 40% (meaning he will need 60% of his pre-retirement standard of living). Using the compound growth factor (1.03)^10 ≈ 1.344, approximately how much annual spending will David need in his first year of retirement at age 65?

素里的 David 现年 55 岁，计划 10 年后（65 岁）退休。他目前的年度生活开支为 $80,000。他预计未来 10 年平均通胀率为每年 3%，并预计退休第一年的生活开支将比退休前下降 40%（即保留退休前生活水平的 60%）。使用复利增长因子 (1.03)^10 ≈ 1.344 计算，David 在 65 岁退休第一年大约需要多少年度开支?

a. Approximately $48,000
b. Approximately $43,008
c. Approximately $67,520
d. Approximately $64,512

147′. While calculating David's retirement income gap in 2026, his agent notes that David's annual pensionable earnings are $85,000, which exceeds the first-tier Year's Maximum Pensionable Earnings (YMPE of $74,600) up to the second-tier ceiling (YAMPE of $85,000). How does the exam reference manual's treatment of the Canada Pension Plan (CPP) differ from current 2026 rules for a client in David's income bracket?

在 2026 年为 David 计算退休收入缺口时，代理人注意到 David 的年度可计养老金收入为 $85,000，超过了第一层年度最高可计养老金收入（YMPE $74,600）并达到第二层天花板（YAMPE $85,000）。对于 David 这一收入区间的客户，考试资料对加拿大养老金计划（CPP）的处理与 2026 年现行规则有何不同?

a. The exam covers only the first tier (YMPE, $3,500 exemption); 2026 rules add a second tier (CPP2 up to the $85,000 YAMPE, 4% on the $10,400 band).
b. The exam manual includes both YMPE and YAMPE, whereas current 2026 rules abolished the $3,500 basic exemption for all workers.
c. The exam manual states that CPP contributions are optional for employees earning above the YMPE, whereas current rules deduct 18% up to $33,810.
d. Both the exam manual and current 2026 rules cap all CPP pensionable earnings at $65,000 with no second earnings ceiling.

带 ′ 的是同一考点的变式题：主题题做错时再做它。

148. Victor, a business owner in British Columbia, invests $300,000 in a non-registered segregated fund contract (IVIC) where he is both the policy owner and the annuitant. He wants to know how naming either his close friend Daniel or his spouse Elena as revocable beneficiary affects probate fees and protection against his creditors during his lifetime.

Victor 是 BC 省的一名企业主，他在一份非注册分离基金合同（IVIC）中投入 $300,000，自己同时担任持有人和受保人。他想了解将挚友 Daniel 或配偶 Elena 指定为可撤销受益人，对遗嘱认证费以及他生前防范债权人追索分别有何影响。

a. Either name lets the death benefit bypass probate, but only naming his spouse Elena gives lifetime creditor protection under s.65(2) of the BC Insurance Act.
b. Neither designation provides creditor protection because a beneficiary designation in British Columbia must always be irrevocable to shield segregated funds from creditors.
c. Naming his friend Daniel qualifies for both probate bypass and statutory creditor protection because any named non-estate beneficiary shields an IVIC from creditors.
d. Naming Elena saves only the $208 general court application fee, because BC probate fees of $6 and $14 per $1,000 still apply to segregated fund death benefits paid to a spouse.

148′. Grace owns a sole proprietorship in BC and holds a non-registered segregated fund contract with a current value of $300,000, which is her only asset besides a joint bank account. If she changes her revocable beneficiary from her estate to her adult daughter Chloe, what is the legal and probate cost effect?

Grace 在 BC 省经营一家个人独资企业，持有一份当前价值 $300,000 的非注册分离基金合同，除联名银行账户外这是她唯一的资产。如果她将可撤销受益人从“遗产”改为成年女儿 Chloe，会产生什么法律与遗嘱认证成本效果?

a. The contract remains exposed to Grace's business creditors unless Chloe is named as an irrevocable beneficiary, though it avoids approximately $3,650 in tiered probate fees.
b. It is shielded from Grace's creditors under s.65(2) and bypasses probate, saving about $3,650 in tiered fees plus the court application fee ($208 on the exam).
c. The contract bypasses probate and saves $14 per $1,000 on the entire $300,000 balance, but adult daughters do not qualify as family beneficiaries under BC law.
d. The contract is protected from creditors, but probate fees of $3,650 still apply unless the segregated fund is held inside a registered RRSP or RRIF.

149. Seven years ago, Owen deposited $50,000 into a 10-year segregated fund contract offering a 75% maturity guarantee and a 75% death benefit guarantee. Today, in Year 7, the market value of his units has fallen to $32,000, and Owen surrenders the entire contract to pay for an urgent home repair. How much will Owen receive before any applicable redemption charges?

7 年前，Owen 向一份 10 年期、提供 75% 到期保证和 75% 身故保证的分离基金合同存入 $50,000。今天（第 7 年），他持有的基金单位市值跌至 $32,000，Owen 为支付紧急房屋维修费用将整份合同全部退保赎回。在扣除任何适用赎回费用前，Owen 能领到多少钱？

a. $37,500, because the 75% guarantee ensures he never receives less than $37,500 upon full surrender.

b. $32,000, because maturity and death benefit guarantees apply only at contract maturity or upon the annuitant's death, not on early surrender.

c. $32,000 today, plus a top-up payment to $37,500 that the insurer will mail to him automatically on the original 10-year maturity date.

d. $50,000, because segregated funds are Individual Variable Insurance Contracts that guarantee full principal return after five years.

149′. Ten years ago, Owen deposited $50,000 into a 10-year segregated fund contract with a 75% maturity guarantee. Today is the exact 10-year maturity date, and the market value of the contract is $30,000. Owen has not contacted the insurer to file a claim. What happens to his contract today?

10 年前，Owen 向一份 10 年期、75% 到期保证的分离基金合同存入 $50,000。今天恰好是第 10 年到期日，合同市值为 $30,000。Owen 没有联系保险公司提交理赔申请。今天他的合同会怎样处理？

a. He receives nothing above $30,000 unless he submits a written maturity claim form before the end of the business day.

b. The contract is valued at $50,000 because the insurer must restore 100% of the initial deposit at the 10-year mark.

c. The maturity guarantee settles automatically at $37,500, which includes a $7,500 top-up funded from the insurer's general assets.

d. The $7,500 shortfall is paid by Assuris because the underlying investment fund failed to meet its 75% target.

150. Hannah purchased a segregated fund contract with a $40,000 deposit, selecting a 75%/100% guarantee structure. Her husband Liam is the annuitant, and Hannah is the named beneficiary. In Year 6 of the contract, Liam dies when the market value of the units is $36,500. How much will Hannah receive as the death benefit?

Hannah 存入 $40,000 购买了一份分离基金合同，选择了 75%/100% 的保证结构，以丈夫 Liam 为受保人，Hannah 本人为指定受益人。在合同第 6 年，Liam 身故，当时基金单位市值为 $36,500。Hannah 作为身故给付能领到多少钱?

a. $36,500, because Liam died in Year 6 before completing the mandatory 10-year minimum waiting period for guarantees.
b. $30,000, because the first number in 75%/100% applies to death before maturity, which is lower than the $36,500 market value.
c. $40,000, consisting of the $36,500 market value plus a $3,500 top-up triggered under the 100% death benefit guarantee.
d. $40,000, but only after the estate completes probate and pays the court application fee.

150′. Hannah purchased a segregated fund contract with a $40,000 deposit and a 75%/100% guarantee structure, naming her husband Liam as annuitant and herself as beneficiary. When Liam dies in Year 6, the market value of the contract has grown to $52,000. How much does Hannah receive?

Hannah 存入 $40,000 购买了一份 75%/100% 保证结构的分离基金合同，指定丈夫 Liam 为受保人，自己为受益人。当 Liam 在第 6 年身故时，合同市值已涨至 $52,000。Hannah 能领到多少钱?

a. $52,000, because the market value exceeds the $40,000 death benefit guarantee, so no top-up is required.
b. $40,000, because a 100% death benefit guarantee caps the payout at 100% of the initial deposit if death occurs before Year 10.
c. $30,000, because the 75% guarantee ratio applies to the $40,000 initial deposit when death occurs prior to the 10-year maturity date.
d. Both the $52,000 market value and the $40,000 insurance guarantee combined, because death occurred while the contract was in force.

151. Five years ago, Sophia deposited $60,000 into a 10-year segregated fund contract with a 75% maturity guarantee (original maturity at age 50). Today, at age 45, the market value of her contract rises to $90,000 and she exercises a maturity guarantee reset. What are her new maturity guarantee amount and her new maturity age?

5 年前，Sophia 向一份 10 年期、75% 到期保证的分离基金合同存入 $60,000（原定 50 岁到期）。今天（Sophia 45 岁时），合同市值涨至 $90,000，她行使了一次到期保证重置（reset）。她新的到期保证额和新的到期年龄分别是多少?

a. Her maturity guarantee remains $45,000 until age 50, and then increases to $67,500 without extending the contract maturity date.
b. Her maturity guarantee increases to $90,000, and her maturity date is extended by 10 years to age 55.
c. Her maturity guarantee increases to $67,500, and her contract maturity date remains at age 50 because five years have already elapsed.
d. Her maturity guarantee increases from $45,000 to $67,500, and her new maturity date is extended to age 55 (10 years from the reset date).

151′. Sophia, age 45, holds a 10-year segregated fund contract (75% maturity guarantee) purchased 5 years ago with $60,000, now worth $90,000. She plans to withdraw the entire balance in 5 years at age 50 to buy a cottage and cannot tolerate market volatility beyond age 50. How should her agent evaluate a maturity reset today?

45 岁的 Sophia 持有一份 5 年前用 $60,000 购买的 10 年期分离基金合同（75% 到期保证），目前市值为 $90,000。她计划在 5 年后（50 岁时）全额取出这笔钱购买度假屋，且无法承受 50 岁以后的市场波动。她的代理人今天应如何评估到期保证重置?

a. A reset needs reassessment and likely does not fit, since moving maturity to age 55 turns her age-50 withdrawal into an early surrender at market value.
b. She should reset immediately because locking in the $67,500 guarantee ensures she will receive at least $67,500 when she withdraws the funds at age 50.
c. She should reset because an agent can guarantee that equity markets will continue rising over the next five years.
d. She cannot reset at age 45 because non-registered contracts prohibit any reset before the original 10-year term expires.

152. Lucas holds a segregated fund contract with a promised maturity guarantee. If the issuing life insurance company becomes insolvent, what is the protection limit for segregated fund guarantees under the 2022 LLQP exam standard for Assuris?

Lucas 持有一份带有到期保证的分离基金合同。如果发行该合同的人寿保险公司破产，按 2022 版 LLQP 考试口径的 Assuris 标准，分离基金保证的保障上限是多少?

a. $60,000 or 85% of the promised guarantee, whichever is higher, but never more than the original benefit.
b. Up to $100,000 or 90% of the promised guarantee, whichever is higher, with no further limit applied.
c. Up to $200,000 or 85% of the promised guarantee, whichever is higher, for every type of contract.
d. A monthly income cap of $2,000 or 85% of what was promised, whichever is greater.

152′. Lucas holds a segregated fund contract with an original guarantee of $50,000. If the issuing life insurance company becomes insolvent, how much of his $50,000 guarantee is retained under the 2022 LLQP exam standard for Assuris?

Lucas 持有一份原保证金额为 $50,000 的分离基金合同。如果发行该合同的人寿保险公司破产，在 2022 版 LLQP 考试口径的 Assuris 标准下，他的 $50,000 保证额能保留多少?

a. $37,500, because Assuris applies a 75% ratio to the $50,000 guarantee when a life insurer fails.
b. $60,000, because Assuris raises any guarantee below the threshold up to the $60,000 dollar threshold.
c. $100,000, because Assuris automatically tops up small contracts to the maximum protection threshold.
d. $50,000, because a guarantee below the $60,000 exam threshold is retained in full.

153. At the beginning of Year 1, Kevin opened a 10-year segregated fund contract with a 75% maturity guarantee (deposit date-based) and deposited $10,000. He made two additional deposits of $10,000 each at the beginning of Year 2 and Year 3. When does his second $10,000 deposit mature, and what is the cumulative maturity guarantee that has reached maturity by the end of Year 11?

第 1 年年初，Kevin 开立了一份按存款日逐笔起算（deposit date-based）的 10 年期、75% 到期保证分离基金合同，并存入 $10,000。他在第 2 年年初和第 3 年年初又分别追加存入 $10,000。他的第 2 笔 $10,000 存款何时到期？到第 11 年年末时，已到期的累计到期保证额是多少?

a. The second deposit matures at the end of Year 10 with the first deposit, bringing the total matured guarantee to $22,500 at Year 10.
b. The second deposit matures at the end of Year 11 (10 years from its deposit date), bringing the cumulative matured guarantee to $15,000 by the end of Year 11.
c. The second deposit matures at the end of Year 11, bringing the cumulative matured guarantee to $30,000 because recurring deposits earn a 100% maturity guarantee on all three deposits.
d. Adding the second deposit resets the entire contract's 10-year clock, so neither deposit matures until the end of Year 12.

153′. Kevin holds a segregated fund contract and tells his agent he wants to withdraw part of his money in Year 4, assuming that because the contract is still six years away from its 10-year maturity date, a partial withdrawal now will have no effect on his future maturity guarantee. What must the agent explain?

Kevin 持有一份分离基金合同，他在第 4 年告诉代理人自己想取出一部分资金，并认为反正距离 10 年到期日还有 6 年，现在部分提款不会影响未来的到期保证。代理人必须向他解释什么？

a. A partial withdrawal has no effect on the guarantee base as long as Kevin redeposits the same amount before the 10-year maturity date.

b. A partial withdrawal reduces the maturity guarantee percentage from 75% to 50%, while leaving the original principal base unchanged.

c. It permanently cuts the principal base for the guarantee in proportion to the withdrawal, although the guarantee percentage itself does not change.

d. A partial withdrawal can be made without any guarantee reduction if the client gives verbal instructions rather than written instructions.

154. Evelyn, age 65, is retiring and fears outliving her savings if she lives past age 90 and market downturns deplete her portfolio. When her agent completes her investor profile first and then evaluates segregated fund features, which rider specifically transfers this longevity risk to the insurer by guaranteeing income for life even if the contract's market value drops to zero?

65 岁的 Evelyn 即将退休，她担心如果自己活过 90 岁且市场下跌耗尽投资组合，会出现“人活着、钱花光”的局面。当她的代理人先完成投资者画像、再评估分离基金功能时，哪一项附加保障能通过保证终身按比例提取（即使合同市值归零仍继续支付）将该长寿风险转移给保险公司？

a. A standard 100% death benefit guarantee, because it pays the full initial deposit to Evelyn once she reaches age 90.

b. A front-end load (FEL) sales charge option, which eliminates the management expense ratio (MER) during retirement.

c. A Guaranteed Minimum Withdrawal Benefit (GMWB), because a GMWB always guarantees lifetime withdrawal payments without any fixed term limit at all.

d. A Guaranteed Lifetime Withdrawal Benefit (GLWB) rider, which for an added fee keeps paying withdrawals for life even after the fund value is used up.

154′. An agent meets a prospective client who asks to buy a specific global equity segregated fund immediately. Under the Fair Treatment of Customers (FTC) principle and suitability rules, what is the correct sequence of steps the agent must follow, and how are underlying segregated fund investments categorized?

一位代理人会见潜在客户，客户要求立即购买某只特定的全球股权分离基金。根据公平对待客户原则（FTC）和适当性规则，代理人必须遵循的正确步骤顺序是什么？分离基金的底层投资资产是如何分类的?

a. Complete the investor profile (objectives, risk tolerance, time horizon) first, then match a fund from the five CIFSC asset classes: cash, fixed income, equity, commodities, other.
b. The agent should select the fund with the highest commission first and then complete the investor profile to match that fund's risk rating.
c. The agent can skip the investor profile because all segregated funds carry a 75% maturity guarantee that eliminates principal risk during the contract term.
d. The agent must obtain approval from CIRO before recommending any of the 14 CIFSC segregated fund categories.

第 23 章 · 年金 分离基金与年金

带 ′ 的是同一考点的变式题：主题题做错时再做它。

155. Marcus transfers a single lump sum of $120,000 from his savings into an annuity contract today. Under the terms of the contract, the insurer will hold and credit interest on the funds for 5 years, and monthly income payments to Marcus will begin at the end of year 5. How is this annuity classified?

Marcus 今天从储蓄中取出一整笔 $120,000 资金存入一份年金合同。根据合同条款，保险公司将持有该笔资金并计息 5 年，给 Marcus 的月度收入给付将在第 5 年末开始。这份年金应如何分类?

a. An immediate annuity, because it was funded with a single lump-sum deposit rather than periodic contributions.

b. A deferred annuity, because income payments begin after an accumulation phase rather than within the first payment period.

c. An immediate term-certain annuity with a 5-year guaranteed period.

d. A prescribed immediate annuity, because only periodic-deposit contracts can be deferred.

155′. Elena wants her annuity income to start next month. She asks her advisor if she can set up an immediate annuity by making five annual deposits over the next 5 years while collecting monthly annuity payments right away. How should the advisor respond?

Elena 希望她的年金收入从下个月开始领取。她询问顾问，能否通过未来 5 年每年存入一笔资金的方式设立一份即期年金，同时立刻开始按月领取年金给付。顾问应如何回答?

a. Explain that an immediate annuity must be purchased with a lump sum and cannot accept ongoing deposits once in the payout phase.

b. Confirm that any annuity can accept periodic deposits during the payout phase as long as it is non-registered.

c. Explain that making periodic deposits automatically makes the contract an immediate annuity if the first payment starts within one year.

d. Suggest adding a 5-year guaranteed period so she can spread her premium deposits across the guaranteed years.

156. Liam holds a payout life annuity that promises him a monthly income of $5,000. If the issuing life insurance company becomes insolvent, how much of Liam's monthly benefit is protected by Assuris if the question tells you to use the pre-May 2023 figures printed in the exam syllabus?

Liam 持有一份承诺每月向他给付 $5,000 的付息生命年金。如果签发该合同的人寿保险公司破产，题目要求按考试口径印的 2023 年 5 月上调前旧标准计算，Liam 每月的年金给付有多少受 Assuris 保护?

a. $2,000 per month, because $2,000 is the absolute maximum monthly cap.
b. $4,500 per month, calculated as 90% of the promised $5,000 monthly payment.
c. $4,250 per month, since 85% of the promised payment is larger than the old $2,000 monthly floor.
d. $5,000 per month under the 2022 exam rule, because benefits up to $100,000 per year are 100% covered.

156′. Suppose an updated practice question explicitly instructs you to apply current Assuris protection standards (post-May 2023 rules) rather than the 2022 exam figures. If an insurer fails while owing a client a promised payout annuity of $5,000 per month, what monthly amount is protected?

假设一道更新后的练习题明确指示你适用现行 Assuris 保护标准（2023 年 5 月之后的新规）而非 2022 年考试资料数字。如果保险公司破产时欠客户每月 $5,000 的承诺付息年金，受保护的月给付金额是多少?

a. $4,250 per month, based on the 85% coinsurance formula.
b. $4,500 per month, because current protection is capped at 90% of the promise once payments reach $5,000.
c. $2,000 per month, because the base dollar floor was unchanged.
d. $5,000 per month, since current cover is the greater of $5,000 a month or 90% of the promised payment.

157. Hannah purchases an immediate non-registered annuity with $120,000. The insurer confirms it qualifies as a prescribed annuity and pays $700 per month, of which $500 is return of principal and $200 is taxable interest. How much taxable annuity income must Hannah report for the full calendar year, and how does this compare with a non-prescribed (accrual) annuity?

Hannah 用 $120,000 购买了一份即期非注册年金。保险公司确认其符合规定式年金（prescribed annuity）条件，每月给付 $700，其中 $500 为本金返还、$200 为应税利息。Hannah 全年需申报多少应税年金收入？这与非规定式（权责发生制 accrual）年金相比有何特点?

a. She reports $2,400 per year, with a level taxable portion across the payout period under the prescribed rules.
b. She reports the full $700 per month as taxable income, because all annuity payments are fully taxable like registered annuities.
c. She reports $6,000 per year initially, and the law guarantees her lifetime total tax paid will be identical to an accrual annuity.
d. She reports no taxable income until her entire $120,000 principal has been returned to her.

157′. Instead of starting income immediately, a client holds a non-registered deferred annuity for a 5-year accumulation period before annuity payments begin. How is this contract taxed during the 5-year accumulation phase and when the payout phase starts?

客户没有立即开始领取收入，而是持有一份非注册递延年金，经历了 5 年积累期后才开始年金给付。这份合同在 5 年积累期内以及给付期开始时分别如何计税?

a. It is taxed as a prescribed annuity during the 5-year accumulation phase and switches to accrual taxation once payments start.
b. Accrued interest is reported annually during the 5-year accumulation period, and the contract is permanently barred from ever becoming a prescribed annuity.
c. Accrued income is taxed annually during the 5-year accumulation period, and eligibility for prescribed annuity taxation is re-evaluated in the year payments begin.
d. No tax is reported during the 5-year accumulation period unless cash withdrawals are made.

158. Arthur and his spouse, Beatrice, are the two annuitants on a joint and last survivor life annuity with a 10-year guaranteed period. Their adult son, Colin, is the named beneficiary. If Arthur dies after 5 years of payments while Beatrice is still alive, what happens to the annuity payments?

Arthur 和他的配偶 Beatrice 是一份附带 10 年保证期的联合末存生命年金（joint and last survivor annuity）的两位年金受领人。他们的成年儿子 Colin 是指定受益人。如果 Arthur 在领取 5 年后身故，而 Beatrice 仍然健在，年金给付会如何处理?

a. Colin immediately receives the remaining 5 years of guaranteed payments as a lump sum or installments.
b. Beatrice continues receiving payments as the sole surviving annuitant, and a fresh 10-year guaranteed period restarts for her.
c. Half of the remaining guaranteed payments go to Colin immediately, and the other half continues to Beatrice.
d. Beatrice carries on as sole annuitant; Colin gets a guaranteed balance only if Beatrice also dies within the original 10 years.

158′. Following up on a joint and last survivor annuity with a 10-year guaranteed period: suppose the first spouse dies in year 5, and the surviving spouse dies in year 12. How much guaranteed period death benefit is payable to the named beneficiary upon the second spouse's death?

接续一份附带 10 年保证期的联合末存年金场景：假设第一位配偶在第 5 年身故，幸存的第二位配偶在第 12 年身故。当第二位配偶身故时，指定受益人可以领到多少保证期身故给付?

a. 3 years of guaranteed payments, because a new 10-year guarantee started for the surviving spouse in year 5.
b. Nothing, because the original 10-year guaranteed period ran out before the second annuitant died.
c. 5 years of payments, representing the unused portion from when the first spouse died in year 5.
d. 10 full years of payments, because the beneficiary's guarantee is separate from payments made to the spouses.

159. A client wants to transfer a portion of her RRIF into an Advanced Life Deferred Annuity (ALDA) to protect against longevity risk late in life. According to the LLQP exam rules (and noting the 2026 CRA dollar update), what are the percentage limit per source plan, the lifetime dollar cap, and the latest age by which payments must begin?

一位客户希望将她 RRIF 中的一部分资金转入高龄递延生命年金（ALDA），以防范高龄阶段的长寿风险。根据 LLQP 考试口径（并对比 2026 年 CRA 限额更新），每一来源计划的转入比例上限、终身总额上限以及最迟必须开始给付的年龄分别是多少?

a. Up to 25% of each source plan, an exam limit of $150,000 ($180,000 in 2026), with payments starting by the end of the year the annuitant turns 85.
b. Up to 50% of a source plan, a lifetime cap of $100,000, and payments starting no later than the end of the year the annuitant turns 71.
c. Up to 25% of a source plan, an exam limit of $150,000, and payments extending as a term–certain annuity to age 90.
d. Up to 100% of a source plan up to $150,000, provided the plan has at least 10 participating members.

159′. An advisor compares an Advanced Life Deferred Annuity (ALDA) with a Variable Payment Life Annuity (VPLA) under the LLQP exam rules. How does the latest age for starting payments under a VPLA differ from an ALDA?

顾问根据 LLQP 考试资料规则对比高龄递延生命年金（ALDA）与可变给付生命年金（VPLA）。VPLA 最迟开始给付的年龄上限与 ALDA 有何不同?

a. Both a VPLA and an ALDA let the member put off the first payment until the year–end in which they reach age 85.
b. On the exam a VPLA must start paying by 71 (now the later of 71 or the year the right is acquired), but an ALDA can wait to 85.
c. VPLA payments must begin within one year of turning age 60, whereas ALDA payments may not begin before age 90.
d. VPLA has no maximum starting age as long as at least 10 members remain in the pool.

160. David, age 68, and his wife, Karen, age 65, are purchasing a joint and last survivor annuity with a 50% survivor benefit. Having already gifted their home to their financially independent daughter, they tell their agent they have zero need to leave a cash estate and want the highest possible monthly income while either of them is alive. How should the agent structure the guaranteed period?

68 岁的 David 和 65 岁的妻子 Karen 正在购买一份幸存者比例为 50% 的联合末存年金。由于已经把房子留给了经济独立的女儿，他们明确告诉代理人不需要再留任何现金遗产，只希望两人在世时的每月收入尽可能高。代理人应如何设计保证期（guaranteed period）？

a. Add a 20-year guaranteed period so their monthly income is locked in against market interest rate drops.
b. Leave the guaranteed period out, since it only protects a beneficiary after both deaths and lowers their monthly income.
c. Add a 10-year guaranteed period, because joint annuities are legally required to carry at least a 10-year guarantee.
d. Replace the joint life annuity with a 20-year term-certain annuity so payments are maximized for a fixed period.

160′. An agent reviews two quotes for the same 65-year-old client using the same lump-sum premium on the same day: Quote 1 is a single life annuity with no guaranteed period, and Quote 2 is a single life annuity with a 20-year guaranteed period. Which quote provides the higher monthly income and why?

代理人为同一位 65 岁客户在同一天用相同的一整笔保费拉取了两份报价：报价 1 是不带保证期的单生生命年金，报价 2 是附带 20 年保证期的单生生命年金。哪份报价提供的每月收入更高？为什么？

a. Quote 2 provides a higher monthly income, because the 20-year guarantee rewards the client for committing funds long term.
b. Both quotes pay the exact same monthly amount, because the client's age and initial premium are identical.
c. Quote 1 pays more, because a guaranteed period makes the insurer price in possible death payments, which lowers each payment.
d. Quote 1 provides a higher monthly income only during the first 20 years, after which Quote 2 steps up.

161. Walter, age 60, wants to leave a $500,000 tax-free estate to his two daughters while generating net spendable retirement income from his capital today. His advisor proposes an insured annuity strategy combining a $500,000 Term-100 life insurance policy (costing $1,000/month) and a single life annuity (yielding $1,300/month after tax). What is the mandatory execution sequence for setting up this strategy?

60 岁的 Walter 希望给两个女儿留下一笔 $500,000 的免税遗产，同时利用现有资金在今天产生可支配的退休净收入。顾问建议采用保险年金（insured annuity）策略，结合一份 $500,000 保额的 T-100 永久寿险保单（月保费 $1,000）和一份单生终身生命年金（假设税后月给付 $1,300）。实施这一策略必须遵循怎样的操作顺序?

a. Purchase the single life annuity first so the $1,300 monthly cash flow is already in place to pay the first insurance premium.
b. Submit both applications simultaneously with a binding stipulation that the life insurance policy requires no medical underwriting.
c. Complete underwriting and have the permanent life insurance policy approved and in force first, and only then purchase the life annuity.
d. Buy a 20-year guaranteed life annuity first and name the two daughters as irrevocable annuity beneficiaries instead of buying life insurance.

161′. Once an insured annuity strategy is properly in force (with a permanent life insurance policy and a single life annuity with no guaranteed period), what happens financially when the insured annuitant dies?

一旦保险年金（insured annuity）策略按正确顺序生效（包含一份永久人寿保险和一份不带保证期的单生终身生命年金），当受保人兼年金受领人身故时，财务上会发生什么?

a. Both the annuity payments and the life insurance death benefit are paid to the beneficiaries.
b. The annuity stops with no further payments, premiums stop, and the tax-free life insurance benefit goes to the named beneficiaries.
c. The insurer deducts all annuity payments ever made from the life insurance face amount before paying the beneficiaries.
d. The life insurance death benefit is taxed as prescribed annuity interest in the hands of the beneficiaries.

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带 ′ 的是同一考点的变式题：主题题做错时再做它。

162. An individual is the sole income earner for his household, holds emergency savings covering only 3 months of expenses, and must pay for his child's university tuition in 3 years. During the KYC interview, he insists on putting all of his savings into a high-risk equity segregated fund, stating that he can easily handle a 20% market drop if it means higher long-term returns. How should the agent proceed?

某客户是家庭唯一的收入来源，名下应急储蓄仅够维持 3 个月开支，且 3 年后必须支付子女的大学学费。在 KYC 面谈中，他坚持要把全部储蓄投入高风险股票型分离基金，并声称为了高回报完全能承受 20% 的市场下跌。代理人应当如何处理?

a. Follow the client's explicit instruction and allocate the funds to the equity segregated fund after having him sign a risk waiver.
b. Bind the advice to his low financial risk capacity, separate the 3-year tuition money from long-term funds, and record both his high tolerance and low capacity.
c. Place the 3-year tuition fund into the equity segregated fund because the 75% or 100% maturity guarantee protects his principal after 3 years.
d. Alter the client's KYC interview notes to record a low risk tolerance so that the paperwork matches a conservative recommendation.

162′. A retired widower relies solely on CPP, OAS, and a small pension to cover his monthly living costs, and his entire liquid savings consist of $180,000 in maturing GICs that he may need to draw on at any time. After attending a seminar, he asks his agent to transfer the full $180,000 into a 100% global equity segregated fund because he wants higher returns and believes the contract guarantee makes it just as safe as a GIC. What should the agent do?

一位退休丧偶长者仅靠 CPP、OAS 和一份小额养老金维持日常开支，其全部流动储蓄为即将到期的 $180,000 GIC，且随时可能需要动用。在参加一次推销会后，他要求代理人将全部 $180,000 转入 100% 全球股票型分离基金，理由是他想要更高收益，且认为分离基金的合同保证让它和 GIC 一样安全。代理人应该怎么做?

a. Process the transfer into the global equity segregated fund because the death and maturity guarantees eliminate market risk during interim withdrawals.
b. Execute the trade as requested because respecting the client's autonomy is the primary requirement under Fair Treatment of Customers (FTC).
c. Put half of the $180,000 into the global equity segregated fund as a compromise between his high return expectations and his limited income.
d. Treat his low financial risk capacity as the hard limit, explain that guarantees apply only at maturity or death, and suggest a conservative option such as renewed GICs.

163. An agent is calculating government pension contributions as part of a retirement income needs analysis for an employee earning $90,000 per year. Under the standard LLQP exam model, how are Canada Pension Plan (CPP) contributions structured, and what is the annual basic exemption amount?

代理人正在为一位年薪 $90,000 的雇员做退休收入需求分析，并计算其政府养老金供款。按照标准 LLQP 考试口径模型，加拿大养老金计划（CPP）的供款结构是怎样的？年度起缴额（免征额）是多少？

a. Contributions apply to earnings above the $3,500 basic exemption, up to one ceiling called the Yearly Maximum Pensionable Earnings.
b. Contributions begin from the first dollar of earned income with no basic exemption and continue up to the $90,000 salary level.
c. Contributions apply only to earnings above $74,600 at a flat rate of 18% up to the RRSP annual dollar limit of $33,810.
d. Contributions are waived whenever an employee also participates in a Tax-Free Savings Account (TFSA) with a $7,000 annual limit.

163′. In 2026, a salaried professional in British Columbia earns $90,000 and asks her agent how her Canada Pension Plan (CPP) contributions are calculated in real practice today compared with the older single-tier exam formula. Which statement accurately describes the 2026 two-tier CPP structure?

2026 年，BC 省一位年薪 $90,000 的职场人士询问代理人，与旧版考试资料的单层公式相比，如今实际执行中她的加拿大养老金计划（CPP）供款是如何计算的。下列哪项准确描述了 2026 年的 CPP 双层结构？

a. The $3,500 basic exemption was abolished in 2026, so Tier 1 contributions now apply to all earnings up to the $85,000 YAMPE.
b. Tier 2 (CPP2) applies an 18% contribution rate to all earnings above $85,000 with an over-contribution buffer of $2,000.
c. Tier 1 runs from $3,500 to the $74,600 YMPE; Tier 2 adds 4% each on the $10,400 band up to the $85,000 YAMPE, capped at $416 each.
d. Tier 2 contributions are voluntary and can be redirected into a First Home Savings Account (FHSA) up to $8,000 per year.

164. An elderly investor loses mental capacity, and his son, acting as attorney under a valid Power of Attorney (POA) for property, contacts the insurance agent. The son wishes to rebalance the fund allocations inside his father's existing segregated fund contract (IVIC) and also replace the currently named beneficiary with himself, without a court order. How should the agent respond?

一位年长投资者丧失了民事行为能力，其儿子作为有效财产授权书（POA）下的授权代理人联系保险代理人。儿子希望调整父亲现有分离基金合同（IVIC）内部的基金配置，并在没有法院命令的情况下，将目前的指定受益人直接更改为他自己。代理人应当如何回应?

a. Allow both requests immediately, because a Power of Attorney for property gives the attorney full ownership rights over the grantor's insurance contracts.
b. Refuse both requests, because an attorney for property is prohibited from switching or selling investments inside a segregated fund contract.
c. An attorney may switch the investments but generally cannot change an existing beneficiary; in BC that change needs court authorization under s.20.
d. Permit the beneficiary change without court authorization as long as the segregated fund contract is free of Deferred Sales Charges (DSC).

164′. In British Columbia, an enduring attorney acting under a Power of Attorney for property is moving an incapable grantor's maturing segregated fund into a replacement contract and wants to know the legal rules governing beneficiary designations under section 20 of the BC Power of Attorney Act. Which statement is correct?

在 BC 省，一位依据持续财产授权书（POA）行事的代理人正在将失能授权人即将到期的分离基金转入一份替换合同，并希望了解 BC《Power of Attorney Act》第 20 条（s.20）关于受益人指定的法律规定。下列哪项陈述正确?

a. The attorney may carry over the beneficiary the adult chose while capable when replacing a similar instrument, but changing one needs a court order and a new designation is limited to the estate.
b. Because British Columbia is noted as an exception in the exam manual, an attorney in BC has unrestricted authority to name any family member as a new beneficiary without court involvement.
c. An attorney in BC can change the beneficiary to anyone if the grantor verbally expressed that wish during a market downturn of 20%.
d. An attorney can never sign an application to renew or replace a maturing contract in BC, even if the beneficiary remains the grantor's estate.

165. An agent is reviewing two clients on the same day: Client X is 28 years old and is saving inside a TFSA to pay for a wedding in 2 years; Client Y is 68 years old, receives a stable defined benefit pension that more than covers her living costs, and is investing a separate pool of capital strictly for her grandchild's university education in 20 years. How should the agent determine the time horizon for each client's investment?

代理人在同一天审阅两位客户的资料：客户 X 今年 28 岁，正在 TFSA 中存钱以支付 2 年后的婚礼开支；客户 Y 今年 68 岁，拥有远超日常开支的稳定确定给付型（DB）养老金，正将一笔独立资金专门用于 20 年后的孙辈大学教育基金。代理人应如何判定这两笔资金的时间跨度？

a. Client X has a long time horizon of over 35 years because she is 28, while Client Y has a short time horizon because she is already 68.
b. Both clients have a short time horizon because TFSA and education savings accounts must be liquidated within 3 years.
c. Both clients have a long time horizon because every investor profile is determined solely by the client's life expectancy.
d. Client X has a short 2–year horizon tied to the wedding, while Client Y has a long 20–year horizon tied to when the education money is needed.

165′. A 28–year–old professional puts her annual $7,000 TFSA contribution into a money market fund, telling her agent, 'I am still young, so I should keep everything ultra–safe until I am older.' During the KYC needs analysis, the agent discovers that this money is earmarked exclusively for her retirement in 35 years, while she also holds a separate savings account for a vacation next year. What should the agent conclude about her time horizon and profile?

一位 28 岁的职场人士将每年 $7,000 的 TFSA 供款全部放入货币市场基金，并对代理人说：“我还年轻，应该先把钱放在最安全的地方，等年纪大了再说。”在 KYC 需求审阅中，代理人发现这笔 TFSA 资金的唯一真实目标是 35 年后的退休储蓄，而她另外还有一笔专门用于明年度假的存款。代理人对她的时间跨度与画像应得出什么结论？

a. Both the retirement TFSA and the vacation savings must share the same short time horizon because they belong to the same 28–year–old investor.
b. Her TFSA retirement money has a long 35–year horizon set by its goal, while the vacation fund has a short horizon and needs its own profile.
c. Because she is 28 years old, even her next–year vacation fund has a 35–year time horizon and should be invested in high–risk equity funds.
d. Money market segregated funds carry a government deposit guarantee identical to a bank deposit, making time horizon irrelevant.

166. An agent is compiling a net worth statement for an older homeowner who recently took out a reverse mortgage to supplement his cash flow, and who also carries an investment loan and high-interest credit card debt. How must the agent treat the reverse mortgage and the other debts during the KYC financial review?

代理人正在为一位近期办理了反向按揭以补充现金流、同时名下还有一笔投资贷款和高息信用卡债的年长房主编制净资产表。在 KYC 财务审阅中，代理人必须如何处理反向按揭及其他负债?

a. Record the reverse mortgage advance as a tax-free asset that increases the estate value, and evaluate only the credit card debt because investment loans are risk-free good debt.
b. Record the reverse mortgage as a liability repaid on death or sale, which erodes the estate, and check that both good and bad debts can be paid on time.
c. Exclude the reverse mortgage from the net worth statement entirely because no monthly payments are required while the homeowner lives in the property.
d. Classify credit card balances as good debt if used for family travel, and deduct the reverse mortgage from the client's Pension Adjustment (PA).

166′. During a financial review, a client asks his agent which documents should be used to accurately verify his available RRSP deduction limit and his remaining TFSA contribution room for 2026, and whether his home equity line of credit (HELOC) and mortgage can be left off the risk review since they are 'good debt.' What is the correct explanation?

在财务审阅中，一位客户询问代理人应当使用哪些文件来准确核实他 2026 年的可用 RRSP 扣除限额与剩余 TFSA 供款空间，以及他的房屋净值信贷额度（HELOC）和按揭既然属于“良性负债”，是否可以从风险审阅中剔除。正确的解释是什么?

a. Use the NOA for the RRSP limit, rebuild TFSA room from actual records at every institution because CRA data lag, and still test repayment of the mortgage and HELOC.
b. Assume the client currently has exactly $109,000 of available TFSA room in 2026 without checking past transactions, and ignore the mortgage because real estate always appreciates.
c. Use the client's utility bills to verify his RRSP deduction limit, and treat his HELOC balance as a liquid asset on the net worth statement.
d. Rely solely on the CRA online portal for real-time TFSA transactions made earlier the same month, and classify any reverse mortgage on the property as tax-free income.

167. Five years ago, a 50-year-old employed client completed a thorough investor profile and was placed into a medium-risk balanced segregated fund. Eighteen months ago, she went through a divorce that cut her net worth in half and took early retirement, changing her income structure, but she never contacted her agent to update her file. When a sharp market correction occurs today, how is the agent's obligation assessed?

五年前，一位 50 岁的在职客户完成了一份完整的投资者画像，并配置了中等风险的平衡型分离基金。18 个月前，她经历了离婚（个人净资产缩水一半）并提前退休（收入结构改变），但她从未主动联系代理人更新档案。当今天市场发生剧烈回调时，应如何评估代理人的义务?

a. Suitability is ongoing: divorce and early retirement call for reassessment, and the agent cannot read her silence as consent without a documented review process.
b. The agent has zero responsibility after the initial application date because an investor profile remains legally valid for the entire maturity term of the segregated fund.
c. Only a change in the segregated fund's management expense ratio (MER) triggers a suitability review, whereas changes in the client's personal or financial life are the client's sole responsibility.
d. Because the original fund was a balanced segregated fund rather than a 100% equity fund, no reassessment is ever required regardless of changes in net worth or income.

167′. Eighteen months after setting up a 75/100 balanced segregated fund for her retirement goal (originally planned for 13 years away) and a GIC for her child's tuition, a teacher takes early retirement and begins drawing her employer pension. Her agent conducts a formal review. Which elements must the agent include in the review documentation to serve as proper compliance evidence?

在为一位教师的退休目标（原定 13 年后）配置了 75/100 平衡型分离基金、并为子女学费配置了 GIC 的 18 个月后，该客户提前退休并开始领取雇主养老金。她的代理人对此进行了正式复核。代理人的复核记录必须包含哪些要素才能作为合格的合规留痕证据?

a. Only a new sales illustration showing the trailing commission rate, with no need to revisit her time horizon or obtain any signed confirmation.
b. A note stating that since her child's tuition GIC has not changed, her retirement segregated fund automatically requires no review.
c. A verbal reassurance given over the phone with no written record, so that the file stays simple if the Insurance Council of BC ever asks.
d. The trigger and date, the items reviewed such as new pension income and the shorter horizon, the conclusion such as cutting equity, and her signed date.

168. Two segregated fund products both meet a client's general time horizon, but Fund X pays a significantly higher sales commission and trailing fee to the agent while carrying higher volatility than the client's investor profile allows. Which regulatory principle specifically governs whether this single product recommendation matches this specific client's profile, and how must commission be treated?

两款分离基金产品都符合某客户的大致时间跨度，但基金 X 向代理人支付的销售佣金和追踪费明显更高，同时其波动率超出了该客户投资者画像所允许的范围。哪一项监管原则专门管辖“这一次产品推荐是否匹配这一位具体客户的画像”？代理人在判断时应如何对待佣金？

a. The Fair Treatment of Customers (FTC) principle exclusively governs single-product matching and permits higher-commission recommendations if disclosed after the sale.
b. The Know Your Client (KYC) rule requires choosing the fund with the highest trailing fee because higher fees indicate stronger maturity guarantees.
c. The suitability principle governs whether this one recommendation fits the client's objectives, constraints and risk profile, and commissions must never sway it.
d. The Pension Adjustment (PA) principle governs product selection and allows commission to break a tie between two segregated funds.

168′. A compliance officer is training new licensing candidates on the relationship between Know Your Client (KYC), the suitability principle, the reason-why letter, and Fair Treatment of Customers (FTC). Which statement accurately describes how these four concepts fit together?

一位合规官正在为新考牌学员培训了解你的客户（KYC）、适当性原则、推荐理由信与公平对待客户原则（FTC）四者之间的关系。下列哪项陈述准确描述了这四个概念的逻辑关系？

a. Suitability and FTC are identical terms that apply only at account opening, while the reason-why letter is an internal note that must never be shared with the client.
b. FTC is the umbrella principle for the whole relationship, suitability is the bridge from the KYC profile to a fitting recommendation, and the reason-why letter records that logic.
c. KYC replaces the need for a suitability assessment whenever a client signs a standard risk perception questionnaire.
d. Suitability is the broader umbrella principle that includes product manufacturing and claims handling, whereas FTC only checks whether the agent verified the client's Notice of Assessment (NOA).

第 25 章 · 分离基金与年金的推荐 分离基金与年金

带 ′ 的是同一考点的变式题：主题题做错时再做它。

169. A client participates in an employer's group retirement plan where her savings are held in a group segregated fund. She tells her advisor that her primary objective is to ensure her principal is guaranteed upon death for her heirs, and she assumes her current plan already does this because it has the words 'segregated fund' in its name. How should the advisor guide her based on the recommendation decision tree?

一位客户参加了雇主的团体退休计划，其储蓄持有一只团体分离基金。她告诉代理人，她的首要目标是确保身故时本金得到保障并留给继承人，且她认为现有计划名字里有“分离基金”字样就已经具备这项保障。根据推荐决策树，代理人应如何引导她?

a. Confirm that all group segregated funds automatically carry at least a 75% death benefit guarantee just like individual contracts.
b. Explain that group segregated funds carry no death benefit guarantee by default, so her goal calls for an individual segregated fund or life insurance.
c. Recommend switching her retirement savings into a First Home Savings Account (FHSA) to lock in a 10-year maturity guarantee.
d. Advise her that she can simply name a contingent annuitant on her registered group retirement plan to guarantee the principal at death.

169′. An investor has non-registered savings that she plans to use within two years to purchase a home. An advisor considers recommending an individual segregated fund because of its maturity and death benefit guarantees. Why does this recommendation conflict with the recommendation decision tree?

一位投资者有一笔非注册储蓄，计划在两年内用于买房。代理人考虑到期与身故保证而打算推荐个人分离基金。为什么这一推荐与推荐决策树相冲突?

a. Non-registered accounts are legally prohibited from holding individual segregated funds with a 75/75 guarantee.
b. Individual segregated funds do not offer any death benefit guarantee unless held inside a Registered Retirement Savings Plan (RRSP).
c. A two-year time horizon calls for an immediate payout annuity so that she can lock in a guaranteed stream of lifetime income.
d. Individual segregated funds mature in no less than 10 years, which clashes with a two-year need, so an FHSA and short-term options come first.

170. A husband holds funds in his individual Registered Retirement Savings Plan (RRSP) and wants to open a segregated fund contract. Because his wife is younger, he asks the advisor to name himself as the contract owner and his wife as the annuitant so the contract guarantees will last longer. If that is not possible, he proposes contributing to a spousal RRSP where he remains the contract owner and designates the beneficiary. How must the advisor respond?

一位先生在个人注册退休储蓄计划（RRSP）中持有一笔资金，想开立一份分离基金合同。因为太太比他年轻，他要求代理人把自己设为合同持有人、把太太设为受保人，以便让合同保证维持更久。如果这不可行，他提议向配偶 RRSP 供款，但由自己继续担任合同持有人并指定受益人。代理人必须如何回应?

a. Both proposals are valid because a spouse can always be named as the annuitant or controlled by the contributor in a registered contract.
b. The first proposal is invalid, but under a spousal RRSP the contributing spouse retains ownership and the sole right to designate beneficiaries.
c. Neither works: in his RRSP the owner must be the annuitant, and in a spousal RRSP the receiving spouse is sole owner and annuitant and names the beneficiary.
d. The first proposal is valid as long as the husband also names his wife as a contingent annuitant on the RRSP application form.

170′. An investor is opening a non-registered segregated fund contract using corporate funds and wants to know how ownership, the annuitant role, and collateral assignment differ from a personal RRSP contract. Which statement accurately describes the rules for a non-registered segregated fund contract?

一位投资者正使用公司资金开立一份非注册分离基金合同，想了解其所有权、受保人角色及贷款抵押转让规则与个人 RRSP 合同有何不同。哪项陈述准确描述了非注册分离基金合同的规则?

a. Owner and annuitant may differ, even with a corporation as owner, and ownership can be transferred, the contract pledged as collateral, and a contingent annuitant named.
b. The contract owner and annuitant must still be the same individual, and the contract cannot be pledged as loan collateral.
c. A Social Insurance Number (SIN) is never required under any circumstances for a non-registered segregated fund contract, even when reportable investment income is generated.
d. Beneficiaries receive the death benefit immediately upon the death of the contract owner, even while the initial annuitant and contingent annuitant are still alive.

171. An 82-year-old client has suffered a stroke that limits her speech and writing ability. Her son holds a valid Power of Attorney (POA) for property and meets with the advisor to sign a new segregated fund application on his mother's behalf, while also asking to change her existing beneficiary designation from her late husband to her grandchildren. Under the general exam rule, what is the scope of the son's authority?

一位 82 岁的客户因中风导致语言与书写能力受限。她的儿子持有有效的财产授权书（POA for property），与代理人会面以代母亲签署一份新的分离基金申请表，同时要求将母亲既有的受益人指定从已故丈夫变更为孙辈。按通用考试口径，儿子的权限范围是什么？

a. He may sign the application for her because of her incapacity, but that exception generally does not extend to naming or changing a beneficiary.
b. A Power of Attorney for property never allows signing a segregated fund application form under any circumstances.
c. Because he holds a Power of Attorney for property, he can freely sign the application form and name any new beneficiary he chooses without restriction.
d. The advisor should sign both the application form and the beneficiary change on the mother's behalf to avoid using the Power of Attorney.

171′. An investor is living abroad for an extended period and cannot sign a segregated fund application in person. She has granted her sister a valid Power of Attorney (POA) for property. The sister wants to sign the application form and also change the beneficiary on the investor's policy to the sister's own children. According to the exam, which action is permitted?

一位投资者长期在国外居住，无法本人签署分离基金申请表。她已授予妹妹一份有效的财产授权书（POA for property）。妹妹想代签申请表，并把保单上的受益人变更为妹妹自己的孩子。根据考试口径，哪项操作是被允许的？

a. Neither signing the application nor changing the beneficiary is permitted when the investor is merely living abroad.
b. Both signing the application and changing the beneficiary to the sister's children are permitted under the general Power of Attorney rule.
c. The sister may sign the application under the POA exception, but the general rule gives her no power to name or change the beneficiary.
d. The advisor may verbally confirm the beneficiary change with the sister and omit any written documentation until the investor returns.

172. An advisor completes a thorough needs analysis and recommends an individual segregated fund that covers the client's retirement savings goal, while leaving the client's short-term emergency fund need unaddressed for now. Because the client understands English well and signs the application form immediately, the advisor wonders whether a reason-why letter is necessary and whether the unaddressed need should be mentioned. What is the rule?

一名代理人完成了详尽的需求分析，推荐了一只满足客户退休储蓄目标的个人分离基金，但暂时未覆盖客户的短期应急资金需求。由于客户英语良好且当场签署了申请表，代理人不确定是否还需要准备推荐理由信，以及是否应提及未覆盖的需求。规则是怎么规定的?

a. A reason-why letter is optional when the client signs the application in person, and unaddressed needs should be left out to avoid confusing the client.
b. A reason-why letter is required only when the advisor recommends an equity fund based on its past three-year performance.
c. The advisor must either cover every single financial need in one transaction or decline the application, because leaving any need unaddressed is professional misconduct.
d. A reason-why letter is mandatory at the application stage, must be reviewed with and retained by both parties, and must explicitly state both the needs met and any needs left unaddressed.

172′. Which set of five elements must be documented in a compliant reason-why letter when an advisor submits a segregated fund application?

当代理人提交分离基金申请表时，一份合规的推荐理由信（reason-why letter）必须记录哪五项核心要素?

a. The advisor's commission rate, the fund's past three-year return ranking, the insurer's corporate history, the client's Social Insurance Number, and a waiver of the right of rescission.
b. Confirming known facts, verifying the client's instructions, naming needs met and unmet, explaining why the sale is suitable, and showing the client understands it.
c. Replacing the information folder and Fund Facts so the client only has to read one single summary letter at the time of application.
d. Recording only the final product name and guarantee percentage, without explaining the reasoning process behind the suitability judgment.

173. An advisor submits a segregated fund application after reviewing the Information Folder and the Fund Facts for each selected fund with the investor. After receiving the confirmation of purchase, the investor decides to cancel the purchase under the contractual right of rescission. Within what timeframe must the investor act, and how is the refund calculated?

代理人在与投资者一起审阅了信息文件夹（Information Folder）及所选每只基金的基金情况说明书（Fund Facts）后，提交了分离基金申请。投资者在收到购买确认后，决定依据合同撤回权取消购买。投资者必须在什么时限内采取行动，且退还金额如何计算?

a. Within 5 business days of signing the application, receiving the greater of the amount invested or the fund value on the date of application.

b. Within 2 business days of receiving the confirmation, getting back the lesser of the amount invested and the next-valuation-day value, plus fees paid.

c. Within 10 years of the contract effective date, receiving 100% of the initial deposit regardless of market declines.

d. At any time before December 31 of the purchase year, because the sample contract delivered with the application immediately completes the purchase.

173′. When an advisor delivers the mandatory disclosure documents for an Individual Variable Insurance Contract (IVIC), what is the specific role and requirement of the Fund Facts document compared to the Information Folder?

当代理人交付个人可变保险合同（IVIC）的强制披露文件时，与信息文件夹（Information Folder）相比，基金情况说明书（Fund Facts）的具体角色和要求是什么?

a. Fund Facts is prepared for each fund with data as of the prior December 31 in a standard format, and the advisor must review it with the investor.

b. Fund Facts is a single booklet covering all series of the insurer, and the advisor may substitute another series' booklet if the current one is out of stock.

c. Delivering a sample IVIC contract together with Fund Facts immediately makes the contract effective before the initial deposit is received.

d. Fund Facts creates a statutory 5-business-day rescission right under the provincial Insurance Act that refunds the higher of the deposit or market value.

174. An advisor is completing a segregated fund application with a client. To save time, the advisor decides to fill in the client's risk tolerance and investment objective sections using the advisor's own assumptions without asking the client, and compares a high-risk equity segregated fund against a money market fund without explaining the difference in asset categories. Which two fundamental rules has the advisor violated?

一名代理人正在与客户一起完成分离基金申请表。为了节省时间，代理人未询问客户便凭自己的假设填入了客户的风险承受力与投资目标栏目，并将一只高风险股票型分离基金与一只货币市场基金直接对比，而未说明两者的资产类别差异。代理人违反了哪两条基本规则?

a. Application content must come from the investor, with the advisor only recording it, and comparing funds across categories needs an explanation.
b. The mandatory age-71 RRSP conversion rule and the age-85 Advanced Life Deferred Annuity (ALDA) deferral limit.
c. The rule requiring the advisor to personally guarantee the client's principal whenever a comparison across fund categories is made.
d. The rule that an advisor may never record answers on an electronic or paper application form, even when the investor dictates every answer.

174′. Throughout the segregated fund recommendation process—whether the advisor presents a single recommendation, a primary option with an alternative, or multiple options side by side—seven overarching regulatory principles apply from product design to after-sales service. Under what framework are these seven requirements grouped?

在分离基金推荐全过程中——无论代理人给出单一方案、“主推方案+备选方案”还是并列多个方案——从产品设计到售后服务的七条核心监管要求全程适用。这七条要求归属于哪个原则框架?

a. The formula that insurers use under Total Cost Reporting to calculate the dollar totals shown on each annual statement sent to their contract holders.
b. The exemption that lets a contributing spouse take back ownership of a spousal RRSP and transfer the contract to another family member.
c. The deemed receipt rule that starts the rescission clock on the earlier of actual receipt or the fifth business day after mailing.
d. Fair Treatment of Customers: client interests first, clear materials, ongoing information, avoiding conflicts, fewer unsuitable sales, relevant advice, fair complaints.

175. A candidate taking the LLQP exam encounters a question asking which sales charge options are described in the exam for segregated funds, and also wants to know how the exam wording compares to current rules in British Columbia. According to the exam, how are segregated fund sales charges described?

一名参加 LLQP 考试的考生遇到一道题，询问考试口径中描述了哪些分离基金销售费选项，同时他也想理清考试资料表述与 BC 省现行规则的差异。按考试口径，分离基金的销售费是如何表述的?

a. Only the advisor chargeback option is listed in the exam, because front-end load (FEL) and deferred sales charge (DSC) were never mentioned.
b. Deferred sales charges (DSC) were already banned on all existing and new contracts prior to 2022, requiring immediate unified clearance of all unmatured units.
c. Both front-end load (FEL) and deferred sales charge (DSC) are listed alongside each other, with a note that DSC is expected to be phased out.
d. Sales charges are prohibited on all Individual Variable Insurance Contracts unless approved by a court order under Section 20 of the Power of Attorney Act.

175′. An investor in British Columbia holds an existing segregated fund contract purchased before June 1, 2023 under a deferred sales charge (DSC) schedule, and now wants to open a brand-new segregated fund contract in 2026. How do the current rules in British Columbia apply to her existing DSC units and her new contract?

一位 BC 省投资者持有一份在 2023 年 6 月 1 日之前按递延销售费（DSC）时间表购买的既有分离基金合同，现在想于 2026 年开立一份全新的分离基金合同。BC 省现行规则如何适用于她的既有 DSC 单位与新合同?

a. She can still select a DSC option on her new 2026 contract because the regulatory notice is not legally binding on licensees.
b. New contracts in BC may not include DSC since June 1, 2023 under the Financial Institutions Act, while old DSC schedules run out by each batch's purchase date.
c. All old DSC schedules were forcibly reset to zero on January 1, 2026 when Total Cost Reporting (TCR) took effect.
d. The ban on new DSC contracts is enforced under the provincial Insurance Act and requires converting all old DSC units into a payout annuity at age 71.

第 26 章 · 分离基金与年金合同 分离基金与年金

带 ′ 的是同一考点的变式题：主题题做错时再做它。

176. Victor holds two segregated fund contracts: Contract X is held inside a registered Retirement Savings Plan (RRSP), and Contract Y is a non-registered savings contract. Victor wants to name his adult son as a contingent annuitant on both contracts and pledge both contracts as collateral for a business line of credit. Which statement accurately describes what Victor is permitted to do?

Victor 持有两份分离基金合同：合同 X 持有在注册退休储蓄计划（RRSP）内，合同 Y 是非注册储蓄合同。Victor 希望在这两份合同上都将成年儿子指定为候补受保人（contingent annuitant），并将两份合同都质押作为商业信贷额度的抵押物。下列哪项陈述准确描述了 Victor 被允许做的事?

a. He can name a contingent annuitant and pledge the contract as collateral on both Contract X and Contract Y because segregated funds are governed by provincial insurance law.

b. He may do both only on Contract Y, because a registered contract binds the owner and annuitant as one person and bars assignment or pledging.

c. He can name a contingent annuitant on both contracts to avoid probate, but neither Contract X nor Contract Y can ever be pledged as security for a loan.

d. He can pledge Contract X as collateral if he signs a written amendment, but he can only name a contingent annuitant on Contract Y.

176′. Helena owns a locked-in retirement account (LIRA) invested in a segregated fund contract, while her sister owns a non-registered segregated fund contract. Both sisters ask their advisor whether they can change the annuitant on their existing contracts to their respective children while keeping ownership themselves. What should the advisor explain?

Helena 持有一份投资于分离基金合同的锁定退休账户（LIRA），而她姐姐持有一份非注册分离基金合同。姐妹俩向代理人询问：她们能否在保留各自持有人身份的同时，将现有合同的受保人更改或增设为各自的子女？代理人应当如何解释?

a. Both sisters can designate their children as contingent annuitants because all individual variable insurance contracts allow separation of the owner and annuitant roles.

b. Neither sister can separate the owner and annuitant roles, because an insurer fixes all three parties permanently once any segregated fund contract is issued.

c. Helena can add a contingent annuitant to her LIRA contract if her spouse signs a waiver, whereas her sister cannot modify a non-registered contract.

d. Helena's LIRA requires her to remain the annuitant with no contingent annuitant, while her sister's non-registered contract can separate owner and annuitant and name one.

177. While reviewing a segregated fund contract with a new client, an advisor explains which provisions are legally or contractually fixed guarantees and which are administrative rules set at the insurer's discretion. In addition, the client asks whether the advisor can verbally waive the short-term trading fee for the first year. Which statement is correct?

在与新客户审阅一份分离基金合同时，代理人解释了哪些条款属于法律或合同写死的保证条款，哪些属于保险公司自行决定的行政规则。此外，客户询问代理人能否口头豁免第一年的短线交易费。下列哪项陈述是正确的?

a. The number of free switches per year is fixed by provincial insurance legislation, and the advisor's verbal waiver of the short-term trading fee is legally binding on the insurer.

b. The requirement to obtain the irrevocable beneficiary's consent before changing the designation is set at each insurer's discretion, while the maximum age limit for resets is fixed by statute.

c. Irrevocable beneficiary consent is legally required, free switches per year are set by each insurer, and any waiver needs a written amendment from the insurer signed by the owner.

d. Both the maturity guarantee percentage after issue and the specific format of Power of Attorney forms are purely administrative rules that the insurer can unilaterally alter without notice.

177′. An advisor tells a client that five core contract actions—purchase, switch, reset, withdrawal, and termination—require investor confirmation, and promises verbally that the insurer will allow resets up to age 90 even though the contract states age 80. How are these two points treated under contract rules?

一位代理人告诉客户，购买、转换、重置、提款和终止这五类核心合同动作均须取得投资者确认，同时口头承诺即使合同写明重置年龄上限为 80 岁，保险公司也会允许该客户重置到 90 岁。根据合同规则，这两点应如何认定?

a. Investor confirmation of the five actions is mandatory, but the verbal promise on the reset age has no effect unless the insurer issues a written amendment signed by the owner.

b. Investor confirmation is only required for initial purchases and terminations, while the advisor's verbal promise binds the insurer under general agency law principles.

c. Both investor confirmation for switches and the 80-year reset age limit are statutory provisions under the Financial Institutions Act that cannot be modified even by written amendment.

d. The reset age limit is fixed uniformly across Canada by the Insurance Act, so only a provincial court order could ever extend it to age 90 for this client.

178. An exam question framed in the style of the 2022 exam manual asks about the status of deferred sales charges (DSCs) on new segregated fund contracts, while a compliance officer in British Columbia also reviews which statute enforces the ban on issuing new DSC contracts versus which statute governs beneficiary designations inside the contract. Which statement correctly addresses both the exam-manual position and the BC statutory division?

一道按 2022 考试口径设问的考题询问新分离基金合同递延销售费（DSC）的状态，同时 BC 省的一名合规官也在复核哪部法律负责执行禁止新发 DSC 合同的禁令、哪部法律管辖合同内部的受益人指定条款。下列哪项陈述同时正确回答了考试口径立场与 BC 省的法律分工?

a. The manual says DSCs are expected to be phased out, while new DSC contracts have been banned since June 1, 2023; in BC the ban rests on the Financial Institutions Act and beneficiary rules on the Insurance Act.

b. Both the 2022 exam manual and current BC law permit insurers to issue new DSC segregated fund contracts indefinitely, and both market conduct and beneficiary designations are governed exclusively by the Insurance Act.

c. The exam manual states that DSCs were banned in 2015, and in BC all beneficiary designations and creditor protection rules are governed by the Financial Institutions Act rather than the Insurance Act.

d. Current rules require every pre-2023 DSC contract to be terminated immediately under the Insurance Act, while new sales charge arrangements are regulated only under federal banking law.

178′. A candidate preparing for the licensing exam compares an exam-style practice question asking about current regulatory trends for deferred sales charges (DSCs) on segregated funds with a client's question at the counter today about buying a new DSC contract in British Columbia. Which pairing of answers is accurate?

一名备考牌照考试的考生将一道询问分离基金递延销售费（DSC）监管趋势的考试资料练习题，与今天柜台客户询问能否在 BC 省新买一份附 DSC 合同的实际问题进行对比。下列哪组回答是准确的?

a. For the exam-style question, answer that DSCs are permanently guaranteed by statute; at the counter today, tell the client that new DSC contracts are still available on 10-year terms.

b. For the exam-style question, answer that DSCs only apply to payout annuities; at the counter today, tell the client that all existing pre-2023 DSC schedules have been voided.

c. Exam-style: regulators are moving to phase out DSCs; at the counter: no, because BC has prohibited new DSC segregated fund contracts since June 1, 2023.

d. For both questions, answer that DSCs were replaced by a mandatory front-end load fee on all segregated fund contracts under the Insurance Act.

179. Four years ago, Gavin deposited $80,000 of non-registered cash into a 10-year segregated fund contract with a 75% maturity guarantee. No distributions or withdrawals have occurred, so his adjusted cost base (ACB) remains $80,000. Today, when the market value is $86,000, Gavin requests his first switch of the year from a growth fund to a balanced fund. Under his contract, this first annual switch is free of insurer switch fees, and the switch simultaneously triggers a maturity guarantee reset that re-dates the maturity under the contract terms. Assuming a 50% capital gains inclusion rate, what are the consequences of this transaction?

四年前，Gavin 将 $80,000 非注册现金存入一份附 75% 到期保证的 10 年期分离基金合同。期间未发生任何分配或提款，因此其调整成本基础（ACB）仍为 $80,000。今天当市值为 $86,000 时，Gavin 申请本年度第一次转换（switch），从成长型基金转入平衡型基金。根据合同，本年度首次转换免收转换手续费，但该转换会同步触发到期保证重置（reset），按合同条款重订到期日。假设资本利得计入率为 50%，这笔交易的后果是什么？

a. There is no taxable gain because the switch is within the insurer's free annual switch allowance, and the contract still matures six years from today.
b. Gavin realizes a taxable capital gain of $6,000 for the current tax year, and the maturity date remains unchanged at six years from today.
c. There is no taxable disposition until Gavin withdraws cash from the contract, but the maturity date is extended to 10 years from the date of the switch.
d. A $6,000 capital gain, so a $3,000 taxable capital gain, despite the fee waiver; the reset also moves the maturity date to 10 years from today.

179′. Six years ago, Miranda invested $40,000 into a non-registered 10-year segregated fund contract with no subsequent ACB adjustments. Today, with the market value at $45,000, she uses her free annual switch privilege to move into a bond fund, which also triggers a maturity reset under her contract terms. Using a 50% capital gains inclusion rate, what must her advisor disclose before confirming the instruction?

六年前，Miranda 在一份非注册 10 年期分离基金合同中投入了 $40,000，此后无任何 ACB 调整。今天当市值为 $45,000 时，她使用年度免费转换额度转入一支债券基金，且按合同条款此次转换同步触发到期重置。按 50% 资本利得计入率计算，代理人在确认指令前必须披露什么？

a. Because the switch is free of administrative charges and stays inside the same umbrella contract, Miranda will face neither tax consequences nor any change to her remaining four-year maturity timeline.
b. Although there is no switch fee, the switch triggers a taxable disposition generating a $2,500 taxable capital gain ($5,000 capital gain at 50%), and the reset restarts the 10-year maturity clock from today.
c. Miranda will owe a 2% short-term trading fee on the $45,000 switch value because she is changing funds prior to the 10-year maturity date.
d. The reset will lock in the $45,000 value without extending the maturity date, and the $5,000 gain will be deferred until the contract matures in four years.

180. Walter is both the policy owner and the annuitant of a segregated fund contract that matures in ten days. Three years ago, Walter made a partial withdrawal from the contract. Last year, Walter lost mental capacity due to illness; prior to becoming incapacitated, he had executed a valid Power of Attorney for property (POA) naming his son, Derek, as his attorney. Walter's daughter, Fiona, is the named beneficiary on the contract. At maturity in ten days, the contract's market value is lower than its guarantee. Who has the authority to claim the maturity payout, what documentation is required, and how is the payout calculated?

Walter 是一份将在十天后到期的分离基金合同的持有人兼受保人。三年前，Walter 从合同中做过一次部分提款。去年，Walter 因病丧失民事行为能力；在失能前，他已签署有效的财产授权书（POA），指定儿子 Derek 为代理人。Walter 的女儿 Fiona 是合同的指定受益人。十天后合同到期时，合同市值低于其保证金额。谁有权申请到期给付、需要什么文件、给付金额如何计算?

a. Fiona claims the payout as the named beneficiary by submitting an Attending Physician's Statement (APS) confirming Walter's incapacity, and she receives the original unadjusted maturity guarantee.
b. Derek, acting under the POA for property, claims on Walter's behalf with no death certificate, and the payout is the guarantee reduced for the earlier partial withdrawal.
c. Derek and Fiona must jointly submit a claim along with a medical certificate of incapacity, and the insurer pays only the current market value because a prior withdrawal voids the maturity guarantee.
d. Walter's estate executor must claim the maturity benefit because Walter is incapacitated, and the insurer pays the original maturity guarantee in full.

180′. Beatrice was the owner and annuitant of a segregated fund contract on which her nephew, Lucas, held a Power of Attorney for property (POA) during her lifetime, and her niece, Chloe, was named as the revocable beneficiary. Beatrice passed away yesterday at a time when the contract's market value was below its death benefit guarantee (which had been adjusted downward for a withdrawal she made two years ago). Who is entitled to file the claim now, what proof is required, and what amount is payable?

Beatrice 是一份分离基金合同的持有人兼受保人，其生前由外甥 Lucas 持有财产授权书（POA），外甥女 Chloe 被指定为可撤销受益人。Beatrice 昨天去世，去世时合同市值低于其身故给付保证（该保证已因她两年前的一次提款而下调）。现在谁有权提交理赔申请、需要什么证明、应付金额是多少?

a. Chloe files a death claim with satisfactory proof of death and entitlement, and receives the death benefit guarantee as reduced for the prior withdrawal.
b. Lucas files the claim using his Power of Attorney for property without needing a death certificate, and receives the current market value of the fund.
c. Chloe files the death claim without needing any medical or death documentation at all, and receives the original unadjusted death benefit guarantee.
d. Beatrice's estate administrator overrides Chloe's beneficiary designation because a partial withdrawal was made on the contract within the last three years.

181. Harold and his spouse, Irene, purchased a joint and last survivor annuity with a 15-year guarantee period. Harold is the primary annuitant, Irene is the co-annuitant, and their adult son, Kevin, is the named beneficiary. Six years after annuity payments began, Harold dies while Irene is still alive. Who is entitled to receive payments under the annuity contract right now?

Harold 与配偶 Irene 购买了一份附 15 年保证期的联合末存年金（joint and last survivor annuity）。Harold 为主年金受领人，Irene 为联合受领人（co-annuitant），他们的成年儿子 Kevin 为指定受益人。年金开始给付六年后，Harold 身故，此时 Irene 仍在世。此刻谁有权领取该年金合同项下的款项?

a. Irene becomes the sole annuitant and continues to receive the annuity payments; Kevin has no right to claim any guarantee period balance while Irene is still alive.
b. Kevin immediately receives the remaining nine years of guaranteed payments because the primary annuitant died before the 15-year guarantee period expired.
c. The remaining nine years of guaranteed payments are split equally between Irene and Kevin until the 15-year guarantee period ends.
d. The contract terminates upon the primary annuitant's death with no further payments to either Irene or Kevin.

181′. Compare two annuity contracts after death occurs: Contract 1 is a single life annuity with no guarantee period and no death refund option, where the annuitant dies two years after payments start. Contract 2 is a joint and last survivor annuity with a 10-year guarantee period, where both the annuitant and the co-annuitant die in Year 7. In which contract does the named beneficiary receive a death benefit?

对比两份发生身故后的年金合同：合同 1 是一份无保证期且无任何身故退款选项的纯单生年金，受领人在给付开始两年后身故；合同 2 是一份附 10 年保证期的联合末存年金，主受领人与联合受领人双双在第 7 年身故。在哪份合同中，指定受益人能获得身故给付?

a. Both contracts, because provincial insurance law guarantees a minimum 75% return of principal on every annuity contract after the annuitant dies.
b. Contract 1 only, because a single life annuity always refunds any unused principal to the estate or beneficiary when the annuitant dies early.
c. Neither contract, because once a payout annuity begins, beneficiaries lose all claim rights after the fifth year of payments.
d. Contract 2 only, since both annuitants died within the 10-year guarantee period, while Contract 1 has no guarantee period or refund option.

182. Graham holds an enduring Power of Attorney for property (POA) for his elderly aunt in British Columbia. He meets with an insurance advisor to sign a new segregated fund application on his aunt's behalf and also asks to change the existing beneficiary designation on another segregated fund contract his aunt already owns from her cousin to Graham's daughter. Under the exam guidance and British Columbia's Power of Attorney Act (s. 20), which statement is correct?

Graham 在 BC 省持有其年迈姑妈的持续财产授权书（enduring POA for property）。他与保险代理人会面，准备代表姑妈代签一份新的分离基金申请表，同时要求将姑妈名下另一份既有分离基金合同上的受益人指定从姑妈的表亲变更为 Graham 的女儿。根据考试口径提示及 BC 省《Power of Attorney Act》第 20 条，下列哪项陈述是正确的?

a. Because a valid POA for property grants full authority over financial assets, Graham can both sign the application and freely change the beneficiary to his daughter without restriction.
b. An attorney under a POA for property is strictly prohibited from signing any segregated fund application form, so only the aunt can sign in person.
c. Graham may sign the application, but naming a beneficiary needs separate legal advice, and under s. 20 changing the existing designation requires court authorization.
d. Graham can change the existing beneficiary on his aunt's contract without court approval as long as he submits a reason–why letter co–signed by the insurance advisor.

182′. In British Columbia, an attorney acting under an enduring Power of Attorney (POA) is moving an incapacitated client's maturing segregated fund into a replacement contract of a similar instrument and is also establishing a brand–new contract with separate cash funds. Under BC's Power of Attorney Act (s. 20), what are the rules regarding beneficiary designations on these instruments without obtaining a court order?

在 BC 省，一名依据持续授权书（enduring POA）行事的代理人正在将一名失能客户的到期分离基金转入一份替换的类似文书合同，同时用另一笔独立现金新建一份全新的合同。根据 BC 省《Power of Attorney Act》第 20 条，在未取得法院命令的情况下，关于这些文书上的受益人指定规则是什么?

a. The attorney can name any family member as beneficiary on both the replacement contract and the brand–new contract because BC exempts POA attorneys from all beneficiary restrictions.
b. On the replacement, he may keep the beneficiary the adult named while capable; on the brand–new contract, a new designation is limited to the adult's estate.
c. The attorney must name himself as irrevocable beneficiary on both contracts so that he can hold any death proceeds in trust for the family.
d. Both the replacement contract and the new contract must forfeit all death benefit guarantees because a POA attorney cannot sign insurance applications.

第 27 章 · 团体退休计划 分离基金与年金

带 ′ 的是同一考点的变式题：主题题做错时再做它。

183. A manufacturing company sponsors a Defined Contribution Pension Plan (DCPP) and serves as the legal plan administrator. To streamline operations, the company hires an insurer to manage the daily investment funds and record-keeping. If an investment option performs poorly due to a lack of oversight, how does the fiduciary duty under provincial pension legislation apply?

一家制造企业发起了一项固定供款养老金计划（DCPP）并担任法定计划管理方。为简化运营，该公司聘请一家保险人负责日常投资基金管理和记录保存。如果某个投资选项因缺乏监督而表现不佳，省级养老金立法下的受托责任如何适用?

a. The legal administrator keeps fiduciary oversight duties under the prudent person rule even though daily operations are outsourced.

b. Fiduciary duty transfers entirely to the insurer once the administrative services contract for the plan has been signed.

c. A DCPP carries no fiduciary duty for the administrator at all because employees make their own investment choices.

d. The managing general agent (MGA) assumes statutory fiduciary responsibility for all group pension plans.

183′. A logistics firm acts as both plan sponsor and legal administrator for its employees' registered pension plan. The board of directors delegates asset custody and fund reporting to an insurance company. Which statement accurately describes the administrator's ongoing legal obligation?

一家物流公司同时担任员工注册养老金计划的发起方和法定管理方。董事会将资产托管和基金报告委托给一家保险公司。下列哪项陈述准确描述了管理方的持续法定义务?

a. The board is relieved of the prudent person rule as long as the insurer submits complete annual financial reports to it.

b. Only defined benefit plans impose fiduciary duties on the administrator; defined contribution plans impose none at all.

c. The administrator stays bound by the prudent person rule to act for plan members and cannot outsource its supervisory duty.

d. Individual plan members assume the fiduciary duty for monitoring the insurer once they enrol in the plan.

184. An engineering firm with fluctuating annual profits wants to set up a group plan funded out of company profits. However, the founder insists that employees must also be allowed to contribute their own money into this same plan through payroll deductions, and wants the founder's brother—who owns 10% of the company's shares—to participate. Why cannot a Deferred Profit Sharing Plan (DPSP) meet these requirements?

一家年度利润波动较大的工程公司希望设立一项由公司利润出资的团体计划。然而，创始人坚持要求允许员工通过工资扣款将自己的钱也供入同一个计划，并希望持有公司 10% 股份的创始人兄弟也能参加。为什么递延利润分享计划（DPSP）无法满足这些要求?

a. Because DPSP funds are strictly locked in under provincial pension standards legislation until the member reaches age 71.
b. Because only the employer may contribute to a DPSP, and employees owning 10% or more of the shares or related to the employer cannot join.
c. Because a DPSP cannot legally coexist with a Defined Contribution Pension Plan (DCPP) inside the same company.
d. Because employer contributions to a DPSP are taxed immediately as current employment income in the year they are contributed.

184′. A three-year-old software startup with an average employee age of 28 already offers a Defined Contribution Pension Plan (DCPP) with fixed contributions, and now wants to add a flexible layer that shares profits in good years without locking the firm into fixed obligations in lean years. Which arrangement best achieves this goal?

一家成立三年、员工平均年龄 28 岁的软件初创公司已经提供固定供款的固定供款养老金计划（DCPP），现在希望叠加一个灵活激励层，在盈利好的年份分享利润，同时不在盈利差的年份背上刚性供款负担。哪种安排最能实现这一目标?

a. Keep the DCPP as the base and add an employer-funded Deferred Profit Sharing Plan (DPSP) paid from profits for eligible employees.
b. Replace the DCPP with a contributory DPSP in which both the startup and its engineers each contribute 5% of salary.
c. Establish a Defined Benefit Pension Plan (DBPP) so the startup has no funding obligation when investment returns drop.
d. Set up a DPSP specifically for the majority shareholders who each own 10% or more of the company.

185. Clara earns $80,000 in pensionable income this year and participates in her employer's Defined Contribution Pension Plan (DCPP), where she contributes 5% of her salary and her employer matches 5%. Assuming an 18% RRSP calculation rate, no unused carry-forward room, and no PAR or PSPA, how much new personal RRSP contribution room will Clara have next year, and what is her Pension Adjustment (PA)?

Clara 今年赚取 $80,000 的可计提收入，并参加雇主的固定供款养老金计划（DCPP），她自己供款工资的 5%，雇主配比供款 5%。假设按 18% 计算 RRSP 比例，且没有未用结转额度、PAR 或 PSPA，Clara 次年新增的个人 RRSP 供款空间是多少，她的养老金调整额（PA）又是多少?

a. A DCPP does not generate a PA, leaving her full $14,400 RRSP contribution room untouched for next year.
b. Her PA only counts the employer's 5% contribution and ignores her own 5% contribution.
c. Her PA is $8,000, which reduces her $14,400 base entitlement to $6,400 of new personal RRSP room for next year.
d. Her PA is $14,400, which eliminates all of her new personal RRSP room for next year.

185′. Marcus works at a retail headquarters earning $60,000 per year (the same as his prior year's earned income). He participates in the company's Group RRSP (GRRSP), where both he and his employer contribute 5% of his salary this year. Assuming an 18% RRSP rate and no carry-forward room, how much can Marcus still contribute to his personal RRSP this year, and does the GRRSP generate a Pension Adjustment (PA)?

Marcus 在一家零售总部工作，年收入 $60,000（与上一年赚取收入相同）。他参加了公司的团体注册退休储蓄计划（GRRSP），今年他和雇主各自按其工资的 5% 供款。假设 RRSP 比例为 18% 且无结转额度，Marcus 今年还能往个人 RRSP 供款多少，且 GRRSP 是否产生养老金调整额（PA）？

a. He can contribute $10,800 to his personal RRSP because GRRSP contributions are completely separate from personal RRSP room.
b. He can still contribute $4,800 to his personal RRSP this year ($10,800 limit minus $6,000 GRRSP contributions), and the GRRSP does not generate a PA.
c. Only his own 5% contribution uses current RRSP room, while the employer's 5% contribution creates a PA for next year.
d. He can contribute $4,800 to his personal RRSP, and the GRRSP also generates a $6,000 PA that reduces next year's room a second time.

186. A company offers employee matching contributions through one of four vehicles: a defined contribution pension plan (DCPP), a group RRSP (GRRSP), a deferred profit sharing plan (DPSP), or a pooled registered pension plan (PRPP). In which of these plans is the employer's contribution treated as a taxable benefit (additional employment income) to the employee in the year the contribution is made?

一家公司向员工提供配比供款，可放入固定供款养老金计划（DCPP）、递延利润分享计划（DPSP）、联合注册退休金计划（PRPP）或团体注册退休储蓄计划（GRRSP）。在这些计划中，哪一项计划的雇主供款会在供款当年被视为员工的应税福利（额外雇佣收入）？

a. The Defined Contribution Pension Plan (DCPP) only, because it is a registered pension.
b. The Deferred Profit Sharing Plan (DPSP) and the Pooled Registered Pension Plan (PRPP).
c. None of them, because all employer retirement contributions are tax-deferred until withdrawal.
d. The Group RRSP (GRRSP) only, as its employer contributions count as additional salary.

186′. An employer makes contributions for each employee into both a Group TFSA and a Defined Contribution Pension Plan (DCPP). How are these two employer contributions treated on the employee's income tax return for the current year?

一位雇主为每位员工同时向群组 TFSA 和固定供款养老金计划（DCPP）供款。这两笔雇主供款在员工当年的所得税申报表上如何处理?

a. The Group TFSA contribution is a current taxable benefit, whereas the DCPP contribution is not included in current taxable income.
b. Both the Group TFSA and the DCPP employer contributions are excluded from the employee's current taxable income.
c. The DCPP contribution is taxed as current salary, while the Group TFSA contribution is fully deductible from income.
d. Both contributions are taxed immediately as salary and also generate a Pension Adjustment (PA) for next year.

187. An insurance agent is helping a corporate employer set up a new group retirement plan. How do the agent's disclosure obligations and the application workflow in a group retirement plan differ from selling an individual retail policy?

一名保险代理人正在协助一家企业雇主设立新的团体退休计划。在团体退休计划中，代理人的披露义务和申请流程与销售个人零售保单有何不同?

a. Each employee first applies individually to the insurer through a managing general agent (MGA), and the employer signs the master application last.
b. Disclosure of insurer, compensation and conflicts goes to the sponsor, and the sponsor applies first, with members enrolling individually after underwriting.
c. Once the group contract is issued, the agent's duty ends, so workforce changes such as mass layoffs require no follow-up from the agent.
d. The agent is prohibited from disclosing compensation or conflicts to the corporate sponsor in order to protect insurer confidentiality.

187′. After a corporate sponsor's group pension plan has been operating for two years, the company undergoes a major restructuring with significant layoffs. What is the group agent's professional responsibility during this period?

一家企业发起方的团体养老金计划运行两年后，公司经历重大重组并出现大规模裁员。在此期间，团体代理人的专业责任是什么？

a. Wait until the plan's three-year provincial assessment deadline arrives before contacting the plan sponsor about the layoffs.
b. Instruct the managing general agent (MGA) to freeze all vested employee accounts immediately until the restructuring ends.
c. Review the plan promptly and help the sponsor adjust its design to reflect the major workforce changes or a possible termination.
d. Have every remaining employee submit a brand-new master group application so that the insurer can re-underwrite the company.

188. Helena is retiring and wants to start drawing annual retirement income from two group accounts: a locked-in Defined Contribution Pension Plan (DCPP) and an unlocked Deferred Profit Sharing Plan (DPSP). If she transfers the DCPP into a Life Income Fund (LIF) and the DPSP into a Registered Retirement Income Fund (RRIF), how do the annual withdrawal rules compare?

Helena 即将退休，希望开始从两个团体账户提取年度退休收入：一个是锁定的固定供款养老金计划（DCPP），另一个是不锁定的递延利润分享计划（DPSP）。如果她将 DCPP 转入生命收入基金（LIF），并将 DPSP 转入注册退休收入基金（RRIF），两者的年度提取规则有何不同？

a. A LIF has both a statutory minimum and a maximum annual withdrawal, whereas a RRIF has a minimum but no maximum.
b. Both a LIF and a RRIF impose identical statutory maximum withdrawal limits to preserve retirement capital.
c. A LIF does not allow any income withdrawals and only holds locked-in investments until death.
d. Because her DCPP is vested under BC PBSA, she can transfer the DCPP directly into an unlocked RRIF with no maximum limit.

188′. Victor resigns from his employer long before retirement and wants to move his locked-in Defined Contribution Pension Plan (DCPP) balance away from the former employer's investment menu so he can manage the investments himself without drawing any retirement income yet. Which account should receive the transfer?

Victor 在远未到退休年龄时从雇主处辞职，希望将自己锁定的固定供款养老金计划（DCPP）余额从前雇主的投资菜单中转出，以便在暂不提取任何退休收入的情况下自行管理投资。哪个账户应当承接这笔转移资金?

a. An unlocked personal RRSP, because leaving the employer automatically removes the locking-in rules on the balance.

b. A Registered Retirement Income Fund (RRIF), which allows him to defer all withdrawals indefinitely.

c. A Group TFSA at his new employer, so that future investment growth on the balance will no longer be taxed.

d. A Locked-in Retirement Account (LIRA), which keeps the money locked in but lets him invest it himself.

189. An employer sponsors a retirement plan and asks the agent two technical questions: first, what criterion determines whether a group plan is classified as a Capital Accumulation Plan (CAP); and second, if the plan offers group segregated funds as investment options, whether they include the same death benefit guarantees as retail segregated funds.

一位雇主发起了一项退休计划，并向代理人提出了两个技术问题：第一，判定一项团体计划是否属于资本积累计划（CAP）的标准是什么；第二，如果该计划提供团体分离基金作为投资选项，它们是否包含与零售分离基金相同的身故保证。

a. A Defined Benefit Pension Plan (DBPP) is always a CAP, and group segregated funds carry a mandatory death benefit guarantee for members.

b. Any plan where the employer contributes is a CAP, and group segregated funds always provide a retail death benefit guarantee.

c. A non-DBPP plan is a CAP if members choose among two or more options, and group segregated funds usually lack death benefit guarantees.

d. Only a Group TFSA qualifies as a CAP, and group segregated funds require medical underwriting for death benefit guarantees.

189′. A corporate sponsor wants to give employees control over how their retirement savings are invested and is comparing a Defined Benefit Pension Plan (DBPP) with a Group RRSP (GRRSP) offering two or more group segregated funds. Which statement accurately guides the sponsor?

一家企业发起方希望让员工自己决定退休储蓄的投资方向，并正在比较固定给付养老金计划（DBPP）与提供两只或以上团体分离基金的团体注册退休储蓄计划（GRRSP）。下列哪项陈述能准确指导该发起方?

a. The DBPP is classified as a Capital Accumulation Plan (CAP) because its benefit formula guarantees a retirement benefit to members.

b. The GRRSP with two or more investment options is a CAP, though its group segregated funds generally carry no death benefit guarantee.

c. Choosing group segregated funds inside the GRRSP ensures that every member receives a retail–style death benefit guarantee on deposits.

d. Neither plan can be a CAP because Capital Accumulation Plans only exist for individual retail investors.

第 28 章 · 寿险的法律框架 伦理与职业实践

带 ′ 的是同一考点的变式题：主题题做错时再做它。

190. Marcus, a licensed life insurance agent in British Columbia, hires an unlicensed administrative assistant to help grow his practice. Marcus instructs the assistant to call prospective clients from a purchased lead list to schedule insurance review appointments, prepare life insurance policy illustrations before meetings, and forward signed applications to the managing general agent (MGA). Which assessment of these duties is correct?

BC省持牌寿险代理人Marcus雇了一名未持牌行政助理协助拓展业务。Marcus指示该助理按购买的潜在客户名单致电约时间面谈保险、在会前制作寿险保单演示表，并将签妥的投保申请转递给寿险总代理（MGA）。关于这些工作职责，下列哪项评估是正确的?

a. All three tasks are permissible because the assistant is neither giving financial advice nor signing the insurance application.

b. Booking insurance meetings by phone, preparing illustrations and forwarding applications all require a licence, and the calls must also respect DNCL rules.

c. The assistant may call prospects to book appointments and forward signed applications, provided only Marcus himself prepares the illustrations.

d. The assistant can avoid licensing rules by sending bulk marketing emails to the prospects instead of calling them on the telephone.

190′. An incorporated insurance agency in British Columbia employs an unlicensed receptionist. When walk-in clients visit the office, the receptionist collects their initial premium cheques, helps them fill out and submit policy applications, and generates basic life insurance illustrations while the licensed agent is away. Why does this arrangement violate regulatory rules?

BC省一家注册成立的保险代理行雇有一名未持牌前台。当持牌代理人外出时，该前台接待上门客户，代为收取首期保费支票、协助接收并递交投保申请，并生成基础寿险演示表。为什么这一安排违反监管规则?

a. Because an incorporated agency in British Columbia is prohibited from employing any staff who do not hold a corporate MGA licence.

b. Because only an exclusive captive agent of an insurer is permitted to collect premiums or generate policy illustrations.

c. Because receiving applications, collecting premiums and preparing illustrations are activities that require the employee to be licensed.

d. Because the BC Insurance Act requires at least two corporate signing officers to witness every premium cheque collected at an agency.

191. A life insurance agent in British Columbia meets two prospective applicants on the same day: Arthur, a mentally sharp 100-year-old who wants to sign an annuity contract on his own, and Chloe, a 17-year-old student who understands policy terms and wants to apply for life insurance on her own life. How does the law of legal capacity apply to Arthur and Chloe?

BC省一名寿险代理人在同一天接待了两位潜在投保人：一位是头脑清醒、想自己签署年金合同的100岁老人Arthur；另一位是理解保单条款、想为自己生命投保寿险的17岁学生Chloe。法定行为能力（Legal capacity）规则如何适用于Arthur和Chloe?

a. Both may sign alone, because capacity has no maximum age and anyone 16 or older can contract for insurance on their own life.
b. Arthur must have an adult family member co-sign due to his advanced age, whereas Chloe can sign alone because the age of majority in British Columbia is 16.
c. Arthur can sign alone, but Chloe's parents must apply on her behalf because no one under the BC age of majority of 19 can enter into a life insurance contract.
d. Neither Arthur nor Chloe can sign alone without a representation agreement approved by the Public Guardian and Trustee.

191′. In British Columbia, a mother wants to take out a life insurance policy on her 15-year-old son, while her 16-year-old daughter wants to purchase a life insurance policy on her own life and also be named as the sole beneficiary to directly collect proceeds on her grandmother's policy today. Which statement accurately reflects BC age rules?

在BC省，一位母亲想为她15岁的儿子投保寿险；同时她16岁的女儿想为自己投保一份寿险，并希望在祖母的保单上作为唯一受益人立即直接领取身故保险金。下列哪项准确反映了BC省的年龄规则?

a. The 15-year-old son can sign his own policy application, because capacity in British Columbia depends solely on maturity rather than any minimum age.
b. Neither child can be insured or purchase insurance until reaching the British Columbia age of majority of 18.
c. The 16-year-old daughter can directly receive and give a valid discharge for the grandmother's death benefit, because contracting capacity at age 16 includes full beneficiary rights.
d. The mother may insure her 15-year-old son on insurable interest, and the daughter may buy her own policy but cannot directly collect proceeds as a beneficiary.

192. Elena, a business owner in British Columbia, applies to be the policyowner and payer of a new life insurance policy on the life of her adult friend, Victor, with whom she has no family or financial relationship. Under BC Insurance Act s.45, under what condition is this contract valid at the time it takes effect?

BC省企业主Elena申请作为投保人和交费人，为她的成年朋友Victor投保一份新寿险保单，两人之间没有任何亲属或财务依赖关系。根据BC《Insurance Act》s.45，在什么条件下这份合同在生效时是有效的?

a. The contract is void under all circumstances because an applicant must always have both a financial insurable interest and the insured's written consent.

b. The contract is valid only if Elena proves that Victor is under age 19 and obtains approval from the Insurance Council of British Columbia.

c. Although s.45(1) voids a policy lacking insurable interest, it is valid under the s.45(2) exception if Victor consents in writing to the coverage.

d. The contract becomes valid only after it has remained in force for the 2-year incontestability period under s.52.

192′. An aunt in British Columbia wants to purchase and own a life insurance policy on the life of her 15-year-old niece, even though the aunt has no statutory insurable interest in the child. Under BC Insurance Act s.45, how can this policy be validly put in force?

BC省一位姑妈想出资购买并持有一份以她15岁侄女为被保险人的寿险保单，尽管姑妈对该孩子没有法定可保利益。根据BC《Insurance Act》s.45，怎样才能使这份保单有效成立?

a. By obtaining the written consent of the child's parent or a person standing in the place of a parent, since the insured child is under 16 years of age.

b. By having the 15-year-old niece sign a written consent form herself in the presence of two corporate officers.

c. It cannot be put in force under any exception because insuring a minor without insurable interest violates public policy on the same level as arson for hire.

d. By registering an ordinary Power of Attorney signed by the niece with BCFSA before paying the first premium.

193. Grace calls her mother's life insurance agent in Richmond, British Columbia. Grace explains that her mother now has severe cognitive impairment and cannot make decisions. Grace brings an uncertified photocopy of a Power of Attorney signed three years ago and demands that the agent immediately change the beneficiary on her mother's $400,000 permanent life insurance policy from a distant relative to Grace. How must the agent handle this request?

Grace致电她母亲在BC省列治文的寿险代理人。Grace解释说母亲现已因严重认知障碍丧失行为能力，她带着母亲三年前签署的一份授权书的普通复印件，要求代理人立即将母亲名下$400,000永久寿险的受益人从一位远亲改成Grace自己。代理人必须如何处理这一要求?

a. Accept the photocopy temporarily so the change takes effect immediately, because British Columbia allows any attorney under an ordinary Power of Attorney to change beneficiaries freely.
b. Verify that the document is a Representation Agreement under c. 405, which automatically authorizes changing life insurance beneficiaries without insurer review.
c. Have Grace sign a new will on her mother's behalf containing a beneficiary declaration under s.61 of the BC Insurance Act.
d. Confirm it is an Enduring Power of Attorney, get a notarized certified true copy, send it to the insurer for review, and check whether court authorization is needed.

193′. An aging business owner in British Columbia grants his nephew an ordinary Power of Attorney (PoA) to manage his financial affairs. Two years later, the business owner suffers a stroke that leaves him mentally incapable. The nephew asks the life insurance agent why the insurer restricts an attorney from freely changing beneficiary designations when transferring funds between financial institutions. Which statement correctly explains both the status of the ordinary PoA and the exam rationale for the beneficiary restriction?

BC省一位年长的企业主授予其外甥一份普通授权书（Ordinary PoA）以打理财务。两年后，企业主因中风丧失心智能力。外甥向寿险代理人询问：为什么在把资金从一家金融机构转往另一家时，规则要限制受托代理人随意变更受益人指定？下列哪项正确解释了该普通授权书的效力以及考试口径设定该限制的制度目的?

a. The ordinary PoA remains valid after incapacity, and the restriction exists solely to protect the insurer's underwriting profit.
b. The ordinary PoA ended at incapacity, and the restriction stops an attorney from indirectly revoking the original designation by moving funds elsewhere.
c. The ordinary PoA converts automatically into a will upon incapacity, allowing the nephew to change the beneficiary through probate.
d. The ordinary PoA is valid if the agent agrees to act as co-attorney and relies on the agent's Errors and Omissions (E&O) insurance to cover property management.

194. When David and his former spouse separated in Vancouver, they signed a separation agreement requiring David to maintain his former spouse as the beneficiary of his $500,000 term life insurance policy until their children reached adulthood. However, the former spouse was never designated as an irrevocable beneficiary with the insurer. Two years later, David remarried, logged into the insurer's online portal to change the beneficiary to his new spouse, and died two years after that without the insurer ever receiving a copy of the separation agreement or any court order. Under the BC Insurance Act, what is the legal outcome?

David与前妻在温哥华分居时签署了一份分居协议，写明David必须维持前妻为其$500,000定期寿险保单的受益人直至子女成年。但前妻从未在保险公司登记为不可撤销受益人。两年后David再婚，在保险公司线上系统将受益人改为新配偶；又过两年David身故，而保险公司主要办事处从未收到过该分居协议或任何法院命令。根据BC《Insurance Act》，法律结果是什么？

a. The insurer may pay the new spouse on the latest designation and is discharged under s.77, leaving the former spouse to sue David's estate.
b. The online change is automatically void because signing a separation agreement under the Family Law Act converts a revocable beneficiary into an irrevocable beneficiary under s.60.
c. The death benefit is divided equally between the former spouse and the new spouse under the five-day survival rule of the Wills, Estates and Succession Act.
d. The policy is seized by David's creditors because changing a beneficiary after remarriage removes creditor protection under s.65.

194′. Following a divorce in British Columbia, a court issues a support order under Family Law Act s.170(e) requiring Sophia to maintain her former spouse as the beneficiary of her $500,000 life insurance policy. What step is required to ensure Sophia cannot unilaterally change the beneficiary designation on the policy without the former spouse's consent, and what can the insurer do under s.82 if competing claimants later demand the proceeds?

在BC省离婚后，法院依《Family Law Act》s.170(e)作出抚养支持令，要求Sophia维持前配偶为其$500,000寿险保单的受益人。为了确保Sophia无法在未经前配偶同意的情况下单方面修改保单受益人，需要完成哪一步？若日后出现互相争夺的索赔人，保险公司依s.82可以怎么做？

a. Sophia only needs to mention the policy in an unsigned note, and the insurer must forfeit the disputed proceeds to BCFSA.
b. The former spouse must register the policy under the Canada Health Act, and the insurer must cancel the whole contract if any dispute later arises.
c. Deliver an irrevocable designation to the insurer's head or principal office in Canada while Sophia is alive; if claims compete, the insurer may pay into court (s.82).
d. The agent must hold the policy document in a locked cabinet, which legally prevents the policyholder from contacting the insurer about it for 6 years.

195. A client in British Columbia purchases a permanent life insurance policy and pays the agent $18,000 in cash split into two $9,000 payments within the same 24-hour window. The agent wonders whether the transaction must be reported to FINTRAC under the PCMLTFA, and also asks which privacy statute governs his collection of client records for purely intra-provincial business in BC. Which statement is correct?

一位BC省客户购买了一份永久寿险保单，在同一个24小时窗口内把$18,000现金拆成两次$9,000交给代理人。代理人想知道根据反洗钱法（PCMLTFA）这笔交易是否必须向FINTRAC报告，同时询问在BC省纯省内商业活动中收集客户档案适用哪一部隐私法。下列哪项是正确的?

a. No FINTRAC report is required because neither cash payment reached $10,000 on its own, and federal PIPEDA exclusively governs all intra-provincial insurance records in BC.
b. A large cash transaction report is required because the two payments total $18,000 within 24 hours, and BC's PIPA governs intra-provincial business.
c. Only the managing general agent (MGA) has a legal duty to report suspicious or large cash transactions, so the individual agent cannot be penalized personally.
d. Because insurance contracts are under provincial jurisdiction in the Constitution Act, 1867, neither federal PCMLTFA nor privacy legislation applies to BC life agents.

195′. A life insurance agent in British Columbia suspects that a client is using a non-exempt life insurance product to launder illicit funds, and also transfers personal client data across provincial borders to an affiliate in another province. Who bears the statutory responsibility for reporting the suspicious transaction to FINTRAC, and which privacy law applies to the cross-border data flow?

BC省一名寿险代理人怀疑客户正利用一份非豁免寿险产品清洗非法资金，同时代理人还将客户个人信息跨省传输给外省的关联机构。谁承担向FINTRAC报告可疑交易的法定责任？跨省数据传输适用哪一部隐私法?

a. Only the insurer's chief compliance officer is liable for FINTRAC reporting, and BC's Representation Agreement Act governs cross-border data.
b. The agent is exempt from reporting unless the cash amount exceeds $74,600, and the BC Insurance Act s.42 governs cross-provincial privacy.
c. The client must self-report to BCFSA within 10 business days, and provincial PIPA exclusively governs cross-border data transfers.
d. The agent personally bears the reporting duty and faces penalties including imprisonment, and federal PIPEDA applies to data crossing provincial borders.

196. A life insurance agent in British Columbia is conducting a disability and retirement needs analysis for Sophia, an unincorporated self-employed graphic designer who has never opted into any special federal program, and for her 65-year-old retired father, who collects both the Guaranteed Income Supplement (GIS) and Old Age Security (OAS). Which statement accurately describes how government benefit programs apply to Sophia and her father?

BC省一名寿险代理人正在为未注册自雇平面设计师Sophia（从未参加任何联邦特别自愿计划）及其65岁退休父亲（正在领取老年保障金OAS与保证收入补充金GIS）做伤残与退休需求分析。下列哪项准确描述了政府公共保障计划如何适用于Sophia和她的父亲?

a. Sophia qualifies for up to 26 weeks of regular Employment Insurance (EI) sickness benefits at 55% of earnings, and both OAS and GIS are tax-free benefits funded by employer payroll contributions.
b. Sophia is covered by compulsory provincial workers' compensation for 90% of her net income without paying premiums, and her father's CPP pension is non-contributory and tax-free.
c. Sophia does not qualify for regular EI, making private disability cover key; her father's OAS is non-contributory and taxable, and his GIS is tax-free.
d. Sophia must still pay quarterly BC Medical Services Plan (MSP) premiums of $1,800 per year, which covers her prescription drugs, dental care, and routine eye exams.

196′. In British Columbia, a salaried employee earning $90,000 per year asks his insurance agent how the Canada Pension Plan (CPP), provincial workers' compensation, and private group health plans coordinate when he faces an injury or medical expense. Which explanation is accurate?

在BC省，一名年薪$90,000的受薪雇员向保险代理人询问：当他面临工伤或医疗费用支出时，加拿大退休金计划（CPP）、省工伤补偿（Workers' compensation）以及私营团体健康险计划是如何运作与协调的？下列哪项解释是准确的?

a. Workers' compensation is an employer-funded, no-fault plan in which workers give up the right to sue, and coordination stops two group plans paying the same expense twice.
b. CPP is funded entirely by federal general tax revenues, and an employee injured at work can both collect workers' compensation and sue the employer in civil court for negligence.
c. In British Columbia's government-operated auto insurance system, 'no-fault' means the insurer never determines who caused the accident, and both spouses' group health plans pay 100% each on the same dental bill.
d. CPP disability benefits pay 55% of weekly earnings for up to 26 weeks for any minor short-term illness, replacing Employment Insurance.

第 29 章 · 保单条款与合同成立 伦理与职业实践

带 ′ 的是同一考点的变式题：主题题做错时再做它。

197. Noah applied for a $500,000 term life insurance policy without paying the initial premium at the time of application. Due to a hobby risk, the insurer issued the policy with an exclusion rider and an increased premium. The agent received the policy from the insurer on Monday and handed it to Noah on Wednesday, when Noah paid the first premium and confirmed his health had not changed, but Noah did not sign the acceptance form for the modified terms until Friday. When did the contract take effect?

Noah 申请了一份 $500,000 的定期寿险保单，申请时未缴纳首期保费。由于一项业余爱好风险，保险公司签发保单时附加了除外责任批注并上调了保费。代理人周一收到保单，周三将保单交给 Noah，当天 Noah 缴纳了首期保费并确认健康状况未变，但直到周五才签署修改条件接受确认书。合同何时生效?

a. On Monday, when the insurer unconditionally delivered the issued policy to its authorized agent.
b. On Friday, when Noah signed the acceptance of the insurer's counter-offer after paying the initial premium with no change in insurability.
c. On Wednesday, when the policy was physically handed to Noah and the initial premium was paid while his health remained unchanged.
d. On the original application date, because paying the first premium retroactively backdates coverage to the time of the offer.

197′. Grace applied for a $750,000 life insurance policy and did not pay the first premium with the application. The insurer approved the application as applied for and sent the policy to the agent. Between the application date and the delivery appointment, Grace was advised by her doctor to undergo a biopsy for a newly discovered nodule. At delivery, she offered to pay the first premium. How does this health change affect the taking effect of the policy?

Grace 申请了一份 $750,000 的寿险保单，申请时未缴首期保费。保险公司按原申请条件核保通过并将保单寄给代理人。在申请日至交付面谈期间，Grace 因新查出结节被医生建议做活检。交付时她表示愿意缴纳首期保费。这一健康变化对保单生效有何影响?

a. The policy takes effect immediately upon payment because the insurer already completed underwriting and issued the contract.
b. The policy takes effect, but the insurer will automatically add a 2-year exclusion for any condition related to the biopsy.
c. The agent must still deliver the policy because checking health at delivery is only a courtesy and not a legal requirement.
d. The policy cannot take effect as issued because a change in insurability occurred before delivery and initial premium payment.

198. Lucas purchased a $500,000 term life insurance policy. On the application, he accidentally stated his birth year as 3 years younger than his actual age (which was still within the policy's insurable age limit), and he also checked 'non-smoker' even though he smoked cigars every week. Lucas died of heart disease within the first 2 years of the policy. How will the insurer handle these two inaccuracies discovered during the claim investigation?

Lucas 购买了一份 $500,000 的定期寿险保单。在申请书上，他无意中把出生年份写小了3岁（其真实年龄仍在保单承保年龄上限之内），同时尽管他每周都抽雪茄，却在吸烟栏勾选了「非吸烟」。Lucas 在保单生效后不足2年内因心脏病身故。保险公司在理赔调查中发现这两项不实后会如何处理?

a. Both inaccuracies are adjusted proportionally by reducing the $500,000 death benefit to match what the premiums paid would have bought for a smoking insured 3 years older.
b. The age error makes the contract void immediately, whereas the cigar smoking is ignored because smoking only 2 or 3 cigars a week is an innocent oversight.
c. An age misstatement alone would adjust the face amount to what the premium buys at the true age, but the smoking misrepresentation within 2 years allows the insurer to void the policy.
d. The insurer must pay the full $500,000 because Lucas died of heart disease rather than lung cancer, so the smoking statement is immaterial.

198′. Three years after purchasing a $500,000 permanent life insurance policy, Victor died. During the claim review, the insurer discovered that Victor had genuinely miscalculated his birth year on the application, making himself appear 3 years younger than his true age (which remained below the policy's maximum issue age). No other inaccuracies existed. What action will the insurer take?

购买一份 $500,000 终身寿险保单3年后，Victor 身故。在理赔审核中，保险公司发现 Victor 投保时确实记错了出生年份，把自己写小了3岁（其真实年龄仍低于保单最高承保年龄），此外无其他不实陈述。保险公司会采取什么行动?

a. Pay a reduced death benefit equal to the coverage amount that the premiums paid would have purchased at Victor's true age.
b. Pay the full $500,000 face amount because the 2-year incontestability period has expired and the age error was made in good faith.
c. Void the policy and refund all premiums paid, because age is a material fact for life insurance underwriting.
d. Pay the full $500,000 face amount after deducting 3 years of unpaid age-adjusted premium differences plus interest.

199. Three years after her $750,000 life insurance policy took effect, Chloe passed away. While reviewing the claim, the insurer found medical records proving that Chloe had been diagnosed with a serious heart condition just before applying and had deliberately omitted this diagnosis and her specialist visits on the application to secure standard rates. How does the incontestability provision apply here?

在她的 $750,000 寿险保单生效3年后，Chloe 身故。在审核理赔时，保险公司查到医疗记录，证明 Chloe 在投保前刚刚被确诊患有严重心脏病，为了拿到标准费率，她在申请书上故意隐瞒了这一诊断结果及专科就诊记录。不可抗辩条款在此如何适用?

a. The insurer can still contest and void the policy because fraudulent misrepresentation is excluded from the 2-year incontestability protection.
b. The insurer must pay the $750,000 claim in full because the policy has been in force for more than 2 years during the insured's lifetime.
c. The insurer must pay a reduced benefit based on the substandard premium rate Chloe would have been charged had she disclosed the condition.
d. The insurer can contest the policy only if Chloe died within 60 days of the 2-year anniversary of the policy issue date.

199′. Three years after his $500,000 life insurance policy took effect, Owen died. During the claim review, the insurer discovered that Owen had failed to mention a minor clinic visit from several years before the application because he had genuinely forgotten about it. There was no intent to deceive. What is the legal outcome of the claim?

在他的 $500,000 寿险保单生效3年后，Owen 身故。在理赔审核中，保险公司发现 Owen 漏报了投保前几年的某次普通门诊记录，原因是他确实忘了这件事，不存在欺骗故意。该理赔的法律结果是什么?

a. The insurer can void the policy because any omission of medical history allows rescission regardless of how long the policy has been in force.
b. The insurer can deduct the value of the omitted medical risk from the $500,000 payout under the misstatement rule.
c. The insurer cannot void the policy for this omission because the 2-year incontestability period has passed and there was no fraud.
d. The beneficiary must prove in court that the clinic visit had no connection to Owen's cause of death before the insurer pays.

200. In 2015, Daniel purchased a $750,000 permanent life insurance policy and properly designated his wife, Sofia, as the irrevocable beneficiary by filing the declaration with the insurer's head office. In 2024, they divorced, and their divorce agreement stated that each spouse waived all rights to the other's insurance policies. In 2026, Daniel submitted a request to the insurer to change the beneficiary to his daughter and take out a policy loan, without attaching any form signed by Sofia. How will the insurer respond?

2015年，Daniel 购买了一份 $750,000 的终身寿险保单，并通过将书面声明送达保险公司总部，正式将妻子 Sofia 指定为不可撤销受益人。2024年两人离婚，离婚协议写明双方各自放弃对对方保险保单的一切权益。2026年，Daniel 向保险公司提交申请，要求将受益人改为女儿并申请一笔保单贷款，但未附任何由 Sofia 签署的文件。保险公司会如何回应?

a. Approve both requests, because a finalized divorce automatically converts an irrevocable spouse beneficiary into a revocable one.
b. Approve both requests once Daniel sends a copy of the divorce agreement, because the general waiver clause binds the insurer.
c. Reject the beneficiary change, but approve the policy loan because borrowing cash value is an unrestricted right of the policyholder.
d. Refuse both the beneficiary change and the policy loan until Sofia signs a written consent or release that is delivered to the insurer's head office.

200′. Maya bought a $500,000 life insurance policy and checked the 'irrevocable beneficiary' box naming her sister on a separate declaration form, but Maya kept the signed form in her home safe and never sent it to the insurer's head office. Two years later, Maya sent a new written notice to the insurer's head office naming her brother as beneficiary instead. Does Maya need her sister's consent to make this change?

Maya 买了一份 $500,000 的寿险保单，在一份单独的声明表上勾选了「不可撤销受益人」指定她的姐姐，但 Maya 把签好的表格锁在家里保险箱，从未寄给保险公司总部。2年后，Maya 向保险公司总部寄出一份新的书面通知，将受益人改为弟弟。Maya 做这次变更需要姐姐同意吗?

a. Yes, because an irrevocable designation becomes permanently binding the moment the policyholder signs the declaration.
b. No, because an irrevocable designation only takes effect as irrevocable once it is delivered to the insurer's head office.
c. Yes, because siblings belong to the preferred family beneficiary class, which locks in the policy automatically.
d. No, because a sister cannot legally be named as an irrevocable beneficiary under a personal life insurance contract.

201. Ethan held a $500,000 individual life insurance policy for 6 years before missing a premium payment. He still did not pay during the 30-day grace period, nor during the 30 days after the grace period ended, causing the policy to remain lapsed. Six months later, Ethan applied for reinstatement, paid all overdue premiums with interest, provided satisfactory evidence of insurability, and the policy was reinstated. One year after the reinstatement date, Ethan died by suicide. Under the standard exam rule for the suicide clause, how will the insurer handle the claim?

Ethan 持有一份 $500,000 的个人寿险保单已满6年，随后漏缴了一期保费。他在30天宽限期内未缴费，宽限期结束后的另外30天内也未补缴，保单处于失效状态。6个月后，Ethan 申请复效，补齐了全部欠缴保费及利息，提交了令保司满意的可保性证明，保单获准复效。复效日后满1年时，Ethan 自杀身故。按自杀条款的考试口径通则，保险公司会如何处理该理赔?

a. Pay the $500,000 death benefit in full, because the policy had already been in force for 6 years before the lapse occurred.
b. Deny the $500,000 death benefit, because reinstatement restarts the 2-year suicide exclusion period from the date of reinstatement.
c. Pay half of the $500,000 death benefit, because the suicide occurred halfway through the restarted 2-year exclusion period.
d. Deny the claim because any history of policy lapse permanently excludes death by suicide for the remainder of the contract.

201′. Ava missed her monthly premium due date on her $500,000 term life insurance policy. Fifteen days after the due date, while the premium was still unpaid, Ava died in a traffic accident. How will the insurer settle the claim?

Ava 错过了她 $500,000 定期寿险保单的月度保费到期日。到期日后第15天，在保费仍未缴纳的情况下，Ava 因车祸身故。保险公司将如何理赔?

a. Pay the $500,000 death benefit minus the overdue premium, because the policy remained in force during the 30-day grace period.
b. Deny the claim completely, because insurance coverage suspends on the premium due date until the overdue payment is received.
c. Pay the full $500,000 without deducting the overdue premium, because the grace period waives any premium due in the month of death.
d. Require the beneficiary to submit satisfactory medical evidence of Ava's insurability before releasing the death benefit.

202. Claire owns a $500,000 permanent life insurance policy on which her mother is properly designated as the irrevocable beneficiary. Claire wants to borrow $180,000 from a bank for her small business, and the bank requires a collateral assignment of the policy as security. According to the standard LLQP exam rule, what must happen for Claire to pledge the policy and give the bank priority for the unpaid loan balance upon her death?

Claire 持有一份 $500,000 的终身寿险保单，其母亲已被正式指定为不可撤销受益人。Claire 想为自己的小生意向银行贷款 $180,000，银行要求以该保单作担保转让。根据 LLQP 考试口径通则，Claire 要质押保单并让银行在自己身故时优先受偿未偿贷款余额，必须满足什么条件?

a. Claire can complete the collateral assignment and grant the bank first priority without her mother's consent because a loan pledge is not a sale.
b. Claire must execute an absolute assignment to the bank, which automatically extinguishes her mother's irrevocable beneficiary status.
c. Claire must obtain her mother's written consent to the collateral assignment and deliver the assignment and consent to the insurer.
d. The policy cannot be used as loan security under any circumstances once an irrevocable beneficiary has been named.

202′. Following up on a valid collateral assignment where the irrevocable beneficiary gave written consent for a $180,000 bank loan against a $500,000 life insurance policy, the policyholder dies when the remaining loan balance is $120,000. How will the insurer distribute the $500,000 death benefit?

承接一笔有效的担保转让：在一份 $500,000 的寿险保单上，不可撤销受益人已书面同意为 $180,000 的银行贷款提供质押担保。后来投保人在尚欠贷款余额 $120,000 时身故。保险公司将如何分配这 $500,000 身故保险金?

a. Pay the entire $500,000 to the bank, because a collateral assignment transfers full ownership of the death benefit to the lender.
b. Pay $180,000 to the bank based on the original loan principal and $320,000 to the beneficiary.
c. Pay the entire $500,000 to the irrevocable beneficiary, leaving the bank to sue the policyholder's estate for the $120,000.
d. Pay $120,000 to the bank to settle the unpaid loan balance and pay the remaining $380,000 to the beneficiary.

203. Arthur owns a $500,000 life insurance policy on his own life and has significant personal business debts. He tells his agent that he wants to change his beneficiary designation from his wife to 'my estate' so that the insurance proceeds will be distributed together with his other assets under his will. What is the legal consequence if Arthur names his estate as beneficiary?

Arthur 持有一份以自己为被保险人的 $500,000 寿险保单，同时背负着大笔个人生意债务。他告诉代理人，自己想把受益人从妻子改为「我的遗产（estate）」，以便让保险金与其他资产一起按遗嘱分配。如果 Arthur 将受益人指定为自己的遗产，会产生什么法律后果？

a. The policy loses its preferred-beneficiary exemption; at death the proceeds fall into the estate, attract probate fees and are open to his creditors.
b. The proceeds remain exempt from Arthur's creditors as long as his will ultimately leaves the estate residue to his wife and children.
c. The insurer will refuse the change because a policyholder is legally prohibited from naming their own estate on an individual policy.
d. The proceeds will bypass probate fees because life insurance payouts are always tax-free and probate-free regardless of who is named.

203′. A corporation purchases a $750,000 life insurance policy on the life of its key shareholder, naming the corporation itself (the policyholder) as the recipient of the death benefit. Meanwhile, the shareholder owns a personal $500,000 policy on his own life naming his daughter as revocable beneficiary. If both the corporation and the shareholder face creditor claims while the shareholder is alive, which policy enjoys lifetime protection from seizure by the policyholder's creditors?

某公司以核心股东为被保险人购买了一份 $750,000 的寿险保单，并指定公司自己（即投保人）领取身故保险金。同时，该股东个人持有一份以自己为被保险人的 $500,000 保单，指定女儿为可撤销受益人。如果公司与股东在股东在世期间均面临债权人追讨，哪份保单在投保人在世期间享有免于债权人扣押的保护？

a. Both policies, because any life insurance policy with a named recipient is exempt from seizure during the insured's lifetime.
b. Only the shareholder's policy, since his daughter is a family-class beneficiary, while the corporation collects only as policyholder.
c. Only the corporate policy, because commercial insurance policies receive automatic statutory creditor immunity under the Insurance Act.
d. Neither policy, because lifetime exemption from seizure applies only when a beneficiary is designated irrevocably.

第 30 章 · 理赔与给付 伦理与职业实践

带 ′ 的是同一考点的变式题：主题题做错时再做它。

204. An insured with a $500,000 life insurance policy died two years ago. Upon receiving reliable notice of death from the insured's employer, the insurer recorded the death and stopped billing premiums, but did not reach out to the named beneficiary, who was unaware of the policy. Today, the beneficiary discovers the policy and submits the death certificate, proof of the insured's age, proof of the claimant's right to receive payment, and proof of the beneficiary's name and age. Under the exam rules and the BC Insurance Act, how do the notification rules and the two time clocks apply?

一位持有 $500,000 人寿保单的被保险人于两年前去世。保险人收到被保险人雇主发来的可靠死亡通知后，登记了死亡并停止收取保费，但未联系不知情的具名受益人。今天，受益人发现了保单，并提交了死亡证明、被保险人年龄证明、索赔人受领权证明以及受益人姓名与年龄证明。根据考试口径与 BC《Insurance Act》，通知规则与两套时钟如何适用?

a. The insurer breached its statutory duty by not notifying the beneficiary two years ago, and the 30-day payment clock expired 30 days after the date of death.

b. The insurer had no duty to notify her; with all four proofs now in, it must pay within 30 days, and any suit must start within the earlier of 2 years after proof or 6 years after death.

c. The claim is barred because notice and proof of a life insurance claim must always be submitted within 30 days and 90 days of death respectively.

d. Because filing a life insurance claim itself has no fixed statutory deadline, the beneficiary has an unlimited number of years to sue the insurer in court if payment is refused.

204′. Following the death of an insured under a $300,000 term life policy, the named beneficiary promptly submits a funeral director's statement of death and her own photo identification, but has not yet provided satisfactory proof of the insured's age or proof of her right as claimant. When does the insurer's 30-day statutory payment period begin, and what governs the deadline to sue the insurer?

一份 $300,000 定期寿险的被保险人身故后，具名受益人迅速提交了殡葬承办人出具的死亡声明及本人身份证件，但尚未提供令保险人满意的被保险人年龄证明及索赔人受领权证明。保险人的 30 天法定付款期何时起算？起诉保险人的期限受什么规则约束?

a. The 30-day payment period began on the date the funeral director's statement was submitted, because a death statement alone constitutes complete proof of claim.

b. The insurer must pay within 60 days of receiving the initial notice of claim, and the beneficiary has 6 years from the date of proof to start legal action.

c. Because the insurer has not yet received all four items of proof, it must immediately pay the $300,000 into court under section 82 within 15 days.

d. The section 73 clock starts only once all four elements of proof are received; any lawsuit is limited to the earlier of 2 years after proof or 6 years after death.

205. An insured with a $300,000 term life policy disappears while hiking alone. His spouse, the named beneficiary, asks her insurance agent how long a person must generally be missing before the family can petition a court for a presumption of death under standard exam rules, whether there are exceptions when a person disappears in a confirmed air disaster, and whether she should keep paying premiums in the meantime. What is the correct exam answer?

一位持有 $300,000 定期寿险的被保险人在独自登山时失踪。作为具名受益人的配偶询问保险代理人：按考试通则，一个人通常失踪多久家属才能向法院申请推定死亡？若在已确认的空难中失踪是否有例外？期间她是否应当继续缴纳保费？正确的考场答案是什么？

a. She must wait 7 years in all circumstances without exception, and she can safely stop paying premiums immediately because disappearance freezes the policy.
b. She must wait 2 years under the incontestability rule, and if the policy lapses, the court declaration of death automatically reinstates the policy retroactively.
c. Generally 7 years of absence, unless strong evidence such as an air crash allows an earlier ruling; she should keep paying premiums so the policy does not lapse.
d. She must wait 6 years under the limitation period, and the insurer is required to waive all premiums as soon as a missing-person police report is filed.

205′. A passenger insured under a $500,000 life insurance policy was on board a commercial flight that crashed into the ocean with no survivors, though his body was never recovered. Once a court issues an order declaring a presumption of death, how do the waiting period rule and the BC statutory limitation period under section 76(2) apply?

一位投保了 $500,000 人寿保险的乘客所乘商业航班坠海，无人生还，但其遗体一直未被找回。一旦法院作出推定死亡宣告命令，等待期规则与 BC《Insurance Act》s.76(2) 下的法定诉讼时效如何适用？

a. The crash evidence lets the court declare death without waiting the 7-year general period, and the limitation period runs 2 years from the court's declaration.
b. The family must still wait 7 years before petitioning the court because no body was recovered, and they have 6 years after the declaration to sue.
c. The insurer can refuse to accept the court order as proof of death until 7 years have elapsed from the crash date.
d. The court order automatically pays the $500,000 within 15 days, and there is no limitation period once a presumption of death is granted.

206. Upon the death of an insured with a $250,000 life policy, the insurer's head office records show his former spouse as the revocable beneficiary. Before any payment is made, the insured's current spouse presents a valid will signed recently that designates the current spouse as beneficiary of the policy, and both spouses hire lawyers to demand the $250,000. The insurer acknowledges that the $250,000 is payable. What is the appropriate course of action for the insurer and the agent?

一位持有 $250,000 寿险保单的被保险人身故后，保险人总部记录显示其前配偶为可撤销受益人。在付款前，被保险人的现任配偶拿出一份近期签署的有效遗嘱，其中将该保单受益人改为现任配偶，双方均聘请律师要求领取这 $250,000。保险人承认这 $250,000 应当赔付。保险人与代理人的恰当做法是什么？

a. The agent reports the conflicting claims to the insurer without taking sides, and the insurer may apply under section 82 to pay the $250,000 into court.
b. The insurer can apply to pay the money into court under section 82 in order to deny liability and cancel the $250,000 policy.
c. Because a beneficiary designation in a will is always invalid in BC, the agent should advise the current spouse to drop the claim immediately.
d. Even after receiving the will and the lawyer's demand at its head office, the insurer is required by section 77 to pay the former spouse and ignore the will.

206′. An insured changed the beneficiary of his $250,000 life insurance policy in a signed document kept in his desk drawer, shifting the benefit from his brother to his sister, but the document was never sent to the insurer. After the insured died, the brother submitted complete proof of claim and the insurer paid the $250,000 to the brother within 30 days before learning of the document in the drawer. Later, the sister sends the document to the insurer's head office and demands payment from the insurer. Under section 77 of the BC Insurance Act, what is the insurer's legal position?

被保险人在一份放在书桌抽屉里的签署文件中，将其 $250,000 寿险保单的受益人从弟弟改为妹妹，但该文件从未送达保险人。被保险人身故后，弟弟提交了完整的理赔证明，保险人在得知抽屉里的文件之前已于 30 天内将 $250,000 付给了弟弟。随后，妹妹将该文件寄到保险人总部并要求保险人向她付款。根据 BC《Insurance Act》s.77，保险人的法律立场是什么？

a. The insurer must pay a second $250,000 to the sister because the signed document took effect the moment the insured placed it in his drawer.
b. The insurer must apply for a declaration as to sufficiency of proof under section 78 to determine whether the brother's age was properly verified.
c. The insurer is discharged to the extent of the $250,000 paid, because it paid the brother per its records before head office received the document.
d. The insurer is penalized by the Insurance Council of BC for failing to search the insured's home desk before releasing the funds.

207. An insured and his wife, who is the sole named primary beneficiary on his $500,000 life insurance policy, die together in an accident where it is impossible to determine who died first. The policy contains no special survivorship clause and names no contingent beneficiary. Under both the exam general rule and section 83 of the BC Insurance Act, how is the $500,000 life insurance benefit distributed, and how does BC's five-day survival rule under WESA apply to the policy?

被保险人与其妻子（其 $500,000 寿险保单上唯一具名的主要受益人）在一场事故中一同丧生，无法查明谁先死亡。保单无特殊生存条款，也未指定或有受益人。根据考试口径通则与 BC《Insurance Act》s.83，这 $500,000 寿险保险金如何分配？BC《Wills, Estates and Succession Act》（WESA）下的五日生存规则对该保单如何适用？

a. The younger spouse is presumed to have survived the older spouse, so the $500,000 goes to the wife's estate if she was younger.
b. WESA's five-day survival rule governs the life insurance policy, splitting the $500,000 equally between the insured's estate and the wife's estate.
c. The insured is deemed to have died first, so the $500,000 passes to the wife's estate and becomes subject to her will.
d. The wife is deemed to have died first under section 83, so the $500,000 goes to the insured's estate; WESA's five-day rule does not apply to insurance money.

207′. A policyowner insured his own life for $300,000 and named his three adult children in equal shares as primary beneficiaries, with no contingent beneficiary and no special policy provision. One of the three children died two years before the policyowner. When the policyowner dies today, how is the $300,000 death benefit distributed under section 63 of the BC Insurance Act and the exam rules?

一位投保人以自己生命投保了 $300,000 寿险，指定三名成年子女按均等份额作为主要受益人，未指定或有受益人，保单亦无特别约定。其中一名子女在投保人去世前两年先去世。当投保人今天身故时，根据 BC《Insurance Act》s.63 与考试规则，这 $300,000 身故保险金如何分配？

a. The deceased child's one-third share passes into that deceased child's own estate, while the two surviving children each receive one-third.
b. The deceased child's share goes to the two surviving beneficiaries in equal shares, so the two surviving children divide the $300,000 equally.
c. The deceased child's one-third share reverts to the policyowner's estate, while the two surviving children still take only one-third each.
d. The entire $300,000 must be paid into court under section 82 because the death of a beneficiary invalidates the entire beneficiary designation.

208. An individual Accident and Sickness (A&S) policyowner suffers a disabling injury. Under the statutory conditions in BC, within how many days must the claimant give written notice of claim, within how many days must the insurer furnish forms for proof of claim, within how many days must the claimant submit proof of claim, and how does the payment deadline for an initial loss-of-time benefit in BC compare with the general exam rule?

一位个人意外与疾病险（A&S）保单持有人因意外受伤致残。在 BC 法定条件下，索赔人必须在多少天内发出书面理赔通知？保险人必须在多少天内提供理赔证明表格？索赔人必须在多少天内提交理赔证明？BC 对首笔误工给付的付款期限与考试口径通则相比有何不同？

a. Notice within 15 days, forms within 30 days, proof within 60 days; both the exam rule and BC law require all A&S benefits to be paid within 30 days.
b. Notice 30 days, forms 15 days, proof 90 days; the exam rule says 60 days to pay, but BC requires the first loss-of-time payment within 30 days.
c. Notice within 30 days, forms within 30 days, proof within 90 days; group A&S and individual A&S share the exact same mandatory 60-day statutory payment rule without exception.
d. There are no statutory deadlines for notice or proof in individual A&S, and the insurer is barred from requesting updated Attending Physician's Statements (APS) once the first payment is made.

208′. A claimant has been receiving ongoing disability income (loss of time) benefits under an individual A&S policy after receiving the first payment within 30 days. During the ongoing benefit period, the insurer requests an updated Attending Physician's Statement (APS) and a medical examination, and the claimant also asks her agent what the statutory payment deadline would be if she had instead been covered under an employer's group A&S contract. Which explanation is accurate?

一位索赔人在 30 天内收到首笔赔款后，正在按个人 A&S 保单领取持续的伤残收入（误工）给付。在持续给付期间，保险人要求提交更新的主治医生声明（APS）并接受医学检查；索赔人同时询问代理人，如果她受保的是雇主的团体 A&S 合同，法定付款时限会是多少。哪项解释是准确的？

a. Disability claims are paid and reviewed on an ongoing basis, so exams and updated APS forms may be required; group A&S payment timing follows the group contract.
b. Once the initial 30-day payment is made, the insurer loses the right to request any further APS forms for at least 2 years under the incontestability rule.
c. Group A&S policies are strictly bound by a statutory 15-day payment deadline under the BC Insurance Act.
d. A claimant under a non-death A&S claim has 6 years from the date she knew or ought to have known of the claim to sue the insurer.

209. An insured with a $500,000 life insurance policy is killed in a criminal assault committed by his brother. The brother had no intention of profiting from the policy and did not even know that he was named as one of the two equal primary beneficiaries on the policy. Under the public order rule on the exam, how must the insurer handle the claim?

一位持有 $500,000 人寿保单的被保险人在其弟弟实施的刑事袭击中身亡。弟弟作案时并无借保单获利的意图，甚至根本不知道自己被指定为该保单两名均等份额主要受益人之一。根据考试中的公共秩序规则，保险人应如何处理该理赔?

a. Refuse the brother's share, as one who criminally causes the death is barred whatever his motive or knowledge; the policy stays valid for the co-beneficiary.
b. The insurer must pay the brother his share because he did not know he was a beneficiary and therefore did not commit insurance fraud.
c. The entire $500,000 policy is automatically voided from inception, so the innocent co-beneficiary and the estate receive nothing at all.
d. Because the policy had been in force for more than 2 years, the incontestability period forces the insurer to pay the brother his full share.

209′. An insured bought a $300,000 life insurance policy 3 years ago. The policy later lapsed for non-payment after the 30-day grace period and was formally reinstated within the past year. Today, within 2 years of reinstatement, the insured dies by suicide. While reviewing the claim, the beneficiary's lawyer also asks how the 2-year incontestability rule treats two kinds of application errors in general: an innocent mistake about family history, and a deliberate concealment of a serious condition. Under the BC Insurance Act, how do the suicide clause and the 2-year incontestability rule apply?

被保险人于 3 年前购买了保额 $300,000 的人寿保险。后来保单在 30 天宽限期后因欠费失效，并在过去一年内正式复效。今天（复效后未满 2 年），被保险人自杀身亡。审核理赔时，受益人的律师还问到 2 年不可抗辩期一般如何对待两类投保申请错误：关于家族病史的无心疏漏，以及对重大病情的故意隐瞒。根据 BC《Insurance Act》，自杀条款与 2 年不可抗辩期规则如何适用?

a. Suicide clauses are unenforceable under BC law, and once 2 years have passed the insurer cannot contest either an innocent mistake or fraud.
b. The 2-year suicide exclusion period never resets upon reinstatement, so suicide within 2 years after reinstatement must be paid.
c. After 2 years from initial issue, an innocent non-disclosure makes a contract voidable, whereas deliberate fraud becomes protected by section 52.
d. Suicide within 2 years of reinstatement is excluded, as the clause runs from issue or reinstatement; after 2 years, s.52 protects innocent errors but never fraud.

210. An insured in BC dies leaving a $250,000 life insurance policy naming his young minor nephew (under age 18) as beneficiary without appointing a trustee for the funds, and another $250,000 policy naming his 18-year-old daughter as beneficiary. How does the general exam rule describe the payment of insurance proceeds to a minor when no trustee is appointed, and how does section 88 of the BC Insurance Act specifically handle the payments to the minor nephew and the 18-year-old daughter?

BC 的一位被保险人身故，留下一份保额 $250,000 的寿险保单指定其未满 18 岁的年幼侄子为受益人（未为该笔款项指定受托人），以及另一份保额 $250,000 的保单指定其年满 18 岁的女儿为受益人。当未指定受托人时，考试口径通则如何描述向未成年人支付保险金？BC《Insurance Act》s.88 又如何具体处理向年幼侄子与 18 岁女儿的给付？

a. In both cases, the insurer automatically pays each $250,000 directly to the child's surviving parent, with no trust and no distinction by age.
b. Neither beneficiary can give a valid discharge at age 18 in BC, so both $250,000 payments must be forfeited to the insurer.
c. Exam: some provinces require payment into court. BC s.88: the nephew's share goes in trust to the Public Guardian and Trustee; the daughter, 18, is paid directly.
d. Both the minor nephew and the 18-year-old daughter are disqualified as beneficiaries, because minors cannot be named on life insurance policies at all.

210′. An individual holds two contracts: a regular life insurance policy and a locked-in retirement plan funded from a pension plan. On both contracts, he designated his adult brother as beneficiary, even though he has a qualifying spouse who has not waived her statutory entitlement. When the individual dies, who has priority to receive the death benefits from the two contracts?

某人持有两份合同：一份普通人寿保险保单和一份来源于养老金计划的锁定退休资金计划。在这两份合同上，他均指定其成年弟弟为受益人，尽管他有一位未放弃法定权利的合资格配偶。当该人身故时，谁有权优先受领这两份合同的身故给付？

a. The qualifying spouse automatically overrides the named beneficiary on both the regular life insurance policy and the pension-derived plan.
b. The brother takes the regular life policy as named beneficiary, but on the pension-derived plan the qualifying spouse has statutory priority.
c. The adult brother receives the payouts from both contracts in a lump-sum check because a beneficiary designation always overrides pension legislation.
d. Both contracts must be paid to the Public Guardian and Trustee under section 88 because a brother is not a spouse.

第 31 章 · 保护客户的机构 伦理与职业实践

带 ′ 的是同一考点的变式题：主题题做错时再做它。

211. Marcus, a life insurance agent in Kelowna, discovers that a competitor has been persuading clients to replace their policies using fabricated illustrations. Meanwhile, one of Marcus's clients asks which regulator verifies that federally registered life insurers maintain enough capital to pay future claims. Which pair of bodies is responsible for investigating the competitor's misconduct and monitoring the federal insurer's financial soundness?

基洛纳的寿险代理人 Marcus 发现一名同行使用伪造的保单演示说服客户替换保单。与此同时，Marcus 的一位客户询问是哪个监管机构负责核实联邦注册的寿险公司维持足够资本以支付未来理赔。负责调查该同行不当行为以及监控联邦保险公司财务稳健性的机构组合分别是哪两个?

a. The Insurance Council of BC handles the agent's misconduct; OSFI monitors the insurer's financial soundness.
b. OSFI investigates both the agent's misconduct and the federal insurer's financial soundness.
c. BCFSA disciplines the individual agent, and Assuris audits the federal insurer's capital reserves.
d. OLHI revokes the competitor's licence, and the CCIR audits the federal insurer's solvency.

211′. A federally registered life insurance company operating in Vancouver faces questions about its capital adequacy, while one of its local commissioned agents is accused of forging a client's signature on an application. How is regulatory jurisdiction divided between federal and provincial authorities in this situation?

一家在温哥华经营的联邦注册寿险公司面临关于其资本充足率的疑问，而其一名本地佣金代理人被指控在投保单上伪造客户签名。在此情形下，联邦与省级主管机构之间的监管管辖权是如何划分的?

a. OSFI handles both the insurer's capital adequacy and the disciplinary hearing to revoke the agent's provincial licence.
b. The Insurance Council of British Columbia evaluates the federal insurer's capital reserves, while BCFSA revokes the agent's licence.
c. OSFI oversees the insurer's financial soundness, while the Insurance Council of BC handles the disciplinary case against the agent.
d. CISRO oversees the federal insurer's capital adequacy, while OLHI imposes a fine on the agent for forgery.

212. An agent in Burnaby offers to refund part of his first-year commission to a prospective client if the client agrees to purchase a universal life policy, and also tells the client that a mortgage renewal depends on buying the policy. Under British Columbia law, which statute contains the specific provisions prohibiting premium rebating, prohibiting tied selling, and governing the licensing and penalties of insurance agents?

本拿比的一名代理人向潜在客户提出，如果客户同意购买一份万能寿险保单，他将退还部分首年佣金，同时告诉客户其按揭续期取决于是否购买该保单。根据 BC 省法律，哪部成文法包含了禁止保费回佣、禁止强制搭售以及规范保险代理人持牌与罚则的具体条文?

a. The Insurance Act of British Columbia, which contains a dedicated chapter governing insurance agents and market conduct offences.
b. The Financial Institutions Act of British Columbia, which sets out rules on rebating, tied selling, licensing of agents, and offences.
c. The federal Insurance Companies Act, which regulates provincial agent commission rebates and licensing across all common-law provinces.
d. The Personal Information Protection Act of British Columbia, which governs unfair trade practices and agent licensing requirements.

212′. A newly licensed advisor in Surrey is reviewing the statutory rules in British Columbia that govern insurance contracts versus the rules that govern the licensing and conduct of insurance agents. Which statement accurately reflects how British Columbia legislation divides these topics?

素里的一名新持牌顾问正在复习 BC 省规范保险合同的成文法规则与规范保险代理人持牌及行为的成文法规则。下列哪项陈述准确反映了 BC 省立法是如何划分这些主题的?

a. The Insurance Act has no specific chapter on agents; statutory provisions governing agents, rebating, and tied selling are in the Financial Institutions Act.
b. The Financial Institutions Act governs beneficiary designations and incontestability, while the Insurance Act governs agent licensing and rebating.
c. Both contract law rules and agent licensing rules are consolidated solely within the British Columbia Insurance Act.
d. Contract rules are governed by the provincial Insurance Act, whereas agent licensing and rebating rules are governed by the federal PCMLTFA.

213. Elena holds a permanent life insurance policy with a $500,000 death benefit and a $60,000 cash value. If her insurer becomes insolvent, what is the role of the liquidator first, and based on the LLQP exam manual table (TABLE 4.1), what minimum death benefit protection does Assuris provide if benefits must be reduced?

Elena 持有一份死亡给付为 $500,000、现金价值为 $60,000 的永久寿险保单。如果她的保险公司资不抵债，清算人首先扮演什么角色？如果必须削减给付，根据 LLQP 考试口径表格（TABLE 4.1），Assuris 提供的最低死亡给付保护是多少？

a. The liquidator immediately cancels all policies and pays cash; Assuris protects $200,000 of the death benefit because the lower threshold applies.
b. The liquidator first tries to transfer the policies; if benefits are cut, the exam table protects $425,000 of the death benefit.
c. The liquidator transfers the policy only if Elena paid an Assuris membership fee; otherwise Assuris protects only $75,000 of the death benefit.
d. The liquidator merges the insurer with OSFI; Assuris pays Elena both the $200,000 floor plus 85% ($425,000) of the death benefit combined.

213′. David owns policies with a life and health insurer that becomes insolvent, and the liquidator cannot transfer the policies without reducing benefits. According to the LLQP exam manual table (TABLE 4.1), what are the base dollar thresholds (before comparing with the 85% proportional protection) for monthly income, health expense, and cash value benefits under Assuris?

David 持有保单所在的人寿与健康险公司资不抵债，且清算人无法在不削减给付的情况下转移保单。根据 LLQP 考试口径表格（TABLE 4.1），在 Assuris 下，月收入、健康费用和现金价值三项利益（在与 85% 比例保护比较之前）的保底金额门槛分别是多少？

a. $2,000/month for monthly income, $100,000 for health expense, and $200,000 for cash value, or 85% of promised benefits, whichever is lower.
b. $5,000/month for monthly income, $250,000 for health expense, and $100,000 for cash value, with policyowners required to apply within 90 days.
c. $2,000/month for monthly income, $60,000 for health expense, and $60,000 for cash value, only if the policyowner paid an extra Assuris premium.
d. $2,000/month for monthly income, $60,000 for health expense, and $60,000 for cash value (or 85% of promised benefits, whichever is higher), covered automatically.

214. To pay the initial deposit on an annuity contract, a client brings $9,000 in cash to his life insurance agent on Tuesday afternoon and brings another $9,000 in cash for the same contract on Wednesday morning, within a single 24-hour window. The client's explanation for using $18,000 in cash is consistent with his business, and there are no grounds to suspect money laundering. What are the reporting obligation and submission deadline under FINTRAC rules?

为了支付一份年金合同的首期存款，一位客户在周二下午向其寿险代理人交了 $9,000 现金，又在周三上午（同一个连续 24 小时窗口内）为同一份合同交了 $9,000 现金。客户对使用这 $18,000 现金的解释与其业务相符，没有任何怀疑洗钱的理由。根据 FINTRAC 规则，报告义务和提交时限分别是什么？

a. No report is required because neither individual $9,000 cash payment reached the $10,000 single-transaction threshold.
b. A Large Cash Transaction Report (LCTR) must be submitted within 24 hours of receiving the second cash payment.
c. A Large Cash Transaction Report (LCTR) is triggered under the 24-hour rule and must be submitted within 15 calendar days.
d. A Suspicious Transaction Report (STR) must be submitted within 5 business days solely because the $18,000 cash was split into two payments.

214′. During a meeting with a prospective client in Kamloops, a life insurance agent gathers facts that give rise to reasonable grounds to suspect that the proposed universal life transaction is linked to the laundering of illicit proceeds, even though the initial cheque is under the $10,000 threshold at $9,000. Under FINTRAC rules, what report is required and when must it be submitted?

在与坎卢普斯的一位潜在客户会面期间，一名寿险代理人收集到的事实使其有合理理由怀疑拟议的万能寿险交易与洗钱犯罪所得有关，尽管首期支票金额为 $9,000（低于 $10,000 门槛）。根据 FINTRAC 规则，需要提交什么报告以及必须在何时提交？

a. No report is required because the transaction is under $10,000 and is paid by cheque rather than cash.
b. A Suspicious Transaction Report (STR), sent as soon as practicable once reasonable grounds to suspect are established.
c. A Suspicious Transaction Report (STR) must be submitted within 15 calendar days of the client meeting.
d. An Electronic Funds Transfer Report (EFTR) must be submitted within 24 hours to the Insurance Council of British Columbia.

215. After a dispute over the conversion privilege on his term life policy, a client in Nanaimo receives a final position letter from the insurer's internal complaints department rejecting his request. He wants an independent review of the contract dispute, and he also wants the agent who sold him the policy disciplined for failing to disclose a conflict of interest. Which bodies handle these two requests?

在就定期寿险保单的转换权发生争议后，纳奈莫的一位客户收到了保险公司内部投诉部门拒绝其请求的最终立场信（final position letter）。他希望对合同争议进行独立审查，同时还希望对该保单的销售代理人未披露利益冲突的行为进行纪律处分。哪两个机构分别处理这两项诉求？

a. OLHI reviews the contract dispute now that he holds a final position letter, and the Insurance Council of BC handles the discipline.

b. OLHI adjudicates both the contract dispute and the suspension of the agent's licence because it is the national ombudservice.

c. The Insurance Council of British Columbia orders the insurer to honour the conversion privilege and also fines the agent.

d. The Financial Consumer Agency of Canada (FCAC) mediates the policy conversion dispute, while CISRO revokes the agent's licence.

215′. A policyholder in Prince George is unhappy with how her disability claim is being handled by her insurer's claims examiner. Without contacting the insurer's internal complaints department, she immediately calls the OmbudService for Life and Health Insurance (OLHI) and demands that OLHI fine the insurer and award her damages. Why will OLHI not proceed with her demand?

乔治王子城的一位保单持有人对其保险公司理赔审核员处理其伤残索赔的方式感到不满。在未联系保险公司内部投诉部门的情况下，她立即致电人寿健康险监察服务（OLHI），要求 OLHI 对该保险公司处以罚款并判给她赔偿金。为什么 OLHI 不会按她的要求推进？

a. OLHI only accepts complaints that are referred to it by OSFI, the federal solvency regulator.

b. OLHI only handles property and casualty insurance disputes, whereas life and health disputes go to PACICC.

c. She must first finish the insurer's internal process and get a final position letter, and OLHI has no power to fine anyone.

d. OLHI can impose statutory fines on the insurer, but only after a 120-day waiting period set by the Insurance Act.

216. An independent life insurance agency operates exclusively within British Columbia, collecting and storing personal information from local residents for life insurance applications. However, the agency recently started transferring commercial client data across provincial borders to an affiliate in Ontario. How do privacy laws apply to the agency's activities?

一家独立寿险代理机构仅在 BC 省内经营，向本地居民收集并存储用于人寿保险投保的个人信息。然而，该代理机构最近开始将商业客户数据跨省传输给位于安大略省的一家关联公司。隐私法如何适用于该代理机构的活动?

a. Only the federal PIPEDA applies to all of the agency's activities because British Columbia has not enacted private-sector privacy legislation.
b. Only British Columbia's FOIPPA applies to the agency, enforced by the Insurance Council of British Columbia.
c. Neither PIPEDA nor PIPA applies because federal Bill C-36 has already repealed both statutes for insurance intermediaries.
d. PIPA generally governs its activities within BC, while PIPEDA may apply to commercial personal information sent across provincial borders.

216′. A life insurance advisor practising only in Coquitlam asks her compliance officer why the office privacy manual cites BC's Personal Information Protection Act (PIPA) rather than relying solely on federal PIPEDA. Which explanation is accurate?

一名仅在高贵林执业的寿险顾问询问其合规官，为什么他们办公室的隐私手册引用的是 BC 省的《个人信息保护法》（PIPA），而不是只引用联邦的《个人信息保护及电子文件法》（PIPEDA）。哪项解释是准确的?

a. BC has its own private-sector privacy law, PIPA, deemed substantially similar to PIPEDA, so activity within BC generally falls under PIPA.
b. PIPEDA applies only to banks and telecommunications companies, and never applies to any insurance transactions anywhere in Canada.
c. PIPA is a federal statute administered by FINTRAC specifically for life insurance agents across Canada.
d. PIPEDA was repealed in 2019, at the same time that BCFSA replaced FICOM in British Columbia.

217. An experienced life insurance agent in Abbotsford lets his errors and omissions (E&O) insurance lapse and fails to notify the regulator within 5 business days, and also falsely declares on his annual licence renewal that he completed the required continuing education (CE) credits. Under the rules of the Insurance Council of British Columbia, what are the minimum E&O limits, the annual CE requirement, and the consequence of these breaches?

阿伯茨福德的一名资深寿险代理人让其职业责任（E&O）保险断保且未在 5 个营业日内通报监管机构，并且在年度牌照续期时虚假申报自己已完成规定的继续教育（CE）学时。根据 BC 保险理事会（Insurance Council of British Columbia）的规则，E&O 最低保额、年度 CE 学时要求以及这些违规行为的后果分别是什么？

a. Minimum E&O of $500,000 per claim, 24 CE credits per year, and automatic compensation paid by Assuris to affected clients.

b. Minimum E&O of $2,000,000 per claim, 5 CE credits per year, and a disciplinary fine imposed by OLHI.

c. Minimum E&O of $1,000,000 per claim and $2,000,000 aggregate, 15 CE credits per licence year, and Council discipline.

d. Minimum E&O of $1,000,000 aggregate, 15 CE credits every two years, and licence revocation by OSFI.

217′. A life insurance agent in Victoria is retiring from the industry and asks about her errors and omissions (E&O) insurance and continuing education (CE) record-keeping obligations under the Insurance Council of British Columbia rules. Which statement accurately describes her obligations and coverage?

维多利亚的一名寿险代理人即将从行业退休，她询问根据 BC 保险理事会（Insurance Council of British Columbia）规则，自己在职业责任（E&O）保险和继续教育（CE）记录留存方面的义务。下列哪项陈述准确描述了她的义务与保障？

a. E&O insurance covers both negligent errors and intentional fraud, and CE records only need to be kept until the June 1 renewal date.

b. Run-off E&O covers claims from acts while she was licensed, and active licensees must keep CE records for 5 licence periods.

c. Once she retires before July 31, Assuris automatically assumes her E&O liability for past sales advice.

d. She must maintain $1,000,000 per claim E&O through CISRO, which audits BC agents' CE records every two years.

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带 ′ 的是同一考点的变式题：主题题做错时再做它。

218. Tariq, a life insurance agent, sets up a non-exempt universal life insurance policy for a new individual client, Mei. Mei will pay an annual premium of $2,000, and the policy is expected to remain in force for at least 15 years. Mei offers to show her personal credit card and a signed personal cheque to verify her identity, arguing that her first payment is well below $10,000. How must Tariq proceed under FINTRAC client identification rules?

寿险代理人 Tariq 为新个人客户 Mei 办理一份非豁免万能寿险保单。Mei 每年交保费 $2,000，保单预计至少存续 15 年。Mei 提出出示个人信用卡和一张签好字的个人支票来核实身份，并认为自己首期交费远低于 $10,000。根据 FINTRAC 客户身份核实规则，Tariq 必须如何处理?

a. He must verify her identity within 30 days of creating the information record, using an approved method such as government photo ID.

b. He can wait until the fifth policy anniversary when Mei's cumulative premium payments actually reach $10,000 before verifying her identity.

c. He can accept Mei's personal credit card and signed cheque right away because inspecting two financial instruments in person satisfies the dual-process method.

d. He does not need to verify Mei's identity at all, but he must verify the beneficiary's identity on the day the policy application is signed.

218′. Nadia is purchasing a non-registered annuity from agent Victor with quarterly deposits of $2,000 over a 3-year schedule. When Victor asks for identification, Nadia presents a municipal recreation pass with her photo and says verification is unnecessary anyway since each deposit is only $2,000. What is Victor's obligation?

Nadia 正通过代理人 Victor 购买一份非注册年金，按计划每季度存入 $2,000，为期 3 年。当 Victor 要求核验身份时，Nadia 出示了一张带照片的市政府康乐中心通行证，并表示每次存款只有 $2,000，根本不需要核验。Victor 的法定义务是什么?

a. Accept the municipal photo pass because any government level, including a city, can issue qualifying photo identification.

b. Skip identity verification because non-registered annuities are treated the same as TFSA and RRSP contracts under FINTRAC rules.

c. Reject the municipal pass and use an approved method within 30 days of creating the record, since total deposits will exceed $10,000.

d. Accept a photocopy of a 3-year credit file that Nadia printed at home last month as single-source credit verification.

219. Chloe recommends that her client, Sam, cancel an existing whole life policy to purchase a new universal life policy with higher coverage. Sam agrees with the idea but tells Chloe he is leaving for the airport in 20 minutes for a vacation and asks to sign a blank form now without going over the written comparison or the Life Insurance Replacement Declaration (LIRD). What must Chloe do?

Chloe 建议客户 Sam 退保现有的终身寿险，改买一份保额更高的新万能寿险。Sam 同意这个想法，但告诉 Chloe 自己 20 分钟后就要去机场度假，要求现在直接签空白表格，省掉书面比较说明和《人寿保险替换声明》（LIRD）的逐条讨论。Chloe 必须怎么做?

a. Have Sam sign the application now and email him a general explanation letter after he returns from vacation instead of completing the LIRD.
b. Complete the LIRD and written comparison, go through risks, cash value and tax effects with Sam, and leave copies with him and the insurer.
c. Skip the LIRD because Sam is upgrading his coverage amount rather than reducing his death benefit.
d. Omit the discussion of inherent risks and tax consequences so Sam does not change his mind before his flight.

219′. Agent Owen suggests that his long-time client, Paula, surrender the cash value of her existing life insurance policy at Company X to fund a new policy at the same insurer, Company X. Because the transaction stays within the same insurance company and Paula trusts him completely, Owen wonders if he still needs to prepare a Life Insurance Replacement Declaration (LIRD) and written comparison. What is the rule?

代理人 Owen 建议老客户 Paula 退保她在 X 保险公司现有保单的现金价值，用来购买同一家 X 保险公司的新保单。由于交易留在同一家保险公司内部，且 Paula 完全信任他，Owen 想知道是否仍需准备《人寿保险替换声明》（LIRD）与书面比较说明。规则是什么?

a. No LIRD is required when the existing policy and the new policy are issued by the same insurance company.
b. No written comparison is required because Paula is a long-time client who already gave verbal consent.
c. Owen only needs to disclose the commission he will earn under CLHIA Guideline G19 instead of completing a LIRD.
d. Both are still required for a same-insurer replacement, and Owen must go through them with Paula and give her copies.

220. Agent Liam meets a young couple who say they want a 20-year term life policy. Without conducting a fact-finding interview, documenting a needs analysis, or preparing a written explanation of his recommendation, Liam immediately submits the application for the 20-year term policy, which happens to fit their budget and mortgage. When the policy is issued two weeks later, Liam arrives to deliver it and learns that the husband was hospitalized yesterday for a serious cardiac condition. Which statement accurately describes Liam's compliance status?

代理人 Liam 见到一对年轻夫妇，对方表示想买一份 20 年期定期寿险。Liam 没有进行事实调查、没有记录需求分析，也没有准备推荐理由的书面说明，就直接递交了 20 年期定期寿险申请，而该产品碰巧符合他们的预算和房贷需求。两周后保单签发，Liam 上门交付合同，得知丈夫昨天因严重心脏疾病住院。下列哪项陈述准确描述了 Liam 的合规状况?

a. Liam complied with suitability rules because the 20-year term policy objectively matched their mortgage, and he can still deliver the policy since underwriting was already approved.

b. Liam satisfied suitability rules by following the couple's request, and he only needs to note the hospitalization in his complaint log after handing over the policy.

c. He already breached needs-based selling by skipping fact-finding and records, and must now hold the policy and send the new health facts to the insurer.

d. Liam can cure both issues by having his E&O insurer guarantee the husband's cardiac claim at the time of delivery.

220′. Sonia, a life insurance agent, follows the industry best-practice sequence when meeting a new client. After making initial disclosures and learning the client's expectations, she wants to jump straight to recommending a product and writing a reason-why letter without gathering all facts or assessing needs. What happens if she skips those middle steps?

寿险代理人 Sonia 在见新客户时遵循行业最佳实践顺序。在完成初步披露并了解客户期望后，她想跳过收集全部事实和需求评估，直接推荐产品并写一份理由信。如果她跳过中间这两步，后果是什么?

a. It breaches needs-based sales practice, even if the product she picks turns out to suit the client.

b. Skipping fact-finding is acceptable as long as the reason-why letter serves as proof that the insurer has completed underwriting.

c. The Ethics module requires using the exact title 'Reason-Why Letter' on the form, which automatically waives the fact-finding step.

d. She only needs to complete fact-finding if the policy premium exceeds $10,000 over its duration.

221. Brendan, a life insurance agent in BC, lets his Errors and Omissions (E&O) insurance policy lapse on May 1. He assumes that because the automatic licence suspension rule mentions 30 calendar days, he has a 30-day grace period to keep selling policies without E&O coverage and without telling the Insurance Council of BC. In addition, a former client sues him for forging a signature on a beneficiary change form last year. Which statement correctly applies the rules to Brendan's situation?

BC 省寿险代理人 Brendan 的过失与遗漏保险（E&O）于 5 月 1 日失保。他以为既然自动停牌规则写的是 30 个日历日，自己就有 30 天宽限期可以继续无保销售保单，且无需告知 Insurance Council of BC。此外，一位前客户起诉他去年在受益人变更表上伪造签名。下列哪项陈述正确适用了相关规则?

a. Brendan can rely on the 30-day period as an uninsured practice grace period, and his prior E&O policy will pay damages for the forged signature up to $1,000,000 per claim.
b. Brendan only needs to notify the Council if his E&O lapse lasts longer than 30 calendar days, though forgery is excluded from E&O coverage.
c. Brendan's E&O policy covers intentional forgery up to the $2,000,000 aggregate limit, provided he purchases run-off insurance within 5 business days.
d. The 30 days are not a grace period: he must notify the Council within 5 business days, carry $1,000,000/$2,000,000 limits, and E&O excludes forgery.

221′. After 25 years as a licensed life insurance agent in BC, Farah is retiring next month and surrendering her licence. She kept continuous E&O coverage of $1,000,000 per claim and $2,000,000 aggregate while active, and she never committed fraud or forgery. However, she worries a client might file a negligence claim two years after her retirement regarding advice she gave last year. What should Farah arrange before retiring?

在 BC 省持牌执业 25 年后，寿险代理人 Farah 下个月即将退休并交还牌照。她在执业期间一直维持每次索赔 $1,000,000、累计 $2,000,000 的不中断 E&O 覆盖，且从未实施欺诈或伪造。但她担心退休两年后，会有客户就她去年给出的建议提出过失索赔。Farah 在退休前应当安排什么?

a. She needs no further protection because the Insurance Council of BC automatically pays negligence claims made against retired agents.
b. She should arrange run-off insurance to extend E&O protection for claims arising after retirement from her prior years of practice.
c. She should destroy all client files and needs-analysis records on her retirement day so no evidence exists for future disputes.
d. She can rely on the 30-calendar-day automatic suspension window to cover claims for the next two years.

222. In a standard national LLQP exam question based on the general exam rules, an agent offers to give a prospective client a portion of the first-year commission back in cash just to persuade the client to sign a policy the client does not really need. Meanwhile, the agent also wants to share a portion of his commission with a colleague. How is the cash inducement classified under the national exam rules, and when is commission sharing allowed?

在一道基于全国通用考试口径的标准 LLQP 考题中，一名代理人为了说服潜在客户签下一份客户并不真正需要的保单，提出把首年佣金的一部分以现金返还给客户。同时，该代理人还想把一部分佣金分给一位同事。在全国考试口径下，这种现金返还诱导如何定性？分佣又在什么条件下才被允许？

a. Rebating to induce an unsuitable purchase is an unfair practice, and commissions may be shared only with a properly licensed agent, with disclosure.
b. Premium rebating of any percentage is unconditionally legal across Canada under CLHIA Guideline G19, and commissions can be split directly with unlicensed friends.
c. Sharing commissions with an unlicensed person is allowed if the unlicensed person conducts the needs analysis and explains the policy terms.
d. The agent can promise future renewal-year rebates to lock in the sale without checking suitability or insurer contract rules.

222′. Derek holds only a general insurance licence in BC and is not licensed for life insurance. He refers a client to Maya, a licensed life insurance agent, without discussing insurance needs or product features with the client. Maya wants to pay Derek a referral fee. Under BC rules discussed in the lecture, under what condition can Maya pay this referral compensation?

Derek 在 BC 省只持有财产与意外险（普通保险）牌照，未持有寿险牌照。他把一位客户介绍给持牌寿险代理人 Maya，期间从未与客户讨论保险需求或产品优劣。Maya 想向 Derek 支付一笔转介报酬。根据讲义所述的 BC 规则，Maya 在什么条件下可以支付这笔转介报酬？

a. Maya can split her life insurance commission with Derek without disclosure because any insurance licence counts as being licensed for life insurance.
b. Maya cannot pay any referral fee to Derek unless CLHIA Guideline G19 is cited in the client's policy contract.
c. She can pay it, since Derek did no insurance activity such as discussing needs, if the fee is disclosed in writing before the transaction.
d. Derek is allowed to complete the client's needs analysis and LIRD form as long as his contract with Maya calls the payment a 'referral fee.'

223. Agent Kevin convinces his client, Elena, to cancel her 3-year-old $150,000 term life policy with Insurer Alpha and buy a new policy with Insurer Beta so Kevin can earn a high first-year commission. While persuading her, Kevin hides the surrender costs and new contestability period, and he also posts on social media that Insurer Alpha is 'slow to pay claims and mistreats every policyholder.' Which two unfair or deceptive practices has Kevin committed?

代理人 Kevin 为了赚取高额首年佣金，说服客户 Elena 退掉她在 Alpha 保险公司买了 3 年的 $150,000 定期寿险，改买 Beta 保险公司的新保单。在劝说过程中，Kevin 隐瞒了退保代价和重新计算的可抗辩期，还在社交媒体上公开发文称 Alpha 保险公司「理赔慢、虐待每一位保单持有人」。Kevin 犯下了哪两项不公平或欺诈行为?

a. Churning and fronting.

b. Twisting and defamation.

c. Tied selling and trafficking in insurance.

d. Churning and holding out improperly.

223′. Agent Valerie repeatedly persuades her existing clients at Insurer Gamma to replace their perfectly suitable Gamma policies with brand-new Gamma policies every two years, solely so Valerie can collect fresh first-year commissions and qualify for a company bonus. What specific prohibited practice is Valerie committing?

代理人 Valerie 反复说服她在 Gamma 保险公司的现有客户每两年就把原本完全合适的 Gamma 保单换成全新的 Gamma 保单，目的仅仅是为了让 Valerie 自己收取新的首年佣金并拿到公司奖金。Valerie 实施的是哪一项具体被禁止的行为?

a. Churning, because she induces needless replacements within the same insurer to earn new commissions.

b. Twisting, because any policy replacement motivated by commission is called twisting regardless of the insurer.

c. Fronting, because she is submitting multiple applications under her own licence.

d. Tied selling, because she links her bonus to the new policies.

224. When filing her annual licence renewal declaration with the Insurance Council of BC, agent Serena checks the box confirming that she has completed all required Continuing Education (CE) credits for the licensing period, even though she is actually short by 2 credits. Two months later, a Council audit uncovers the shortfall. Based on the real Insurance Council of BC disciplinary decisions in the lecture, what consequence can Serena face under the Financial Institutions Act and Council Rules?

在向 Insurance Council of BC 提交年度续牌申报时，代理人 Serena 勾选确认自己已完成该牌照周期所需的全部继续教育（CE）学分，但实际上她还差 2 个学分。两个月后，Council 稽核发现了这一缺口。根据讲义中的 Insurance Council of BC 真实纪律决定，在《Financial Institutions Act》与 Council Rules 下，Serena 会面临什么后果?

a. No fine or course can be imposed because a CE shortfall of 2 credits is a minor administrative oversight rather than criminal forgery.
b. Her E&O insurance carrier will pay the fine and complete the missing credits on her behalf.
c. A $500 fine, required courses, making up the 2 missing credits, and no new licence application accepted until she complies.
d. The Council can discipline her immediately without giving her written notice or an opportunity to be heard under the Financial Institutions Act.

224′. Agent Patrick forgets to renew his E&O insurance and fails to notify the Insurance Council of BC within 5 business days of the lapse. Based on the real disciplinary decision involving Sahar Rezaei in the lecture, which combination of disciplinary orders can the Council impose on Patrick under the Financial Institutions Act?

代理人 Patrick 忘记续保 E&O 保险，且未在失保后 5 个营业日内通知 Insurance Council of BC。根据讲义中涉及 Sahar Rezaei 的真实纪律决定，Council 依据《Financial Institutions Act》可以对 Patrick 作出哪项组合处分?

a. A $500 fine, $950 in costs, two required courses, and automatic suspension with renewal limits if he misses the deadline.
b. Only a verbal reminder, because the 5-business-day notification rule is merely a voluntary guideline with no financial penalty.
c. Automatic permanent criminal conviction under the Criminal Code, because E&O lapses are treated the same as forgery.
d. No penalty at all, as long as no client filed a claim during the days he lacked E&O coverage.

答案与逐项解析

第 1 章答案与解析

1 答案 a

a. ✓ 正确。六类身故财务冲击经常同时出现：Marcus 身故除了造成收入损失（loss of income）外，作为唯一在家照顾幼童的家长还会产生照护者损失（loss of caregiver，须付费雇人照顾孩子），外加房贷的债务清偿（debt repayment）以及为子女预留确定教育基金的遗产创造（estate creation），需求分析必须逐项核对并加总。

b. ✗ 掉入“范畴遗漏（只算工资漏算照护）”陷阱。单亲家长既是唯一收入来源，也是唯一在家照顾幼童的成年人，身故会同时触发收入损失与照护者损失（loss of caregiver），还漏掉了教育金对应的遗产创造。

c. ✗ 掉入“范畴遗漏与债务规则误解”陷阱。遗产执行人必须先完成债务清偿（debt repayment）才能分配遗产，贷款人绝不会因借款人身故而自动免除房贷，且漏掉了照护者损失。

d. ✗ 掉入“概念混淆”陷阱。Marcus 是受雇物流经理而非企业主或合格农渔业合伙人，不涉及企业冲击（business impacts）与终身资本利得豁免（LCGE）。

1′ 答案 c

a. ✗ 掉入“范畴遗漏（只算工资漏算照护）”陷阱。把没有工资收入误判为没有经济价值，忽略了全职照护者身故带来的高额劳务替代支出。

b. ✗ 掉入“概念混淆”陷阱。受雇药剂师的工作合同不属于资本财产或企业股权，不会在配偶身故时触发企业冲击（business impacts）或视同处置。

c. ✓ 正确。Sam 作为无工资收入的全职照护者身故，直接触发照护者损失（loss of caregiver），Elena 必须额外花钱请人照顾幼女与失能亲属，同时家庭仍需面对房贷等债务清偿（debt repayment）压力。

d. ✗ 掉入“范畴混淆”陷阱。身故的是无薪照护方 Sam 而非收入方 Elena，核心缺口是照护者损失（loss of caregiver）而非收入损失。

2 答案 b

a. ✗ 掉入“机制混淆”陷阱。健康生活方式不能消除死亡本身，不属于风险规避（risk avoidance）；储蓄自担小额开支是自留而非降低；买保险是转移而非自留。

b. ✓ 正确。死亡风险因“活着即暴露”而不可规避（risk avoidance 不适用），但戒烟与职业安全能推迟死亡时点、降低早逝概率，属于风险降低（risk reduction）；用自有流动资产承担可承受的小额损失属于风险自留（risk retention）；把超出家庭承受能力的 $600,000 巨额缺口转嫁给保险公司属于风险转移（risk transfer）。

c. ✗ 掉入“机制混淆”陷阱。风险规避（risk avoidance）指干脆不参与产生风险的活动，对死亡风险完全不适用，不能把减轻或转移财务后果叫做规避死亡风险。

d. ✗ 掉入“机制混淆（只凭死亡风险四字排除自留或降低）”陷阱。考试口径明确允许策略组合：降低措施配合、可承受部分自留、超出承受能力的缺口用保险转移。

2′ 答案 d

a. ✗ 掉入“机制混淆”陷阱。财富多寡无法改变死亡必然发生的事实，风险规避（risk avoidance）不适用于死亡风险。

b. ✗ 掉入“概念混淆”陷阱。风险转移（risk transfer）是通过保费把损失分摊给多数投保人（risk sharing），动用自己的存款没有转嫁给第三方。

c. ✗ 掉入“机制混淆”陷阱。风险降低（risk reduction）是降低事故发生概率或严重度的预防措施，准备现金并不降低死亡率。

d. ✓ 正确。虽然多数家庭面对身故巨额损失无力自留，但考试口径指出不能仅凭“死亡风险”四字排除风险自留（risk retention）；当客户已有充足流动资产、损失完全在可承受范围内时，自留是合理选项。

3 答案 c

a. ✗ 掉入“概念混淆（无遗产税等于无身故税）”陷阱。1972年税改虽然取消了联邦遗产税，但同时引入了身故时的资本财产视同处置（deemed disposition）计税机制。

b. ✗ 掉入“概念混淆”陷阱。加拿大联邦和各省（包括 BC 省）均没有遗产税或继承税，身故税负来自所得税法下的视同处置与注册账户收入并入。

c. ✓ 正确。加拿大虽无遗产税（estate tax），但身故当天触发视同处置（deemed disposition）：度假屋按身故前公允市值 $920,000 视同出售，增值的 $800,000 按适用计入率计算应税资本利得；且因受益人是无递延资格的成年女儿（非配偶或合格受扶养人），RRIF 余额全额按边际税率（marginal tax rate）并入最后一年应税收入。

d. ✗ 掉入“概念混淆”陷阱。资本财产的自动递延仅适用于符合条件的配偶、配偶信托及部分农渔业传承，普通度假屋和未指定合格受益人的 RRIF 传给成年子女不能递延。

3′ 答案 a

a. ✓ 正确。身故触发视同处置（deemed disposition），未注册投资组合按公允市值 $750,000 视同出售，由于继承人是成年侄子（无配偶递延适用），$550,000 资本利得按适用计入率并入 Evelyn 最后一年报税表按边际税率（marginal tax rate）计税。

b. ✗ 掉入“概念混淆（无遗产税等于无身故税）”陷阱。没有遗产税不代表没有视同处置引起的资本利得税。

c. ✗ 掉入“概念混淆”陷阱。终身资本利得豁免（LCGE）仅适用于合格小型企业股份与合格农渔业财产，公开市场股票投资组合不适用。

d. ✗ 掉入“概念混淆”陷阱。配偶递延（spousal rollover）仅限于符合条件的配偶或配偶信托，成年侄子不享有递延。

4 答案 b

a. ✗ 掉入“概念混淆”陷阱。合格小型企业股份在身故视同处置时若满足条件可以使用终身资本利得豁免（LCGE），且超出部分按资本利得计税而非雇佣收入。

b. ✓ 正确。本题考考试口径答案（注：考试口径 2022 年 LCGE 为 $913,630，而 2026 年现行上限已升至 $1,275,000）。无论按考试口径 $913,630 还是现行 $1,275,000，终身资本利得豁免（LCGE）都只能抵消部分资本利得，面对 $2,400,000 的股份增值，超出豁免额的部分在身故视同处置（deemed disposition）时仍须缴税，且必须在遗产分配前付清。

c. ✗ 掉入“样题术语与实务税法混淆”陷阱。把升值企业股份留给成年子女并不享受配偶递延，身故当期即触发视同处置税单。

d. ✗ 掉入“概念混淆”陷阱。CPP 一次性身故给付（CPP death benefit）是政府发放给遗产或遗属的给付，不会从公司留存收益中扣除。

4′ 答案 a

a. ✓ 正确。本题考终身资本利得豁免（LCGE）的适用范围（注：考试口径 2022 年额度为 $913,630，2026 现行上限为 $1,275,000）。讲义明确指出，LCGE 仅覆盖合格小型企业股份与合格农渔业财产（含符合条件的家族农渔业合伙权益），普通商业合伙不能据此推定适用，因此身故视同处置（deemed disposition）时无法用 LCGE 免税。

b. ✗ 掉入“概念捏造”陷阱。终身资本利得豁免（LCGE）没有65岁身故年龄上限限制。

c. ✗ 掉入“概念混淆”陷阱。加拿大1972年已取消联邦遗产税，合伙权益同样适用资本财产的视同处置（deemed disposition）规则。

d. ✗ 掉入“概念混淆”陷阱。CPP 遗属给付（CPP survivor's pension）是发给合资格配偶或同居伴侣的月度给付，兄弟兼合伙人无权领取。

5 答案 d

a. ✗ 掉入“双口径盲套”陷阱。表内数字是最高额（上限），丈夫仅低薪供款8年，绝不能在需求分析中不经核定就统一代入最高值。

b. ✗ 掉入“年龄档位错配”陷阱。Hannah 只有58岁（未满65岁），不适用65岁及以上的上限档位，且同样不能直接套用最高额。

c. ✗ 掉入“概念混淆”陷阱。CPP 适用于包括 BC 省在内的魁北克以外省份，需求分析的第一层正是先算政府给付能赔多少。

d. ✓ 正确。本题考考试口径答案与核定原则（注：65岁以下 CPP 遗属月给付上限在考试口径 2022 年为 $674.79，2026 现行最高额为 $803.54；一次性身故给付考试口径为 $2,500，2025 年起符合附加条件最高 $5,000）。考场识别表格上限，但需求分析（needs analysis）必须核实供款资格与预计核定额，不得把最高额统一代入。

5′ 答案 a

a. ✓ 正确。本题考考试口径与现行规则对照（注：65岁及以上 CPP 遗属月给付考试口径上限为 $752.15，2026 现行上限为 $904.59；一次性身故给付考试口径旧额为 $2,500，2025 年起符合附加条件最高 $5,000）。65岁及以上遗属若同时领取本人 CPP 退休金，两者合并另有上限；且附加 $2,500 须核实是否未领退休/伤残金等附加条件（Walter 妻子已67岁，不能盲目假设拿满 $5,000）。

b. ✗ 掉入“概念捏造”陷阱。65岁及以上遗属有专门的遗属月给付档位，并非取消资格。

c. ✗ 掉入“双口径盲套”陷阱。忽略了65岁及以上同时领取本人退休金与遗属给付时的合并上限机制，以及 $5,000 附加额的资格限制。

d. ✗ 掉入“档位错配”陷阱。遗属给付的65岁分界线看的是遗属 Walter 本人的年龄（67岁），而非套用65岁以下档位。

6 答案 a

a. ✓ 正确。对照 BC 家庭一生的寿险需求曲线：组建家庭与购房期（客户 X）收入损失（loss of income）、照护者损失（loss of caregiver）与房贷债务清偿（debt repayment）三项最急迫的冲击叠加达峰；进入退休期（客户 Y），收入损失下降，但慈善遗赠对应的遗产创造（estate creation）及未传承企业股权对应的企业冲击（business impacts）与视同处置（deemed disposition）税负成为主诉求。

b. ✗ 掉入“阶段颠倒”陷阱。把年轻育儿背房贷家庭与退休企业主的核心风险完全颠倒了。

c. ✗ 掉入“范畴遗漏（把六类冲击当成整体单一判断）”陷阱。案例 C 强调，不能因为收入损失与房贷消失，就假设其余五类冲击（特别是遗产创造与股权视同处置税负）也自动消失。

d. ✗ 掉入“概念混淆”陷阱。死亡风险敞口不是固定量，它随单身、成家、事业峰值、退休等人生阶段动态变化。

6′ 答案 b

a. ✗ 掉入“人物与阶段张冠李戴”陷阱。育儿与房贷属于刚成家的 Kevin，团体险到期转换属于退休的 Patricia。

b. ✓ 正确。按全生命周期需求曲线，退休阶段的 Patricia 面临团体寿险随退休终止、须在有限窗口期内决定是否行使转换权（对应 ch06/ch12）；而组建家庭与购房阶段的 Kevin 同时面临收入损失（loss of income）、照护者损失（loss of caregiver）与房贷债务清偿（debt repayment）的急剧上升（对应 ch02/ch10）。

c. ✗ 掉入“死亡率曲线误解”陷阱。按龄死亡概率（probability of death）在年轻时较低但绝非为零，64岁加速上升但也远非100%。

d. ✗ 掉入“性质与流程倒置”陷阱。人寿保险不是投资工具，且任何保额建议都必须先经过需求分析（needs analysis）。

7 答案 c

a. ✗ 掉入“死亡率曲线方向颠倒”陷阱。从青壮年到中年再到老年，按龄死亡概率（probability of death）随年龄呈非线性加速上升，而非下降。

b. ✗ 掉入“机制混淆”陷阱。只要活着就暴露在死亡风险下，风险规避（risk avoidance）在任何年龄都不适用于死亡风险。

c. ✓ 正确。虽然年轻阶段按龄死亡概率（probability of death）很低，但一旦发生，年轻家庭面临的收入损失（loss of income）与照护者损失（loss of caregiver）严重度（severity）极高，超出自留能力；且死亡率曲线随年龄非线性加速上升，恰恰应在年轻、死亡概率最低即保费最低时通过风险转移（risk transfer）锁定保障。

d. ✗ 掉入“概念混淆”陷阱。CISRO 能力组件 c1（评估客户需求与处境，占35%权重）适用于所有年龄段客户的需求评估，与65岁无关。

7′ 答案 a

a. ✓ 正确。CISRO 能力组件（CISRO competency component）c1 占 35% 权重，其中第一章负责建立死亡风险、六类财务冲击与风险管理四招的定性框架，确认哪些风险需要转移（risk transfer）；而具体用收入替代法（income replacement approach）或资本需求法（capital needs approach）算出保额的大头集中在第十章的需求分析（needs analysis）。

b. ✗ 掉入“权重分配误解”陷阱。35% 是整个 c1 组件（第1章+第10章）的权重，且出题重点在第10章的需求分析计算，更不需要死背整张生命表。

c. ✗ 掉入“性质与流程倒置”陷阱。实务流程必须先做事实发现面谈与需求分析（ch10）算出缺口，最后才挑产品写推荐（ch11），绝不能先推产品。

d. ✗ 掉入“概念混淆”陷阱。团体险转换在第6章和第12章，且加拿大没有省级继承税。

第 2 章答案与解析

8 答案 a

a. ✓ 正确。行使转换权（convertibility）不是退旧买新，而是原合同权利的延续：不仅免交可保性证明（proof of insurability），而且不可抗辩期（incontestability period）与自杀除外条款（suicide exclusion clause）的两年时钟均沿用原定期险合同的签发日期起算，满五年后早已届满。

b. ✗ 误触「误认转换会重置两年时钟」陷阱。不可抗辩期与自杀除外条款的起算时间同步沿用原定期险签发日，只要保额与合同属正常转换，自杀除外期不会在转换日重新起算两年。

c. ✗ 误触「误认转换会重置两年时钟」陷阱，把转换权（convertibility）当成了「退保后重新投保」。若重新起算两年时钟，就剥夺了可转换定期险的核心合同权利。

d. ✗ 违反转换权免核保原则。转换权的核心就是无需提交任何新的可保性证明（proof of insurability）即可延续原签发日起算的两年时钟。

8′ 答案 c

a. ✗ 误触「误认转换会重置两年时钟」陷阱。即使原定期险还在两年窗口内，转换后也不会把已经走过的一年清零重算。

b. ✗ 误解时钟延续规则。转换沿用原定期险签发日计算两年期限，原保单刚满一年，剩余的一年会带入新合同继续计算，而非直接豁免。

c. ✓ 正确。行使转换权（convertibility）后，不可抗辩期（incontestability period）与自杀除外条款（suicide exclusion clause）沿用原定期险签发日起算；原定期险已过一年，剩余的一年带入永久险继续计算。

d. ✗ 误触「误认转换会重置两年时钟」陷阱。不可抗辩期与自杀除外条款均沿用原合同签发日，不会单独重置不可抗辩期。

9 答案 b

a. ✗ 把现龄转换（attained-age conversion）的机制安在了原龄转换上。按转换当时年龄计费且无需一次性补缴差额的是保单 X（现龄转换）。

b. ✓ 正确。原龄转换（original-age conversion / retroactive conversion）按最初投保定期险时的年龄计算转换后的永久险保费，但投保人须按合同一次性补缴过去五年的保费差额（或应累积现金价值）及可能利息；考试口径下现龄转换为市场默认设计，实务中须把前期溢价、一次性补款与未来保费合并比较。

c. ✗ 误触「盲信原龄转换必然更划算」陷阱。原龄可转换定期险在投保之初的定期险保费本就比现龄可转换定期险更贵，再加上转换时可观的一次性补缴款，总成本未必更低。

d. ✗ 混淆了转换定价算法与核保要求。无论现龄转换还是原龄转换，只要在合同约定的转换窗口内行使转换权，均无需提供新的可保性证明（proof of insurability）。

9′ 答案 d

a. ✗ 违反转换权免核保原则。现龄转换（attained-age conversion）与原龄转换一样免交可保性证明（proof of insurability）。

b. ✗ 虚构规则。原龄转换（original-age conversion）只是让转换后的持续永久险保费按最初投保时的较低年龄计算，并不会免除后续保费。

c. ✗ 违反定期寿险的基本特征。定期寿险（term life insurance）不累积任何现金价值（cash value），现龄转换本身也不存在追溯补缴差额。

d. ✓ 正确。原龄转换（original-age conversion）让保险公司承担了未来按更年轻年龄费率提供终身保障的风险，因此初始定期险保费高于现龄转换（attained-age conversion），且转换时须一次性补缴保费或现金价值差额及可能利息。

10 答案 c

a. ✗ 误触「混淆续保权与转换权」陷阱。转换权（convertibility）与续保权（renewability）各自有独立的年龄上限，Arthur 已满 69 岁，超过了合同规定的 65 岁转换上限，不能再免核保转成永久险。

b. ✗ 误触「混淆续保权与转换权」陷阱。续保权与转换权是两项彼此独立的合同权利，错过 65 岁转换窗口不影响他在 85 岁前继续行使续保权。

c. ✓ 正确。考试口径下转换与续保年龄上限按题干合同数字作答（实务中须查具体保单条款）；Arthur 虽已超过 65 岁转换权（convertibility）上限，但仍在 85 岁续保权（renewability）上限内，可免核保按 69 岁当时的年龄费率续保定期险。

d. ✗ 误解续保费率规则。行使续保权（renewability）免核保，但保费必须按续保时的年龄（69 岁）重新计算，不能沿用十年前的旧费率。

10′ 答案 a

a. ✓ 正确。一份定期险可以只有转换权（convertibility）而没有续保权（renewability）；Beatrice 年满 60 岁，仍在合同 65 岁转换窗口内，可在定期险期满前免交可保性证明（proof of insurability）转换为永久险。

b. ✗ 误触「混淆续保权与转换权」陷阱。续保权与转换权相互独立，不可续保不等于不可转换。

c. ✗ 误触「混淆续保权与转换权」陷阱。65 岁是她的转换权（convertibility）上限，而该合同明确为不可续保（non-renewable），不能期满续保定期险。

d. ✗ 违反转换权免核保原则。在转换窗口期内行使转换权与当前健康状况无关，保险公司不得要求任何新的可保性证明。

11 答案 d

a. ✗ 误以为行使转换权像新投保一样要先核实检查结果。转换权（convertibility）的核保豁免与她当前的体检异常或待查安排无关，不需要等检查结果出来。

b. ✗ 违反转换权免核保原则。行使转换权是原合同权利的延续，保险公司不得要求新的可保性证明（proof of insurability），也不得因转换时的健康变化新增除外责任。

c. ✗ 混淆了期满续保时间点与转换窗口。只要在合同规定的转换年龄上限（65 岁）及期限内，随时可行使转换权，且无需体检结果良性这一前提。

d. ✓ 正确。转换权（convertibility）的核心价值就是免交可保性证明（proof of insurability）；只要 Nadia 在 65 岁转换窗口期内提出转换，无论体检是否异常、是否正在等待进一步检查，保险公司都必须按合同办理永久险转换。

11′ 答案 b

a. ✗ 混淆了新投保时的重大事实（material fact）告知义务与转换权行使。转换不是重新投保，无需提交新的健康告知或可保性证明，且原保单已满五年，早已过两年不可抗辩期。

b. ✓ 正确。转换权（convertibility）是在保单签发时就已写入合同的确定权利，只要在转换窗口期内行使，保险公司不得要求任何新的可保性证明（proof of insurability），与待查症状或专科检查结果无关。

c. ✗ 违反转换权条款。保险公司无权因被保险人正在接受医学检查而推迟或搁置窗口期内的有效转换申请。

d. ✗ 误触「误认转换会重置两年时钟」陷阱。转换后的永久险沿用五年前原定期险的签发日期，不会重新起算两年不可抗辩期（incontestability period）。

12 答案 a

a. ✓ 正确。个人递减定期寿险（decreasing term）虽然身故给付（death benefit）随时间下降，但保费在合同期内通常保持固定不变（定价时已将整段期限的平均风险算入固定保费），且投保人（policyholder）可自主指定受益人并具备可携带性；考试口径将贷款人按揭险定性为赔付给贷款人且不可携带的团体递减定期险。

b. ✗ 误触「误认递减定期险保费随保额递减」陷阱。递减定期险下降的是保额（death benefit），保费在合同期内通常保持恒定，不会随保额同步递减。

c. ✗ 混淆了贷款人按揭寿险与个人平额定期险（level term）。贷款机构的按揭寿险通常只按剩余贷款余额赔付，且受益人固定为贷款人（lender），不会向配偶支付超出贷款余额的差额。

d. ✗ 混淆了贷款机构按揭寿险与个人定期寿险。贷款机构的按揭寿险绑定该笔贷款，受益人固定为贷款机构且不可自由携带或改名子女为受益人。

12′ 答案 b

a. ✗ 违反定期寿险无现金价值（cash value）的基本原理。递减定期险不会累积任何现金价值。

b. ✓ 正确。在常规递减定期寿险（decreasing term）设计中，下降的是身故给付（death benefit），而保险公司在定价时已把整段期限内平均的风险敞口折算进固定保费，因此合同期内保费保持不变。

c. ✗ 混淆了递减定期险与递增定期险（increasing term）/附加险（rider）。保费不变是递减定期险本身的标准定价结构。

d. ✗ 误触「误认递减定期险保费随保额递减」陷阱。递减定期险的保费在整个合同期内通常保持固定，不存在满 10 年后才开始下降的规则。

13 答案 c

a. ✗ 误解婚姻状态对保单效力的影响。联合首身故（joint first-to-die）保单以两人生命为承保标的，离婚不会自动终止保单。

b. ✗ 误触「混淆被保险人身份与投保人控制权」陷阱。联合首身故是指两人同为被保险人（life insured）且任一人先身故即赔一次，并不代表两名被保险人自动共同拥有投保人（policyholder）的变更权。

c. ✓ 正确。保单权利归属取决于投保人（policyholder）身份（并受不可撤销受益人、质押或家庭法院命令限制），与婚姻关系变化是两条独立的线；丈夫仅是被保险人（life insured）而非投保人，对该保单没有受益人变更权。

d. ✗ 误解联合首身故（joint first-to-die）的赔付结构及控制权。联合首身故只约定一份保额、任一人先身故即赔一次（这正是其保费低于两张个人单的原因），并非各自独立拥有一半保单变更权。

13′ 答案 a

a. ✓ 正确。联合首身故（joint first-to-die）共保一份保额，任一被保险人（life insured）先身故即赔付一次；保险公司只承担「赔一次」的风险敞口，这是共保结构本身省下的风险成本，而非单纯促销打折。

b. ✗ 混淆了联合首身故（joint first-to-die）与联合末身故（joint last-to-die）。最后一人身故才赔付的是常用于覆盖递延身故税负的联合末身故保单。

c. ✗ 虚构限制。联合首身故保费较低的底层原因是只赔付一次身故给付（death benefit），而非一律禁止续保或转换条款。

d. ✗ 曲解「首身故」含义。联合首身故（joint first-to-die）在任一被保险人于期限内最先身故时即触发理赔，无需两人同时身故。

14 答案 b

a. ✗ 把平额（level）与递减（decreasing）的适用场景彻底颠倒。按揭余额逐年下降适合用递减定期险省保费，而抚养期收入替代或遗产规划等不随时间递减的需求适合用平额定期险。

b. ✓ 正确。平额定期险（level term）保额始终不变，适合子女抚养费等恒定需求；递增定期险（increasing term）用于覆盖随通胀或收入增长扩大的缺口，但考试口径与加拿大市场实务中独立递增定期险较少见，通常改用附加险（rider）或分批追加平额保单来实现。

c. ✗ 与加拿大市场事实相反。平额定期险（level term）才是最常见的形态，独立递增定期险（increasing term）在加拿大市场并不常见，且保额递增不会伴随保费递减。

d. ✗ 违背定期寿险的基本定位。定期寿险（term life insurance）的核心就是覆盖一段已知或可估算的时间窗口（考试常见档位含 1/5/10/20 年，现行市场还可按年定制），无需为临时窗口强制购买终身寿险。

14′ 答案 d

a. ✗ 本末倒置，误把「就近取整、宁多勿少」当成需求分析规范，导致客户可能为多余年限白交保费。

b. ✗ 颠倒了实务流程顺序。未先量出风险持续的时间窗口，就无法判断定期险期限长短及后续转换需求。

c. ✗ 误把行业惯例当成法律规定。定期险期限档位不是法律规定的，而是用来匹配客户实际风险持续期的工具。

d. ✓ 正确。定期寿险（term life insurance）承保的是一段被截断的死亡风险，代理人在需求分析阶段的第一步是先量出风险持续的已知或可估算时间窗口（如剩余按揭年限、子女独立前年数），再去匹配固定档位或按年定制期限（考试口径按题干给定档位作答，实务中先量具体负债年限）。

第 3 章答案与解析

15 答案 a

a. ✓ 正确。分红保单（participating policy, par）持有人享有写进合同的盈余分配参与权，但每年分不分、分多少，完全由保险公司董事会自行裁定（at the sole discretion of the Board of Directors），属于非保证利益。

b. ✗ 掉入「混淆合同参与权与分红金额」陷阱。将写进合同的参与权误等同于每年必发红利或保证最低分红率（dividend scale interest rate），事实上红利在极端情况下甚至可能阶段性归零。

c. ✗ 掉入「亏损分摊误解」陷阱。无论分红（par）还是不分红（non-par）保单，持有人都不承担保司亏损，已经写进合同的保证保额和保证现金价值表绝不会因公司经营不善而缩水。

d. ✗ 掉入「股东分红混淆」陷阱。保单红利（policy dividend）源于分红账户精算盈余分配，与公司股东分红（corporate shareholder dividend）在法律性质和税务处理上完全不同。

15′ 答案 c

a. ✗ 掉入「保费抵消演示当成合同承诺」陷阱。保单演示件（illustration）中的非保证栏（non-guaranteed column）仅是基于当年分红率假设的预测，不构成合同保证承诺。

b. ✗ 掉入「保证与非保证混同」陷阱。保证现金退保价值表（guaranteed CSV table）在签发时已固定写进合同，保司无义务因非保证红利下调而上调保证现金价值。

c. ✓ 正确。分红保单（participating policy）的红利金额属于董事会年度自由裁量且并不保证，非保证演示未兑现不自动等于违约，同时合同写明的保证保额与保证现金价值丝毫不受影响。

d. ✗ 掉入「虚构退费权利」陷阱。红利表（dividend scale）随死亡率、费用和投资经验变动而调整是分红险的正常机制，投保人只能按现金退保价值（CSV）退保，无权要求全额退还历史保费。

16 答案 b

a. ✗ 掉入「红利选项机制混淆」陷阱。抵扣保费（premium reduction / offset）只是用当年红利冲抵下一期应缴保费，完全不会增加保单的身故保额。

b. ✓ 正确。购买增额已缴清保险（paid-up additions, PUA）将当年宣布的红利作为趸缴保费，买下一小笔已缴清永久险，永久增加总保额与未来现金价值，且完全免核保（无需提供可保性证明）；按考试口径陈述，超过 90% 的分红保单采用此选项（注：该比例属考试口径历史陈述，实务中无公开统计佐证）。

c. ✗ 掉入「把 PUA 当成需核保的附加险」与「利率误用」双重陷阱。累积生息（accumulate at interest）只是把红利留在保司账户按另定的存款利率计息，随时可提取，既不适用分红率，也不会变成永久保险。

d. ✗ 掉入「把 PUA 当成需核保的附加险」陷阱。单独购买附加险（rider）或新保单使用的是投保人额外支付的资金且通常需要核保，而 PUA 直接用红利免核保购入已缴清永久险。

16′ 答案 a

a. ✓ 正确。购买增额已缴清保险（paid-up additions, PUA）用当年红利当趸缴保费买小额免核保已缴清永久险；考试口径明确断言超过 90% 的分红保单采用 PUA（注：考场按此考试口径陈述作答，实务柜台中该数字无公开行业统计出处，不可当作现行统计向客户宣称）。

b. ✗ 掉入「机制混淆」陷阱。累积生息（accumulate at interest）是将红利留在保司账户按存款利率计息，不会购买已缴清永久保额。

c. ✗ 掉入「机制混淆」陷阱。抵扣保费（premium reduction）用红利冲抵应缴保费，不会增加永久保额和对应的 PUA 现金价值。

d. ✗ 掉入「把不丧失利益当红利选项」陷阱。展期定期保险（extended term insurance）是停缴保费时的不丧失利益（non-forfeiture benefit）选项，不是年度红利分配方式。

17 答案 c

a. ✗ 掉入「贷款不扣身故金」陷阱。保单贷款（policy loan）是保司提供、以保单价值支持的借款，如果未还清，贷款本金和累计利息会同时从退保价值和身故给付中扣除。

b. ✗ 掉入「身故金叠加现金价值」陷阱。传统终身寿险身故时赔付的是保额（扣除未还贷款本息），现金退保价值（CSV）是生前退保请求权，身故时不会在原保额之外重复发放 CSV。

c. ✓ 正确。保单贷款（policy loan）本息若未还清，在被保险人身故时会从身故给付中一并扣除：$300,000 − ($50,000 + $6,500) = $243,500（注：考试口径常以 CSV 的 90% 即 $72,000 为借款上限示例，实务中具体上限及贷款利率按所持合同条款核定）。

d. ✗ 掉入「漏算贷款利息」陷阱。保单准备金不是为客户单独保管的免息存款，保单贷款按现行利率计息，未偿还的本金与累计利息（$56,500）必须同时从身故给付中扣除。

17′ 答案 b

a. ✗ 掉入「全额借款与不扣欠款」陷阱。考试口径常见借款上限为 CSV 的 90%（即 $54,000 而非 100% 的 $60,000），且退保时必须扣除未还清的贷款本息 $42,000。

b. ✓ 正确。按考试口径常见上限 CSV 的 90% 计算，当前最高可借 $60,000 × 90% = $54,000；一年后退保时，未还清的贷款本息（$42,000）直接从当时的现金退保价值（$63,000）中扣除，净得 $63,000 − $42,000 = $21,000（注：考试口径以 90% 为常见上限，实务中具体上限须查所持合同）。

c. ✗ 掉入「用保额减贷款算退保金」陷阱。$250,000 − $42,000 = $208,000 是身故时的赔付计算方式，生前退保只能从现金退保价值（CSV $63,000）中扣除贷款本息。

d. ✗ 掉入「按保额算贷款上限」陷阱。保单贷款上限是基于现金退保价值（CSV）的 90%（$54,000），绝不是身故保额（$250,000）的 90%（$225,000）。

18 答案 d

a. ✗ 掉入「APL 与缴清选项混淆」陷阱。自动垫缴保费（automatic premium loan, APL）是忘缴保费时用 CSV 贷款垫付保费以防失效的临时手段，会产生贷款利息且未解决停止缴费的诉求。

b. ✗ 掉入「减额缴清与展期定期张冠李戴」陷阱。减额已缴清保险（reduced paid-up insurance）虽然终身不再缴费，但保额会大幅缩水，无法满足 Arthur 保住原保额 $350,000 的要求。

c. ✗ 掉入「退保清零」陷阱。直接提取现金退保价值（CSV）会导致保单彻底终止，身故保障立即归零。

d. ✓ 正确。展期定期保险（extended term insurance）使用现有的现金退保价值（CSV）作为趸缴保费，按原始保额（$350,000）购买一段有限期限的定期寿险，期限长短取决于 CSV 金额与被保险人当时的年龄，且不再缴费、不计贷款利息。

18′ 答案 a

a. ✓ 正确。减额已缴清保险（reduced paid-up insurance）用现有现金退保价值（CSV）当趸缴保费，买一份保额缩水但保障终身的已缴清永久险，从此不再缴纳任何保费。

b. ✗ 掉入「减额缴清与展期定期张冠李戴」陷阱。展期定期保险（extended term insurance）保住的是原保额但保障期限有限，到期后保障归零，无法满足她保障终身用于善后费用的目标。

c. ✗ 掉入「流程顺序错位」陷阱。自动垫缴保费（APL）会持续计息消耗 CSV，等贷款本息达到 CSV 上限（常见为 90%–100%）后再过规定期限，保单就会终止，不能提供永久免缴保障。

d. ✗ 掉入「虚构转换规则」陷阱。T-100 是需要持续缴费至 100 岁的平准保费产品，不是终身寿险的不丧失利益（non-forfeiture benefit）缴清选项。

19 答案 b

a. ✗ 掉入「保费抵消演示当成合同承诺」陷阱。保费抵消（premium offset / vanishing premium）从来不是合同保证的固定年限，而是基于某一年分红率假设的非保证演示。

b. ✓ 正确。保费抵消（premium offset）建立在非保证的分红假设之上，当分红率下行时，累积红利与 PUA 现金价值不足以按原计划冲抵保费，抵消所需年数会自动顺延；这也正是监管要求演示件（illustration）与年度对账单必须并列展示保证栏与非保证栏的原因。

c. ✗ 掉入「混淆保费抵消与限期缴」陷阱。只有写进合同的 15 年限期缴（15-pay）才会在第 15 年自动成为已缴清（paid-up）保单；终身缴保单做保费抵消演示不会自动变成已缴清合同。

d. ✗ 掉入「锁定历史分红率误解」陷阱。红利表（dividend scale）由董事会每年根据实际死亡率、费用和投资经验重新裁定，投保人无权要求锁定签单当年的分红率。

19′ 答案 a

a. ✓ 正确。1970–80 年代消失保费丑闻后，监管与行业自律要求保单演示件（illustration）必须同时展示保证栏（guaranteed）与非保证栏（non-guaranteed），且客户必须签字确认已理解非保证部分不是承诺。

b. ✗ 掉入「只报喜不报忧」陷阱。任何时候都不能只展示看起来很美的乐观非保证预测，必须并列展示保证栏与非保证栏。

c. ✗ 掉入「保费抵消演示当成合同承诺」陷阱。保费抵消（premium offset）取决于未来非保证分红表现，严禁在演示中把它说成合同写明的固定停缴年限。

d. ✗ 掉入「指标误用」陷阱。分红率（dividend scale interest rate）只是各保司内部精算参数，不是保证回报，也不能直接用来横向判定不同公司的实际现金价值高低。

20 答案 c

a. ✗ 掉入「定期险保终身」陷阱。定期险（term insurance）各续保期保费会大幅跳涨且到一定年龄（如 65–80 岁）到期终止，无法覆盖身故时必定发生的遗产税与终身慈善捐赠承诺。

b. ✗ 掉入「限期缴分红险低保费误解」陷阱。限期缴（20-pay）叠加参与分红（par）和现金价值积累，其单期保费在同类产品中是最高的，不符合 Gordon 放弃生前现金价值以换取最低固定保费的诉求。

c. ✓ 正确。T-100 采用平准保险成本（level cost of insurance, LCOI）定价，保费固定缴至 100 岁封顶并覆盖终身，因通常不建立可退保现金价值（CSV）和不丧失利益而使保费低于终身寿险，最适合覆盖资本利得税或确定金额慈善捐赠这类不需要生前提现弹性的终身需求。

d. ✗ 掉入「T-100 满期才赔误解」陷阱。T-100 按身故先到还是 100 岁先到定价，只要按时缴费即覆盖终身，任何年龄身故均赔付保额。

20′ 答案 b

a. ✗ 掉入「把 T-100 当 YRT」陷阱。T-100 采用平准保险成本（level cost of insurance）定价，保费从签发起固定不变直到 100 岁交清，不会逐年上涨。

b. ✓ 正确。T-100 是刻意不做储蓄功能的永久险，早期多收的保费仅用于支撑终身平准费率，不对投保人开放现金退保价值（CSV）、保单贷款（policy loan）或减额已缴清等不丧失利益选项。

c. ✗ 掉入「把 T-100 当定期续保」陷阱。T-100 属于永久险类别，不到期、不需要续保核保。

d. ✗ 掉入「案例场景绝对化」陷阱。慈善捐赠和资本利得税覆盖只是 T-100 的典型用途，其受益人指定并不限于慈善机构。

21 答案 c

a. ✗ 掉入「T-100 失效套用终身寿险缓冲」陷阱。虽然 T-100 内部存在精算准备金以维持平准保费，但对投保人不开放现金退保价值（CSV），因此无法触发自动垫缴保费（APL）。

b. ✗ 掉入「T-100 失效套用终身寿险缓冲」陷阱。没有现金退保价值（CSV），就不可能凭空购买减额已缴清保险（reduced paid-up insurance）或展期定期保险。

c. ✓ 正确。按考试口径，通常无现金退保价值（CSV）的 T-100 无法靠 APL 垫缴或转为缴清保障，超过宽限期即失效归零，部分合同可在约 2 年内申请复效（注：考试口径仅笼统提及部分合同约 2 年内可重新激活，而现行 BC《保险法》s.57 规定普通个人寿险宽限期满失效后再有 30 天生存补缴复效期及 2 年附条件法定复效权）。

d. ✗ 掉入「虚构保费退还」陷阱。T-100 没有不丧失利益（non-forfeiture benefit）和现金退保价值，失效后保司不退还过往已缴保费。

21′ 答案 a

a. ✓ 正确。传统终身寿险的不丧失利益（non-forfeiture benefits）和自动垫缴保费（APL）全部以可动用的现金退保价值（CSV）为资金来源；T-100 通常不建立 CSV，因此宽限期满未缴费即失效（注：考试口径强调 T-100 无 CSV 保底直接终止，BC 实务中普通个人寿险仍须核查《保险法》s.57 的法定复效权）。

b. ✗ 掉入「产品分类混淆」陷阱。监管与行业将 T-100 归入永久险（permanent insurance）类别，因为它不到期且无需续保核保，它缺的是 CSV 而非永久险身份。

c. ✗ 掉入「宽限期缺失误解」陷阱。普通个人寿险（无论终身寿险还是 T-100）漏缴非首期保费时均有不计到期日的 30 天宽限期（工业保险为 28 天）。

d. ✗ 掉入「法定权利放弃误解」陷阱。投保 T-100 放弃的是现金退保价值（CSV）与不丧失利益这层储蓄弹性，并未放弃法定复效权。

第 4 章答案与解析

22 答案 a

a. ✓ 万能寿险（universal life insurance）存续的底线是累积账户（accumulating fund）价值必须始终盖得住每月扣除的保险成本（COI）与管理费。长期只缴最低缴费（minimally funded）、大额或部分提取账户价值、以及指数账户出现负回报，会同时触发「账户不增长」与「净风险保额（NAAR）居高不下导致扣费不降」，加速耗尽账户价值并引发失效风险。

b. ✗ 属于范围误判陷阱：免税测试（exemption test）限制的是超额多存钱，而非提取资金；部分提取（partial withdrawal）威胁保单存续是因为削弱了账户价值和良性循环，而非违反免税测试。

c. ✗ 同时犯了两处错误：一是只有日息账户（DIA）和保证投资账户（GIA）保底通常为 0%，指数或基金联动账户可能发生亏损；二是万能寿险没有 6% 的按期系数（modal factor）。

d. ✗ 混淆了设计目标与合同保证：考试口径说明最低缴费（minimally funded）虽常以维持至指定年龄（例为 100 岁）为设计目标，但绝不等于合同承诺终身有效，实际回报转负和提款后仍会因余额不足而失效。

22′ 答案 c

a. ✗ 混淆了停缴保费与退保：退保费用（surrender charge）仅在保单前 5–10 年正式退保时收取，暂停缴费（只要账户价值足够支付扣费）不会直接触发退保费。

b. ✗ 无中生有：停缴保费不会自动改变死亡给付方式，保单只是依靠现有累积账户（accumulating fund）余额继续支付每月扣费。

c. ✓ 当基金联动账户表现不佳甚至亏损且客户停缴保费时，会同时触发双重不利因素：累积账户（accumulating fund）自身缩水，同时因为账户价值未能压低净风险保额（net amount at risk, NAAR），每月扣除的保险成本（COI）维持在高位，两者叠加会迅速抽干账户价值。

d. ✗ 错记了保费税（premium tax）的征收时点：保费税仅在客户实际缴入保费时按整笔保费扣除，停缴期间没有新保费进入，不会按月从账户余额中扣保费税。

23 答案 a

a. ✓ 免税测试（exemption test）精算参数在 2017 年 1 月 1 日经历重大更新，与保单代次（G1/G2/G3 policy classification）直接挂钩。对 2016 年及以前签发的存量保单进行增加保额、转换保单类型或更换被保险人等操作，可能导致旧保单丧失既得权利而发生代次「降级」，永久失去原本更宽松的免税测试空间。

b. ✗ 落入期缴溢价假定陷阱：万能寿险不存在按期系数（modal factor），更不会因合同变更而追溯加收。

c. ✗ 因果与范围完全颠倒：违反免税测试（exemption test）且未及时处理的结果是保单可能永久丧失免税身份（税基受影响），而不是自动取消身故保障的同时保留免税储蓄。

d. ✗ 概念拼凑错误：加拿大央行现行政策利率 2.25% 属于宏观利率环境，与保单调整后成本基础（ACB）及免税测试代次判定无关。

23′ 答案 b

a. ✗ 混淆了免税测试与退保费用（surrender charge）：最高缴费上限源于税法对免税储蓄空间的限制，超额款项绝不会被保司直接没收。

b. ✓ 最高缴费（maximum funded）受免税测试（exemption test）约束，目的是划分保障功能与超额投资功能，防止万能寿险沦为纯免税储蓄账户。每个保单周年日比对假想基准保单后，对超额部分保险人可能拒收、退款或按合同转入保单外应税侧基金，否则保单可能永久丧失免税身份。

c. ✗ 错误有二：免税测试（exemption test）保护的是政府税基而非客户的投资回报，且增加保额通常需要核保，不能假定超额存款一律自动免核保增额。

d. ✗ 错误有二：一是通常不允许从 LCOI 转回 YRT；二是无论采用 YRT 还是 LCOI，所有享受免税增值的万能寿险都必须遵守免税测试（exemption test）上限。

24 答案 b

a. ✗ 落入「YRT前期低价幻觉」：YRT 按当年年龄重新定价，后期费用急剧攀升（举例第 50 年达 $54,521），若打算终身持有且只缴最低保费，后期暴涨的 COI 会反噬并抽干账户价值。

b. ✓ 选择 YRT 还是平准保险成本（level cost of insurance, LCOI）的核心在于计划持有期限。客户目标是终身遗产规划且希望避免后期费用暴涨风险，LCOI 按发单时精算将整个保障期成本摊平（举例终身固定约 $3,720），最契合长期终身持有需求（考试口径按「短中期选 YRT、长期选 LCOI」作答；柜台实务还需核查合同是否含有可调整费率条款及增幅上限）。

c. ✗ 记反了转换方向与现金价值增速：早期现金价值增长更快的是扣费低的 YRT 而非 LCOI；且部分合同虽允许从 YRT 转为 LCOI，但一般不允许从 LCOI 转回 YRT。

d. ✗ 混淆了定价方式与可调整费率条款：YRT 与 LCOI 的成本曲线截然不同；此外，部分万能寿险合同允许保司按实际理赔经验调整费率，无上限（open-ended）合同甚至在 LCOI 下也存在事后上调风险。

24′ 答案 a

a. ✓ 逐年更新定期成本（yearly renewable term costing, YRT）在早期按较年轻的当年年龄定价，扣费很低，能让更多保费进入累积账户（accumulating fund）实现短中期（10–15 年）更快增长；同时考试口径说明部分保单允许未来从 YRT 按转换当时年龄重新定价转为平准保险成本（LCOI）（实务中需核查具体合同的转换窗口与年龄上限）。

b. ✗ 因果颠倒：LCOI 早期扣费显著高于 YRT，挤占了进入投资账户的资金，因此在短中期（10–15 年）内现金价值积累速度比 YRT 更慢。

c. ✗ 转换方向错误：合同规则一般只允许从 YRT 单向转为 LCOI，不允许从 LCOI 转回 YRT。

d. ✗ 混淆了转换重定价年龄：从 YRT 申请转为 LCOI 时，是按转换当时的实际年龄（attained age）重新定价，而非沿用最初投保时的年龄。

25 答案 c

a. ✗ 落入「NAAR与给付方式倒置」陷阱：平额给付下账户价值的增长会直接扣减净风险保额（NAAR），只有「平额加账户价值」的 NAAR 才维持在 $500,000。

b. ✗ 把两种给付方式的机制彻底颠倒了：受益人多拿账户价值的正是客户 Q，因此保险公司在客户 Q 身上承担的净风险敞口反而没有减少。

c. ✓ 净风险保额（net amount at risk, NAAR）= 身故给付 − 账户价值。客户 P 选择平额死亡给付（level death benefit），身故给付固定为 $500,000，扣除 $120,000 账户价值后 NAAR 降至 $380,000，触发「账户越涨、扣费越低」的良性循环；客户 Q 选择平额加账户价值（level death benefit plus account value），身故总给付为 $500,000 + $120,000 = $620,000，减去 $120,000 账户价值后 NAAR 恒等于 $500,000，故扣费更高但受益人拿得更多。

d. ✗ 错记了 NAAR 公式的被减数：NAAR 等于「当期总身故给付」减去「账户价值」，在平额加账户价值下，总身故给付本身已经加上了账户价值，一加一减相互抵消，NAAR 不会缩减。

25′ 答案 b

a. ✗ 落入「NAAR与给付方式倒置」陷阱：平额加账户价值（level death benefit plus account value）下净风险保额（NAAR）不会随账户增长而下降，扣费反而更高。

b. ✓ 在平额死亡给付（level death benefit）下，受益人只拿固定保额，累积账户（accumulating fund）每增长一元的直接效果就是等额压低净风险保额（net amount at risk, NAAR），从而降低每期保险成本（COI）扣费，最适合希望在世时把保费成本压到最低的客户。

c. ✗ 混淆了投资账户选择与死亡给付方式：良性循环能否通过压低 NAAR 减少扣费，首先取决于死亡给付方式是不是平额型（level death benefit）。

d. ✗ 张冠李戴：只要选择平额死亡给付（level death benefit），从保单首年起任何账户价值增长都会即时降低当期净风险保额（NAAR），无需等到 90 岁。

26 答案 d

a. ✗ 错误有二：日息账户（DIA）与保证投资账户（GIA）的保底利率通常为 0% 而非央行政策利率 2.25%；且保单前 5–10 年退保通常会收取退保费用（surrender charge）。

b. ✗ 两处均与规则相反：保单内指数或基金联动账户的记账收益不等于直接持有相应基金份额；且退保费用（surrender charge）绝不会超过当时的账户价值。

c. ✗ 无依据限制：YRT 与 LCOI 均可配置各类投资账户；且退保费用（surrender charge）通常只在前 5–10 年收取并逐年递减，不会持续到 100 岁。

d. ✓ 万能寿险的日息账户（daily interest account, DIA）和保证投资账户（guaranteed investment account, GIA，机制类似 GIC）保底通常为 0%，而指数或基金联动账户可能亏损；在保单前 5–10 年内退保（surrender）通常有逐年递减的退保费用（surrender charge），按 LCOI 年扣费的倍数计算，且最高不超过账户价值。

26′ 答案 a

a. ✓ 在加拿大实务中，Assuris 作为人寿与健康保险公司的破产保障组织，为保单持有人的死亡给付和现金价值提供一定上限内的保障；但考试资料全书没有提及 Assuris（LKU-0042），顾问在柜台面对客户提问时不能回答「保司绝不会倒闭」，而应准确说明 Assuris 机制的存在。

b. ✗ 混淆了监管与保障体系：即便保证利率投资账户（GIA）机制类似银行 GIC，万能寿险依然属于人寿保险合同，受保险业 Assuris 机制保障，而非银行存款保险。

c. ✗ 违背事实与执业规范：任何保险公司都存在理论上的偿付能力风险，加拿大设有 Assuris 提供破产保障，顾问绝不能向客户宣称「保司依法不会倒闭」。

d. ✗ 凭空捏造限制条件：破产保障机制覆盖合格保单的死亡给付和现金价值，不以选择 LCOI 或未曾提款为前提。

27 答案 c

a. ✗ 落入「杠杆化与担保转让混淆」陷阱：保单贷款（policy loan）本身在税法上属于处置（只是本题 $30,000 未超过 ACB $40,000 故无当期应税利得），且无论哪种贷款，只要身故时尚未偿还，都会扣减受益人最终到手的净额。

b. ✗ 数字与法律性质均错：保单贷款（policy loan）通常可借现金价值的 50%–90%（而非 25%），且 $30,000 小于 ACB $40,000 不产生当期应税利得；担保转让（collateral assignment）只是抵押担保而非永久转让保单所有权。

c. ✓ 向保司申请保单贷款（policy loan，可借现金价值的 50%–90%）在税法上属于处置，但因借款额 $30,000 未超过 ACB $40,000，不产生当期应税利得，未偿本息会在身故时从身故给付中扣除；而向银行做担保转让（collateral assignment）单纯作借款担保通常不构成处置，保单内 $120,000 现金价值继续免税增值，银行仅按尚欠余额受偿，最终留给受益人的净额与保单贷款路径可能有实质差异。

d. ✗ 颠倒了资金来源：担保转让（collateral assignment）是由银行发放贷款，保单内的 $120,000 累积账户并不被赎回或扣除退保费，而是继续留在保单内滚动增值。

27′ 答案 b

a. ✗ 混淆了部分提取、保单贷款比例与保费抵消：部分提取（partial withdrawal）视为部分退保，可能产生应税所得；50%–90% 是保单贷款（policy loan）的额度比例。

b. ✓ 保费抵消（premium offset）是累积账户六项权利之一：当账户价值积累到一定程度后，保单持有人可以停缴保费，靠账户自身留存价值及回报覆盖未来的保险成本（COI）与管理费，前提是账户价值始终足以支付每月扣费，否则保单仍可能失效。

c. ✗ 概念张冠李戴：担保转让（collateral assignment）是用保单向第三方银行抵押借款，与停缴保费由账户自付扣费的保费抵消（premium offset）毫无关系。

d. ✗ 混淆了杠杆化（leveraging）与保费抵消：杠杆化是向银行抵押连续借款用于退休现金流，既不能免除保单内部的 COI 扣费，更不能消除投资不佳导致保单失效或银行追偿的风险。

28 答案 d

a. ✗ 直接掉入「期缴溢价假定陷阱」：6% 是定期险与传统终身寿险在考试口径某月缴例题中的年化溢价幅度，万能寿险（universal life insurance）根本没有按期系数（modal factor）。

b. ✗ 凭空捏造数字与规则：10–15 年是考试资料中讨论 YRT 短中期持有期的年数，万能寿险无论选 YRT 还是 LCOI 均不收取按期系数（modal factor）。

c. ✗ 拼凑无关数字：$40,000 是案例三中的调整后成本基础（ACB）金额，万能寿险无按期系数（modal factor）是产品本身的结构特征，不附带最低存款门槛。

d. ✓ 万能寿险没有按期系数（modal factor）。因为万能寿险把保费拆分为入账后按月/按年实际扣除保险成本（COI）与管理费，客户选择月缴、季缴、半年缴在年化后的缴费总额与年缴完全相同，不会像传统捆绑产品那样产生期缴附加溢价。

28′ 答案 b

a. ✗ 落入「期缴溢价假定陷阱」：万能寿险没有按期系数（modal factor），季缴年化总额与年缴完全一致。

b. ✓ 准确概括了两大核心防坑要点：第一，万能寿险没有按期系数（modal factor），分期缴纳年化总额与年缴相同；第二，每期死亡风险扣费（COI）是基于净风险保额（net amount at risk, NAAR = 身故给付 − 账户价值）与适用费率计算，而非简单等同于身故给付本身。

c. ✗ 落入「NAAR与给付方式倒置」陷阱：只有平额死亡给付（level death benefit）才会随账户价值增长压低净风险保额（NAAR），平额加账户价值下 NAAR 恒等于固定保额。

d. ✗ 落入范围误判陷阱：免税测试（exemption test）限制的是免税多存钱的空间，失去免税资格影响的是整张保单的税务待遇，并不等于身故保障自动终止。

第 5 章答案与解析

29 答案 b

a. ✗ 错在「预支与另付混淆（产品混淆）」陷阱。把 Victor 的加速身故金·重疾给付（accelerated death benefit: dread disease, DD）当成了额外赔付，忽略了 DD 本质上是从最终身故金中提前预支（advance），必须从 $50,000 中扣减已领取的 $25,000。

b. ✓ 正确。加速身故金下的重疾给付（dread disease, DD benefit）属于生前预支机制，Victor 领取的 $25,000 会等额减少最终身故金（$50,000 − $25,000 = $25,000）；而 Elena 持有的是独立重疾险（stand-alone critical illness, CI insurance），按独立合同赔付，绝不预支或扣减其寿险保单的 $50,000 身故金。

c. ✗ 错在「预支与另付混淆（产品混淆）」陷阱。误以为独立重疾险（stand-alone CI insurance）也会像加速身故金（accelerated death benefit）一样扣减寿险身故金；实际上独立 CI 保单与寿险保单是两份平行合同，互不扣减。

d. ✗ 错在扣减金额计算错误（limitations and exclusions）。Victor 按 50% 比例预支了 $25,000，身故金只等额扣减已预支的 $25,000（剩余 $25,000），而不会扣减至 $10,000。

29′ 答案 d

a. ✗ 错在「预支与另付混淆（产品混淆）」陷阱。绝症给付（terminal illness, TI benefit）属于加速身故金（accelerated death benefit），机制是把将来才兑现的身故金提前搬到现在用，而不是额外多给一笔。

b. ✗ 错在误以为领取部分预支金会导致整张保单作废。绝症给付（TI benefit）只预支了 50%（$25,000），保单剩余的身故保额依然有效并留待身故时赔付。

c. ✗ 错在编造行政罚金规则。绝症给付（TI benefit）按实际预支的 $25,000 从 $50,000 面额中等额扣减，不会额外扣除所谓 30% 罚金。

d. ✓ 正确。绝症给付（terminal illness, TI benefit）是加速身故金（accelerated death benefit）的一种，付给投保人本人的 $25,000 属于预支款项，被保险人身故时最终赔付给受益人的身故金须等额扣减至 $25,000。

30 答案 c

a. ✗ 错在「豁免对象张冠李戴（条款错配）」陷阱。在 Nadia 作为被保险人（life insured）的保单上，普通完全伤残豁免保费（waiver of premium for total disability）只会在 Nadia 本人完全伤残时触发，根本无法解决付款人 Tariq 伤残或身故后无人交费的问题。

b. ✗ 错在「豁免对象张冠李戴（条款错配）」与忽略核保要求。普通完全伤残豁免（waiver of premium for total disability）并不自动跟随付款人，且任何保他人风险的附加条款都必须对该风险承受人进行核保。

c. ✓ 正确。当投保人/付款人（policyholder/payor）与被保险人（life insured）不是同一人时，必须配置父母/代付人豁免附加险（parent/payor waiver benefit）；其触发条件是代付人（Tariq）本人身故或伤残，因此代付人 Tariq 本人也必须接受核保。

d. ✗ 错在混淆险种功能。意外身故附加险（accidental death, AD rider）只在意外死亡时追加身故金，既不管伤残，也不会豁免另一张保单的保费。

30′ 答案 a

a. ✓ 正确。这是典型的「豁免对象张冠李戴（条款错配）」案例：普通完全伤残豁免保费（waiver of premium for total disability）针对的是被保险人（Chloe）的伤残；因为投保人/代付人（Grace）未配置父母/代付人豁免（parent/payor waiver benefit），Grace 伤残时保费不会被豁免。

b. ✗ 错在「豁免对象张冠李戴（条款错配）」陷阱。不能仅凭所有权关系（ownership）推断豁免对象；只有配置了父母/代付人豁免（parent/payor waiver benefit），才会在代付人伤残时豁免保费至子女达到约定年龄（如 18/21/25 岁）。

c. ✗ 错在编造折中赔付规则。条款触发对象错配时，即使代付人伤残满 6 个月等待期（waiting period），也不满足被保险人伤残的合同条件，保司一分钱保费都不会豁免。

d. ✗ 错在违背核保与合同原则。父母/代付人豁免（parent/payor waiver benefit）要求投保时对代付人本人核保，出险后不可能事后追溯更改合同条款。

31 答案 a

a. ✓ 正确。按考试口径，家庭/子女附加险（family/child coverage rider）按固定单位收费、不随子女人数增加保费；新生儿须满 15 天（出生后头 2 周内身故不赔）才自动受保，故出生 10 天夭折不赔；在 21 或 25 岁附加险到期前，患病子女可行使子女附加险转换权（converting child coverage rider），免核保转为最高达原附约保额 5 倍（即最高 $50,000）的个人永久险。

b. ✗ 错在三处同时踩坑：第一，子女附加险（family/child coverage rider）保费固定，不按子女人数加收；第二，出生未满 15 天（前 2 周内）身故不赔；第三，转换权（converting child coverage rider）的核心价值正是保护已变得实质不可保的孩子免核保获得永久险。

c. ✗ 错在忽略了新生儿满 15 天起保的等待天数（出生 10 天身故不赔），且误以为转换权（converting child coverage rider）在原保额 5 倍以内还需要重新提交健康证明（实际上免核保，只有超出合同允许放大倍数的部分才需常规核保）。

d. ✗ 错在计费方式误解与「时限压缩」陷阱。子女附加险保费不随人数增加，且转换权（converting child coverage rider）的行使期是「附加险到期前（before expiry）」的一段合同窗口，而非仅仅到期日当天。

31′ 答案 c

a. ✗ 错在忽略了子女附加险转换权（converting child coverage rider）锁住可保性的核心功能。只要在附加险到期前行使，即使孩子在 8 岁已实质不可保，保险公司也必须免核保承保。

b. ✗ 错在记混了免核保放大额度。既然该保司合同允许转换保额放大至原附加险保额的 5 倍（5 times the rider face amount），那么 $10,000 × 5 = $50,000 全额都在免核保转换范围内，只有超出 5 倍以上的额外部分才需常规核保。

c. ✓ 正确。根据子女附加险转换权（converting child coverage rider）规则，在到期前（25 岁前）行使转换可免核保转为个人永久险，且在该保司允许的 5 倍额度（$50,000）内无需健康证明，保费按转换时年龄（22 岁）的标准费率计算，不因疾病加费。

d. ✗ 错在以为免核保转换仍可按次标准体加费。子女附加险转换权（converting child coverage rider）承诺按转换时年龄的标准费率（standard rates）定价，不得因健康恶化额外加费。

32 答案 d

a. ✗ 错在「GIB把免核保当免费或随时加保（术语与双口径误读）」陷阱。保证可保利益（guaranteed insurability benefit, GIB）既不是生病时随时触发，也不会锁定 25 岁投保时的原始年龄费率。

b. ✗ 错在违背了保证可保利益（guaranteed insurability benefit, GIB）锁住可保性的核心功能。GIB 的存在正是为了对冲健康转差的风险，在约定周年日行权时免除任何健康证明（no medical evidence required）。

c. ✗ 错在「术语误读」陷阱。保证可保利益（GIB）的「保证」指的是免核保（without evidence of insurability），绝不是免费送保额；客户为 GIB 付的附约费只是买下未来加保的权利，实际加保时必须为新保额另行交费。

d. ✓ 正确。考试口径下，保证可保利益（guaranteed insurability benefit, GIB）在合同预定的固定周年日（如第 5、10 周年日）行权并受单次限额与累计限额约束（尽管现行市场部分新品允许毕业、结婚、生子、收养后 31 天内行权，但考场仍按固定周年日加财务上限的口径作答）；加保时免核保，保费按行权当时的实际年龄（attained age）按标准费率计算。

32′ 答案 b

a. ✗ 错在混淆了意外身故（AD）的 1 年限期与 GIB 的申请时限，且掉入「术语误读」陷阱。新式保证可保利益（GIB）虽然放宽了触发条件，但申请时限严格限制在 31 天内，且保费按加保时年龄计算。

b. ✓ 正确。虽然实务中此类新式保证可保利益（guaranteed insurability benefit, GIB）将触发条件从固定周年日放宽到包含毕业、结婚、生子、收养等人生事件（注：考场通用题仍按固定周年日作答），但申请时限并未放宽，须在事件发生后或对应周年日后 31 天内由代理人提交，且新保额按行权当时的实际年龄定价。

c. ✗ 错在把子女附加险的新生儿 15 天起保期套用到 GIB 上，且误以为 GIB 加保不需要交新保费（术语误读）。

d. ✗ 错在记混了重疾给付（DD）的 30 天存活期与 GIB 的 31 天提交期，且违背了保证可保利益（GIB）免除健康证明（no medical evidence required）的核心机制。

33 答案 b

a. ✗ 错在颠倒主从关系与核保规则。主险与附加险仍需对 Cheng 进行一次核保（而非完全免核保），且 10 年后只有定期险附加险（term insurance rider）到期，终身寿险主险会继续有效。

b. ✓ 正确。用终身寿险主险搭配定期险附加险（term insurance rider）覆盖 10 年期阶段性需求，能够把原本两份独立保单的两次核保成本与两笔保单年费（annual policy fee，常见 $50–$100）压缩为一笔；10 年后贷款还清，定期险附加险到期停止收费，而终身寿险主险继续终身有效。

c. ✗ 错在混淆险种属性。定期险附加险（term insurance rider）只提供限定期限的临时纯保障，不产生现金价值，且 10 年期满即终止，不会免费变成终身保障。

d. ✗ 错在「附加险当独立保单（类别错配）」陷阱。定期险附加险（term insurance rider）用失去独立性换取更低价格，它严格依附于主险存续；如果第 5 年把终身寿险主险取消或退保，定期险附加险会同时失效。

33′ 答案 c

a. ✗ 错在「附加险当独立保单（类别错配）」陷阱。虽然定期险附加险（term insurance rider）有自己的 10 年期限，但它不是独立保单，不能脱离主险单独存在。

b. ✗ 错在「附加险当独立保单（类别错配）」陷阱。附加险的依附性是合同结构决定的，主险失效后无法靠补交 $50–$100 的保单年费（policy fee）让附加险单独存续。

c. ✓ 正确。定期险附加险（term insurance rider）的核心限制就是依附性（dependency）：附加险用失去独立性换取捆绑低价，一旦主险因未交费而失效（lapse）或被退保（surrender），挂在主险上的定期险附加险会同时失效。

d. ✗ 错在捏造转换规则。定期险附加险（term insurance rider）不能转换为什么意外身故附加险（AD rider）来规避主险失效的后果。

34 答案 a

a. ✓ 正确。需求分析的核心原则（value of coverage）是：遗属实际需要的钱不因被保险人死于意外还是疾病而改变，保额缺口应由基础保额全额覆盖，绝不能靠意外身故附加险（accidental death, AD rider）去凑数；同时心脏病发属于疾病而非意外，不触发 AD 双倍赔付（double indemnity），受益人只能拿到 $300,000 基础身故金。

b. ✗ 错在「范围夸大」陷阱。意外身故附加险（accidental death, AD rider）严格区分外来的意外事故与内在疾病；突发心脏病属于疾病身故，绝不会触发 2 倍身故金的双倍赔付（double indemnity）。

c. ✗ 错在记反了意外身故（AD rider）的时间限制条件。AD 附加险要求死亡必须是意外所致，且发生在事故后的限定时间内（常见为 1 年内，within 1 year），而不是超过 1 年。

d. ✗ 错在混淆险种边界。意外身故附加险（AD rider）与重疾给付（dread disease, DD benefit）是完全不同的条款，AD 不会因为死因属于「Big 4」重疾就自动变成重疾给付。

34′ 答案 d

a. ✗ 错在忽略了意外身故附加险（accidental death, AD rider）的合同除外条款（limitations and exclusions）。虽然死亡发生在 1 年限期内，但因犯罪行为导致的事故属于明确除外情形。

b. ✗ 错在编造按比例扣减规则。一旦触发除外责任（exclusions），意外身故附加险（AD rider）直接拒赔，不存在部分折算赔付。

c. ✗ 错在把子女附加险的新生儿 15 天起保等待期生搬硬套到成人车祸理赔上，混淆了不同附加条款的规则。

d. ✓ 正确。意外身故附加险（accidental death, AD rider）在合同订立时就将自杀、自伤、战争以及犯罪行为（criminal acts）列为明确除外情形（limitations and exclusions）；Julian 在实施犯罪逃逸时发生车祸身亡，即使在 1 年限期内，AD 附加险也不予赔付。

35 答案 c

a. ✗ 错在忽略了第三人核保规则。当定期险附加险（term insurance rider）覆盖的是主险被保险人以外的其他人（如配偶 Rachel）时，该被保险人必须单独接受核保。

b. ✗ 错在「定价误解（cost of coverage）」陷阱。完全伤残豁免保费（waiver of premium for total disability）未必免费，在许多合同中它是需要另外付费选购的附约。

c. ✓ 正确。核保阶段（underwriting）的规则是：覆盖被保险人本人的定期险附加险通常沿用主险核保结果，但覆盖配偶或其他人的定期险附加险（term insurance rider）必须对该「其他人（Rachel）」单独核保；同时不能凭名字判断收费方式（cost of coverage），保费豁免可能是另行收费的附约，报价时须逐项核对。

d. ✗ 错在捏造投保禁令。定期险附加险（term insurance rider）或家庭附加险可以覆盖配偶，前提是配偶本人按合同要求单独通过核保。

35′ 答案 b

a. ✗ 错在「定价误解（cost of coverage）」陷阱。不能按「附加险（rider）」或「补充保障（supplementary benefit）」的名称来判断收费方式。

b. ✓ 正确。不能凭「rider / supplementary benefit」的名称判断收费方式（cost of coverage）：某些绝症给付（TI benefit）内建在基础合同里（成本已计入主险保费），而保费豁免（waiver of premium）常作为另外付费选购的附约；顾问报价时应将基础保费、每项附约费用及内建权益逐一对应说明。

c. ✗ 错在「定价误解」陷阱。保费豁免（waiver of premium）在多数公开产品指南中属于可选付费保障，并非一律免费。

d. ✗ 错在混淆了保单年费（annual policy fee，$50–$100）与内建保障成本。内建免费附加保障的成本已经包含在主险保费中，不会按每个内建条款重复收取保单管理年费。

第 6 章答案与解析

36 答案 b

a. ✗ 错误。落入『跨险种税务方向记反』陷阱：把团体周期性收入替代计划（WLRP）在给付端收税的规则误套到团体寿险上，且错误地按保费比例切分寿险身故金。

b. ✓ 正确。在团体寿险中，雇主支付的保费（$600）计入员工当年应税收入，构成应税福利（taxable benefit）；员工自付的保费（$600）不可抵扣也不产生应税福利；寿险身故保险金本金（2 倍年薪即 $220,000）不论保费谁付，通常全额免所得税。

c. ✗ 错误。落入『误以为员工自付保费可抵税』陷阱：员工自付的那部分团体寿险保费不可在个人报税时抵扣（not deductible）。

d. ✗ 错误。落入『员工全额自付才免税』陷阱：团体寿险身故保险金本金原本就免所得税，与谁付保费无关；员工全额自付消除的是保费端的应税福利（taxable benefit），而不是改变身故金本身的免税属性。

36′ 答案 c

a. ✗ 错误。落入『员工全额自付即可抵税』陷阱：员工自付的团体寿险保费不可抵扣，仅是不产生应税福利（taxable benefit）。

b. ✗ 错误。落入『跨险种税务混淆』陷阱：员工自己付的保费不会产生应税福利，雇主为伤残计划付保费也绝不会使团体寿险身故金变成应税。

c. ✓ 正确。员工全额自付团体寿险保费时，该保费不可抵扣且不产生应税福利（taxable benefit）；寿险身故保险金本金（$150,000）无论由雇主还是员工付保费，通常均全额免所得税。

d. ✗ 错误。落入『按比例切分寿险身故金』陷阱：寿险身故保险金本金通常全额免税，不会按福利包分摊比例切分征税。

37 答案 a

a. ✓ 正确。根据转换权（conversion privilege）及 CLHIA Guideline G3 标准，非魁省地区 65 岁前终止保障的成员可在 31 天内免健康证明转换为个人保单，上限为 $200,000 或原保额中较小者（Tariq 原保额 $150,000 低于 $200,000，故可全额转换），须在窗口内交表并缴清首期保费，新保单保费按当前年龄重新计算。

b. ✗ 错误。落入『把 $200,000 转换上限当成固定或保底保额』陷阱：$200,000 是免核保转换的上限（取 $200,000 与原保额中较小者），原保额 $150,000 不能借转换权调高到 $200,000。

c. ✗ 错误。落入『以为口头决定即可且保费不变』陷阱：必须在 31 天窗口内向保险人递交申请并缴清首期保费（不是只通知意向），且转换后的个人保单按当前年龄定价，通常明显高于原团体保费。

d. ✗ 错误。落入『忽略转换权免核保核心价值』陷阱：转换权（conversion privilege）的本质就是在限定额度与 31 天窗口内无需提供健康证明（no evidence of insurability），保险公司不得因他健康恶化而拒保。

37′ 答案 d

a. ✗ 错误。落入『超上限转换』与『窗口天数混淆』陷阱：免健康证明转换不能超过 $200,000 上限，且标准转换窗口为 31 天而非 60 天。

b. ✗ 错误。落入『错用魁北克省上限』陷阱：$400,000 是魁省转换上限，BC 省等非魁省地区的免核保转换上限为 $200,000 且不得超过原保额。

c. ✗ 错误。落入『漏看窗口内缴清首期保费条件』陷阱：必须在 31 天窗口内同时完成申请与首期保费缴纳。

d. ✓ 正确。Sonia 原保额 $320,000 高于非魁省免核保转换上限 $200,000，因此按转换权（conversion privilege）规则取较小者即最多免核保转换 $200,000，且申请与首期保费均须在 31 天窗口内送达。

38 答案 c

a. ✗ 错误。落入『窄化团体发起人范围』陷阱：除雇主外，职业协会、校友会、商会等具有保险公司认可共同特征的组织均可作为计划发起人（plan sponsor）订立团体主保单。

b. ✗ 错误。落入『误以为福利手册就是总合同且会员签了字』陷阱：总合同（master contract）载明实际条款，由计划发起人与保险人签署，福利手册（benefit booklet）只是摘要。

c. ✓ 正确。考试口径强调魁省的说明不能被扩写为 BC 没有这项权利：协会作为计划发起人（plan sponsor）持有载明实际条款的总合同（master contract），而依 BC《Insurance Act》s41(5)(b) 及 s41(7)，团体被保险人在给予合理通知后有权向保险人查阅并取得主保单副本，首份副本免费。

d. ✗ 错误。落入『将魁省说明反向扩写为 BC 无查阅权』陷阱：BC《Insurance Act》s41(5)(b) 与 s44 明确规定了团体被保险人或索赔人的查阅及取得主保单副本权利（受合理通知、隐私及索赔相关性限制）。

38′ 答案 a

a. ✓ 正确。考试口径提及魁省成文规则，但 BC《Insurance Act》s41(5)(b) 明确规定团体被保险人或合同索赔人（claimant）在合理通知后可向保险人查阅并取得团体主保单（master contract）副本，s41(7) 规定首份免费，s41(9) 将索赔人查阅范围限于与索赔或拒赔有关的信息。

b. ✗ 错误。落入『误以为非投保人无任何法定查阅权』陷阱：BC《Insurance Act》直接赋予团体被保险人及合同索赔人向保险人请求查阅和取得副本的法定权利。

c. ✗ 错误。忽略了 BC《Insurance Act》s41(8) 与 s41(9) 的限制：法条保护他人隐私，且将索赔人的查阅范围限定在与该索赔或拒赔有关的信息。

d. ✗ 错误。落入『把福利手册当成总合同』陷阱：福利手册（benefit booklet）只是摘要，总合同（master contract）才是发起人与保险人订立的主保单原件。

39 答案 b

a. ✗ 错误。同时忽略了在职要求（actively-at-work requirement）与自选追加保额（optional additional coverage）的限定期核保规则。

b. ✓ 正确。满 3 个月试用期（probationary period）后还须按合同判断是否满足在职要求（actively-at-work requirement）；而为防止健康变差才投保的逆选择（adverse selection），自选追加保额（optional additional coverage）一旦超过限定申请窗口（如 60 天示例）再申请，必须走核保程序。

c. ✗ 错误。在职要求影响的是保障生效时点而非重新计算整个试用期；错过免核保窗口的会员仍可申请自选追加保额，只是需要接受医疗核保而非终身禁止申请。

d. ✗ 错误。落入『反向理解逆选择机制』陷阱：正因为要防止逆选择（adverse selection），团体基础保额才由计划条款硬性限定，会员对基础保额几乎没有自由选择的自主权。

39′ 答案 a

a. ✓ 正确。团体基础保障免核保是依靠大数法则（law of large numbers）与团体整体特征定价；若允许会员自由选择高保额或拖到限定窗口（如 60 天）之后健康变差才免核保加购，逆选择（adverse selection）就会破坏精算平衡。

b. ✗ 错误。落入『跨险种概念混用』陷阱：全来源上限（all-source maximum）是团体伤残险特有的抵消条款，团体寿险身故金无此限制。

c. ✗ 错误。捏造税率规则：BC 省持牌保险人保费税固定为 2%，9% 是考试口径表格中魁北克省的销售税率。

d. ✗ 错误。团体计划硬性限定保额是为了控制团体内部的逆选择（adverse selection），并不禁止员工在个人市场上另行核保购买个人寿险。

40 答案 b

a. ✗ 错误。落入『漏看出生 14 天起点』与『家属险按人数加费』两个陷阱：考试口径中受养子女年龄起点为出生满 14 天（10 天新生儿尚未满 14 天），且统一家庭保费（flat family rate）不随合资格子女人数逐个增加。

b. ✓ 正确。按考试口径：受养子女（dependant）从出生 14 天起至 18/19/21 岁，全日制在读可延至 23–25 岁（故 16 岁和 22 岁在读符合，10 天新生儿未满 14 天）；因同时覆盖配偶与合资格子女，配偶 AD&D 按 40% 计算即 $200,000 × 40% = $80,000；遗属收入给付（survivor income benefits）按月发放至配偶满 65 岁、再婚或身故为止。

c. ✗ 错误。落入『AD&D 百分比错配』与『把遗属月给付当成身故金一部分』陷阱：有合资格子女同保时配偶 AD&D 比例降为 40%（$80,000）而非无子女时的 50%（$100,000）；且遗属收入给付（survivor income benefits）是叠加在身故金之外的按月补贴，不从一次性身故金中扣减。

d. ✗ 错误。全日制在读子女可延长受养资格至 23–25 岁；且实务中须先确认是否有家属及是否选择家庭保障，不能假定无家属的单身员工也必须付同样的家庭保费。

40′ 答案 a

a. ✓ 正确。遗属收入给付（survivor income benefits）是叠加在一次性身故金之外按月给付的补贴，配偶给付至 65 岁、再婚或身故为止；因 Grace 仅有配偶而无子女，配偶的家属 AD&D 按 50% 计算，即 $150,000 × 50% = $75,000。

b. ✗ 错误。遗属收入给付（survivor income benefits）是按月发放而非一次性给付；且无子女时配偶 AD&D 比例为 50%（$75,000）而非有子女时的 40%（$60,000）。

c. ✗ 错误。遗属收入给付（survivor income benefits）是团体寿险下的附加给付，并非仅限意外身故才赔付。

d. ✗ 错误。配偶的遗属收入给付在满 65 岁、再婚或身故时即停止，不会在再婚后继续终身发放；15%（$22,500）是每名子女的 AD&D 比例而非配偶比例。

41 答案 d

a. ✗ 错误。落入『把单一保险须知的 65 岁限制当成全行业统一禁令并盲目建议提前退休』陷阱：退休日涉及养老金和雇佣福利，不能只靠一个保险转换规则就要求客户提前退休。

b. ✗ 错误。同时落入『忽略 $200,000 转换上限与 $40,000 缺口』、『忽略 65 岁当天边界差异』以及『忽略高龄保额到 70 岁完全终止』三个陷阱。

c. ✗ 错误。落入『把团体定期寿险保额递减当成现金价值给付』陷阱：团体基础定期寿险的高龄阶梯递减（schedule of benefits reduction）只是保额下调，不产生任何现金退保价值给付。

d. ✓ 正确。考试口径写转换权适用于『65 岁前/时』，而现行部分保险人须知排除保障在 65 岁生日当天或之后终止者；顾问应在退休前取得书面合同条款核实最后工作日、退休日与保障终止日的关系，并列比较退休递减延续（至 70 岁终止）、$200,000 免核保转换上限（注意原保额 $240,000 存在 $40,000 缺口）及其他符合条件的产品，且绝不单凭保险上限要求客户提前退休。

41′ 答案 b

a. ✗ 错误。落入『忽略高龄保额递减与终止规则』陷阱：退休或高龄会员的团体保额几乎都会递减，并通常在特定年龄（如考试口径举例的 70 岁）完全终止。

b. ✓ 正确。双口径对比：考场若未给特殊合同细节，按考试口径『65 岁前/时』及最高 $200,000 免核保转换上限（conversion privilege）作答；而实务中部分公司须知排除 65 岁生日当天或之后终止者，且 $220,000 原保额超过 $200,000 上限的部分（$20,000 缺口）需另行核对安排。

c. ✗ 错误。高龄保额阶梯递减（schedule of benefits reduction）是保障额度的下调，团体定期寿险没有现金价值或递减现金给付。

d. ✗ 错误。非魁省免健康证明转换上限为 $200,000 或原保额中较小者，并不会对 60 岁以上会员取消 $200,000 上限。

42 答案 c

a. ✗ 错误。落入『假定计划变动将已有伤残豁免一笔注销』与『把资格丧失当成保额降低』两个陷阱：已处于伤残保费豁免（waiver of premium）的会员即使雇主终止或更换合同，其豁免与保障仍须持续或核对责任归属；而被取消会籍分级的季节性司机在新计划下是直接失去参保资格，而非保留 50% 保额。

b. ✗ 错误。落入『团体债权人保险当事人与受益方向记反』陷阱：在团体债权人保险（group creditor insurance）中，金融机构为投保人，借款人为会员，身故金即未偿债务余额并用于清偿贷款。

c. ✓ 正确。对于已有伤残保费豁免（waiver of premium）的会员，即使雇主更换承保公司或终止合同，其豁免与保障仍须持续并核对新旧约责任归属；被取消会籍分级（membership class）的成员直接失去新计划资格，应取得通知并比较转换或延续路径；考试口径引用 CLHIA Guideline G7 第 6(d) 项写收到证明后 20 天全额退款（不同于个人寿险 G10 的 10 天冷静期），而现行公开页仅确认 G7 适用范围且法条优先，实务办理须核对当前团体合同。

d. ✗ 错误。考试口径内部对转换窗口天数写的是 31 天（两处）与 30 天（一处），并非 45 天；且更换承保公司的新约（replacement contract）旨在确保合资格在职会员不出现保障空窗。

42′ 答案 a

a. ✓ 正确。团体债权人保险（group creditor insurance）以金融机构为投保人、借款人为会员，身故金即未偿债务余额；考试口径引用 CLHIA Guideline G7 写收到证明后 20 天全额退款（现行公开页仅确认适用范围，实务须核对当前团体合同）；而处于伤残保费豁免（waiver of premium）的会员即使雇主终止合同，豁免与保障仍须持续。

b. ✗ 错误。团体债权人保险的投保人是金融机构而非借款人 Paul；且已获批伤残保费豁免（waiver of premium）的会员不会因雇主终止主保单而立即失去保障。

c. ✗ 错误。团体债权人保险的身故金等于未偿债务余额（随贷款偿还而递减）；且 10 天冷静期是个人寿险的 Guideline G10，不要与债权人团体险的 G7 混用。

d. ✗ 错误。伤残保费豁免（waiver of premium）无需会员在计划终止时补缴以往豁免的保费，且其保障与豁免责任仍须依条款持续。

第 7 章答案与解析

43 答案 a

a. ✓ 正确。首先计算调整后成本基础（adjusted cost basis, ACB）＝累计保费$50,000 − 累计纯保险净成本（NCPI）$16,000 = $34,000；其次计算保单利得（policy gain）= 处置所得（CSV $64,000）− ACB（$34,000）= $30,000；保单利得100%计入应税收入，按30%边际税率估算应纳税额为$30,000 × 30% = $9,000。

b. ✗ 错误。落入了「保单利得误套资本利得50%计入率」的头号陷阱；寿险退保产生的是保单利得（policy gain），必须100%计入应税收入，不适用资本利得（capital gain）50%计入率。

c. ✗ 错误。误把已缴保费（$50,000）直接当成ACB，漏减了累计纯保险净成本（NCPI $16,000），导致少算应税保单利得。

d. ✗ 错误。混淆了身故给付（death benefit）与生前退保处置（disposition）；免税保单（exempt policy）仅在持有期间免于按年计提增值，全额退保时超出ACB的部分必须纳税。

43′ 答案 c

a. ✗ 错误。未从累计保费$32,000中扣除累计纯保险净成本（NCPI $9,000），误将ACB算作$32,000。

b. ✗ 错误。误将保单利得（policy gain）当作资本利得按50%计入应税收入；保单利得必须100%计入。

c. ✓ 正确。ACB = $32,000 − $9,000 = $23,000；保单利得（policy gain）= $38,000 − $23,000 = $15,000，100%计入应税收入，按40%边际税率计算税款为$15,000 × 40% = $6,000。

d. ✗ 错误。既没有扣除ACB（$23,000），又错误套用了50%的资本利得计入率。

44 答案 b

a. ✗ 错误。判断保单贷款（policy loan）是否产生应税利得，是比较贷款金额与调整后成本基础（ACB $14,000），而不是与现金退保价值（CSV $60,000）比较。

b. ✓ 正确。保单贷款（policy loan）属于处置（disposition）：贷款$20,000超过ACB $14,000的部分（$6,000）为应税保单利得，100%计入所得，同时ACB降至$0；此外，贷款利息能否抵税取决于借款用途，用于女儿婚宴属个人消费而非赚取应税收入，因此利息不可抵税。

c. ✗ 错误。落入了将「贷款本金是否超ACB应税」与「贷款利息能否抵扣」混为一谈的陷阱；这是两件独立的事，用于个人消费的贷款利息绝不因为本金触发了保单利得就变成可抵税。

d. ✗ 错误。超ACB的$6,000是保单利得（policy gain），须100%计入应税收入而非按50%算作$3,000，且贷款后ACB会降至$0而非保持$14,000不变。

44′ 答案 a

a. ✓ 正确。虽然保单贷款（policy loan）属于处置，但贷款金额$15,000 ≤ ACB $19,000，因此当期无应税保单利得，ACB等额减少至$19,000 − $15,000 = $4,000；同时借款用于产生应税租金收入且经T2210核实，贷款利息可按规则抵税。

b. ✗ 错误。保单贷款虽属处置，但在贷款金额不超过ACB（$15,000 ≤ $19,000）时仅扣减ACB，不产生应税保单利得。

c. ✗ 错误。无应税利得不等于未发生处置；贷款金额在ACB以内时仍属处置，必须把ACB从$19,000扣减至$4,000。

d. ✗ 错误。保单贷款用于赚取应税投资收入（如租金或股息，而非仅资本利得）且由保险人在T2210核实已付利息未计入ACB时，利息可以抵税。

45 答案 c

a. ✗ 错误。这是把担保转让（collateral assignment）当成全额退保或非公平交易绝对转让的陷阱；担保转让不触发处置，无须计算CSV减ACB。

b. ✗ 错误。混淆了向银行作担保转让（collateral assignment）与向保险公司申请保单贷款（policy loan）；银行贷款金额与保单ACB之差不产生保单利得。

c. ✓ 正确。用保单做贷款抵押的担保转让（collateral assignment）在税法上不是保单处置（disposition），只要保单符合免税保单（exempt policy）条件，保内增值继续享受税务递延。

d. ✗ 错误。将保单抵押给贷款机构作担保转让并不会影响免税测试（exempt test）或导致保单变为非免税单。

45′ 答案 b

a. ✗ 错误。绝对转让（absolute assignment）转移了保单所有权，与仅作抵押的担保转让（collateral assignment）完全不同，会立即触发保单处置。

b. ✓ 正确。按公平交易向独立第三方绝对转让（absolute assignment）保单属于处置（disposition），处置所得为实际对价$65,000，减去转让前ACB $25,000后产生$40,000保单利得（policy gain），100%计入应税收入。

c. ✗ 错误。生前按ACB自动展期（rollover）仅适用于符合条件的配偶/同居伴侣或直接过户给子女，无关联商业合伙人之间不适用展期。

d. ✗ 错误。转让寿险保单产生的正差额属于保单利得（policy gain），须100%计入应税收入，不能套用资本利得50%计入率。

46 答案 d

a. ✗ 错误。身故给付（death benefit）$1,000,000进入公司本身是全额免税的，不会因为存在$150,000的ACB就对公司收款征税；ACB只影响计入CDA的额度。

b. ✗ 错误。落入了「全额身故给付都能进CDA且自动免税分给股东」的双重陷阱：计入CDA的金额必须扣除保单ACB（$150,000），且分配资本红利必须提交Form T2054选择申报。

c. ✗ 错误。颠倒了计入CDA与不计入CDA的部分：计入CDA的是「身故给付 − ACB ＝ $850,000」，而不计入CDA的才是等于ACB的$150,000。

d. ✓ 正确。公司收到$1,000,000身故给付（death benefit）本身全额免税；能计入资本红利账户（capital dividend account, CDA）的部分为「身故给付 − ACB ＝ $1,000,000 − $150,000 ＝ $850,000」；且公司向股东免税分配CDA余额时，必须依ITA s.83(2)在股利应付日或实付日较早者当日或之前提交Form T2054选择申报。

46′ 答案 b

a. ✗ 错误。讲义明确提醒：定期险（term insurance）没有现金退保价值，不等于它的ACB必定为零；只要保险人出具的实际ACB非零（$18,000），计算CDA增加额时就必须扣除。

b. ✓ 正确。无论终身险还是定期险，计入资本红利账户（CDA）的金额均为身故给付减去保险人出具的实际ACB，即$600,000 − $18,000 ＝ $582,000。

c. ✗ 错误。把寿险赔款计入CDA的规则与资本利得50%免税部分计入CDA的规则混为一谈；寿险身故给付超出ACB的差额是100%（$582,000）计入CDA。

d. ✗ 错误。公司持有的定期寿险身故给付同样适用CDA机制，超出ACB的$582,000照常计入CDA。

47 答案 a

a. ✓ 正确。夫妻双方均为加拿大税务居民时，生前转让默认依ITA s.148(8.1)按ACB（$18,000）自动展期（spousal rollover），当期利得为零；但David可主动申报选择退出（opt out）自动展期，按s.148(7)以$70,000确定处置所得，产生$52,000保单利得来抵消其当年的营业亏损（还须综合测算边际税率与AMT），同时让Karen继承的ACB提高到$70,000。

b. ✗ 错误。颠倒了默认规则与主动申报的方向：配偶生前展期在满足法定条件时是「默认自动适用」的，只有「选择退出（opt out）」才需要主动申报。

c. ✗ 错误。ITA s.148(8.1)允许转让人主动选择退出配偶自动展期，利用当年亏损吸收保单利得并垫高受让配偶的ACB。

d. ✗ 错误。即使选择退出展期，触发的$52,000也是寿险保单利得（policy gain），必须100%计入应税收入，而非按50%计入。

47′ 答案 d

a. ✗ 错误。讲义第七节第6条明确强调：无偿转让给子女的展期，必须直接过户给子女本人，转入信托（trust）不适用s.148(8)展期规则。

b. ✗ 错误。转给监护人以受托人（trustee）身份代持同样不满足「直接过户给子女本人」的法定条件，无法享受s.148(8)按ACB展期。

c. ✗ 错误。s.148(8)子女展期要求是「无对价（for no consideration）」的生前转让，有偿出售（for consideration）不适用免税按ACB展期。

d. ✓ 正确。依 ITA s.148(8)，非年金保单的被保险人是转让人（或受让人）的子女，且无对价直接过户给子女本人时，可按ACB（$12,000）展期；Leo 本人或同为 Grace 子女的姐姐都可作受让人。

48 答案 b

a. ✗ 错误。只有指定了有效具名受益人（named beneficiary）的寿险赔款才能绕开遗产豁免遗嘱认证费；没有指定具名受益人导致赔款进入遗产时，不享受遗嘱认证豁免。

b. ✓ 正确。因未指定具名受益人，赔款进入遗产须缴纳BC省遗嘱认证费（probate fee）；由于其他遗产已超过$50,000门槛，这笔新增的$300,000全额适用「超$50,000部分每$1,000收$14」的费率（考试口径与2026现行完全一致），即（$300,000 ÷ $1,000）× $14 = $4,200。

c. ✗ 错误。每$1,000收$6的费率仅适用于遗产估值在$25,000至$50,000之间的区段；超过$50,000的部分适用每$1,000收$14。

d. ✗ 错误。混淆了遗嘱认证费（probate fee）与所得税（income tax）：普通免税寿险的身故给付本金即使进入遗产，在所得税上仍不计入所得，只是丧失了遗嘱认证费豁免。

48′ 答案 a

a. ✓ 正确。明确指定具名受益人（named beneficiary，哪怕是侄女）后，身故给付（death benefit）通常在遗产之外直接支付给有效受益人，既绕开BC省遗嘱认证程序免交遗嘱认证费（probate fee），本金也不计入受益人的应税所得。

b. ✗ 错误。绕开遗嘱认证程序只需要有有效的具名受益人（如案例三中的侄女），并不要求受益人必须是不可撤销或必须是配偶/子女。

c. ✗ 错误。普通免税寿险的身故给付（death benefit）本金对任何具名受益人均免征所得税，不因受益人是侄女而非配偶就征税。

d. ✗ 错误。具名受益人直接向保险公司申请理赔，无需向法院申请遗嘱认证，因此既不交按比例的认证费，也不交法院遗嘱认证提交费（考试口径印$208，2026现行法为$200）。

49 答案 c

a. ✗ 错误。落入了第七节第7条的资产资格陷阱：普通经营合伙权益（general partnership interest）通常不属于LCGE豁免范围，只有合格家族农场或渔业合伙权益才有例外。

b. ✗ 错误。终身资本利得豁免（LCGE）仅用于抵消处置合格小型企业公司股份（QSBC shares）或合格农渔业财产产生的资本利得，绝不适用于寿险保单利得（policy gain）。

c. ✓ 正确。依考试口径（2022年），合格小型企业公司股份（QSBC shares）的终身资本利得豁免（lifetime capital gains exemption, LCGE）上限为$913,630，且普通经营合伙权益通常不适用（注：2026年现行法下LCGE上限已调升至$1,275,000，对应50%计入率的扣除上限为$637,500，考试按题干给定口径作答）。

d. ✗ 错误。并非任何加拿大私人公司（CCPC）股份都合格，必须核实资产、持有期及使用等法定条件，不能仅凭「公司」二字就认定适用LCGE。

49′ 答案 a

a. ✓ 正确。符合定义的家族农渔业合伙权益可属合格农渔业财产，2026年现行LCGE上限为$1,275,000（考试口径2022年QSBC上限为$913,630）；现行ITA s.38(a)一般资本利得计入率仍为50%；而寿险保单利得（policy gain）须100%计入应税收入且不可用LCGE抵消。

b. ✗ 错误。虽然普通经营合伙权益通常不合格，但符合定义的家族农场或渔业合伙权益属于合格农渔业财产；且保单利得是100%计入而非50%。

c. ✗ 错误。$1,250,000 是 2025 年数值，不可直接沿用到 2026 年（2026 列为 $1,275,000）；寿险保单利得是保单利得而非资本利得，不能用 LCGE 抵消。

d. ✗ 错误。2024年提出的提高计入率至2/3方案已于2025年3月撤销，现行ITA s.38(a)资本利得一般计入率仍为50%，且保单利得始终是100%计入。

第 8 章答案与解析

50 答案 a

a. ✓ 正确。随时可催收贷款（demand loan）无须等到违约或固定到期日，贷方可依贷款条款及适用通知条件要求还款；将保单作担保转让（collateral assignment）给受限金融机构且满足 ITA s.20(1)(e.2) 条件时，可在当年保费与纯保费成本（net cost of pure insurance, NCPI）较小者中，按合理对应期间欠款（$800,000 / $1,000,000）的部分予以扣除。

b. ✗ 错误。误中“随时可催收贷款到期前安全”陷阱：随时可催收贷款（demand loan）即使未违约也可按约及通知条件催收；此外，向银行作担保转让（collateral assignment）并非绝对转让，不触发保单处置。

c. ✗ 错误。催收权仍须依贷款条款及适用通知条件执行；且保费扣除须取当年保费与 NCPI 的较小者并按贷款与保额的合理比例折算，不能仅凭有贷款就扣除全部保费。

d. ✗ 错误。扣除基数是当年保费与 NCPI 较小者（不能只取 NCPI），且比例是合理对应期间欠款占保额的比例，绝不能倒写成保额除以贷款额。

50′ 答案 c

a. ✗ 错误。担保转让（collateral assignment）不是绝对转让，不触发处置；且随时可催收贷款（demand loan）不受设备折旧年限束缚。

b. ✗ 错误。符合豁免条件（exempt）的保单内现金价值增长继续递延纳税，并非作为费用扣除项目。

c. ✓ 正确。随时可催收贷款（demand loan）在关键人身故时可能被贷方按约催收从而引发流动性危机；满足 ITA s.20(1)(e.2) 的担保转让（collateral assignment）可在保费与 NCPI 较小者中扣除合理对应贷款额（$450,000 / $900,000）的部分。

d. ✗ 错误。不能因为存在贷款就扣除全部保费，必须在保费与 NCPI 较小者中按贷款占保额的合理对应比例计算扣除。

51 答案 b

a. ✗ 错误。$208,125 是按 2026 年现行 LCGE 上限 $1,275,000 计算出的税额（($2,200,000 − $1,275,000) × 50% × 45% = $208,125），而非本题要求的考试口径数字。

b. ✓ 正确。按考试口径终身资本利得豁免（lifetime capital gains exemption, LCGE）数值 $913,630 计算：扣除豁免后余额为 $2,200,000 − $913,630 = $1,286,370，按 50% 计入率得出应税资本利得 $643,185，再乘以 45% 边际税率得税额 $289,433。（注：本题按考试口径 2022 年数字 $913,630 作答；2026 年 CRA 现行 LCGE 上限已指数化调升至 $1,275,000，对应税额为 $208,125。）

c. ✗ 错误。漏乘了 50% 的资本利得计入率（capital gains inclusion rate），直接对扣除豁免后的全部余额乘以 45% 税率。

d. ✗ 错误。$1,000,000 是考试口径中合格农渔业财产的固定豁免额，而非合格 CCPC 股份的考试口径额度 $913,630。

51′ 答案 a

a. ✓ 正确。终身资本利得豁免（LCGE）不能只看“公司”或“合伙”标签：普通经营合伙权益通常不适用，但符合 ITA s.110.6 定义的家族农渔业合伙权益则可能适用；而 CCPC 身份本身不足以证明股份符合合格小企业公司股份（QSBC）资格。

b. ✗ 错误。误中“只看公司标签”陷阱：CCPC 身份本身不足以证明股份为合格小企业公司股份（QSBC），必须核验具体资产资格。

c. ✗ 错误。普通经营合伙权益（如零售服装合伙）通常不适用 LCGE，只有符合定义的家族农渔业合伙权益才是不能遗漏的例外。

d. ✗ 错误。LCGE 须严格核查 QSBC 股份或合格农渔业财产定义，并非所有私人商业权益都适用。

52 答案 c

a. ✗ 错误。误中“持股比例相同等于机制与税务相同”陷阱：虽然两种结构下 Sonia 最终都持有 100% 股权，但买方不同（股东本人 vs 公司注销股份），导致 Sonia 手中股份的调整后成本基础（ACB）截然不同。

b. ✗ 错误。公司赎回法（share redemption / entity purchase）下公司赎回并注销身故股东股份，总股数减少，且幸存股东拿不到成本基础提升（step-up in basis）。

c. ✓ 正确。在交叉持有（cross-purchase agreement）下，幸存股东 Sonia 用免税身故金直接花 $600,000 买入 Tariq 的股份，总股数不变，这笔买价成为新购入股份的成本基础（使总 ACB 升至 $50,000 + $600,000 = $650,000）；而在公司赎回（share redemption）下，由公司直接用现金赎回并注销股份，Sonia 原有股份的 ACB 仍保持 $50,000 不变。

d. ✗ 错误。交叉持有下各股东互相投保的保费属于个人非贷款/非投资支出，不可抵扣个人所得税。

52′ 答案 b

a. ✗ 错误。保险赔款是因被保险人身故合法给付的，注销股份是公司赎回法的正常法律动作，无须退还保司。

b. ✓ 正确。公司赎回法（corporate redemption / share redemption）相对交叉持有的核心税务劣势，就是幸存股东没有亲自掏钱买股，因而拿不到成本基础提升（step-up in basis），原有股份 ACB 不变，日后出售公司时计算出的资本利得更高。

c. ✗ 错误。公司赎回并注销亡故股东股份后，总股数减少，幸存股东 Claire 的持股比例同样上升至 100%。

d. ✗ 错误。公司作为受益人收到的寿险身故给付同样是全额免税进入公司账户的。

53 答案 d

a. ✗ 错误。单纯的公司赎回（corporate redemption）虽然只需 4 张保单（每位股东一张），但由公司直接用现金注销股份，幸存股东拿不到成本基础提升（step-up in basis）。

b. ✗ 错误。四名股东若采用交叉持有（criss-cross / cross-purchase）互相为对方投保，所需保单数量为 4 × 3 = 12 张，而非 4 张。

c. ✗ 错误。分成保单安排（split-dollar arrangement）是企业与核心员工分享同一张保单不同权益的福利机制，并非解决多股东买卖协议成本基础提升的标准结构。

d. ✓ 正确。混合法（hybrid method / promissory note method，考试口径亦称“企业保单资助交叉购买”）由公司统一持有 4 张保单（每人一张），管理像公司赎回一样精简；身故后公司将免税身故金记入资本红利账户（CDA）并向幸存股东派发免税资本红利，用来偿还幸存股东为买入亡故者股份而向遗产开出的本票（promissory note），从而让幸存股东实际掏钱买股并拿到成本基础提升。

53′ 答案 b

a. ✗ 错误。把两种结构的保单数量算反了：三人互相投保需要 6 张，公司统一持有只需 3 张。

b. ✓ 正确。三名股东采用交叉持有（cross-purchase）互相为对方投保时，每人需为另外两人各买一张，共需 3 × 2 = 6 张保单；而改为公司统一持有（corporate-owned）只需为每位股东各投保一张，共 3 张保单。

c. ✗ 错误。交叉持有要求每位股东对其他每位股东分别持有保单，不能靠简单添加顺位受益人解决三方互保问题。

d. ✗ 错误。三人交叉互保是 6 张（3 × 2）而非 9 张，公司持有通常是每位股东各一张（共 3 张）。

54 答案 b

a. ✗ 错误。误中“免税身故金全额进 CDA”陷阱：虽然 $1,500,000 全额免税进入公司账户，但等于保单调整后成本基础（ACB $220,000）的那部分不能增加资本红利账户（CDA）余额。

b. ✓ 正确。公司作为受益人收到的 $1,500,000 寿险身故给付第一步全额免税进入公司账户；但只有超出保单调整后成本基础（adjusted cost basis, ACB）的部分（$1,500,000 − $220,000 = $1,280,000）才能计入资本红利账户（capital dividend account, CDA）并向股东免税分配。

c. ✗ 错误。等于 ACB 的 $220,000 部分进入公司账户时同样免税，只是不能计入 CDA 免税发给股东，并非公司收到赔款时就要交公司税。

d. ✗ 错误。豁免寿险的身故给付不是资本利得，不适用 50% 资本利得计入率，超出 ACB 的部分（$1,280,000）全额增加 CDA。

54′ 答案 a

a. ✓ 正确。定期险（term insurance）虽然通常没有现金退保价值（CSV），但仍可能有非零的调整后成本基础（ACB）；无论是定期险还是永久险，都必须用实际 ACB 数据计算，只有超出 ACB 的身故金部分才能增加 CDA，不能把“无 CSV”当成全额进 CDA 的保证。

b. ✗ 错误。误以为没有 CSV 就一定没有 ACB：定期险在特定期间（如保费高于 NCPI 的年份）仍可能产生非零 ACB。

c. ✗ 错误。定期寿险的身故给付同样适用 CDA 规则，超出其实际 ACB 的部分完全可以计入 CDA。

d. ✗ 错误。用于买卖协议融资的公司寿险保费不可作为营业费用抵扣，且定期险也并非保证 100% 进 CDA。

55 答案 c

a. ✗ 错误。虽然企业对关键员工有可保利益（insurable interest），但保额不能凭空定得很高，必须与企业实际可能遭受的经济损失存在合理对应关系。

b. ✗ 错误。考试口径没有法定公式要求只取中间数或平均数，且核保员一定会要求提交财务报表等资料。

c. ✓ 正确。三种估算方法（收入倍数法、利润贡献法、替代与债务保障法）互相印证，代理人应解释各估计覆盖的损失、时间范围及可能重叠，选择有财务依据的申请额度；保司财务核保会要求提交财务资料佐证保额与預期经济损失的合理对应关系，凭空报出远超实际损失的保额会被打回或大幅调降。

d. ✗ 错误。分成保单安排（split-dollar arrangement）是企业与员工共享面额与现金价值权益的福利机制，不能用来规避财务核保对保额合理性的审查。

55′ 答案 b

a. ✗ 错误。加总猎头培训成本与相关贷款余额属于替代与债务保障法，而非利润贡献法；且关键人保单由企业持有。

b. ✓ 正确。将招聘猎头费、新人培训期双薪成本以及个人担保的随时可催收贷款余额直接加总，属于替代与债务保障法；关键人保险（key person insurance）由企业持有并作受益人，免税身故金直接进入企业账户以弥补损失。

c. ✗ 错误。这不是按年薪倍数计算的收入倍数法，且由配偶持有并受益的是个人家庭寿险，而非企业关键人保险。

d. ✗ 错误。分成保单（split-dollar）是福利安排而非关键人保额估算方法，关键人保险也不由其他普通员工交叉持有。

56 答案 a

a. ✓ 正确。分成保单安排（split-dollar arrangement）由企业与员工分享同一张永久险的不同权益（面额部分与账户价值部分），按公允市场价值分摊保费（依 CRA 行政观点）；符合小企业扣除（small business deduction）条件的 CCPC 首 $500,000 主动经营收入，2026 现行联邦税率 9% 加 BC 省税率 2% 合计为 11%（注：跨模块考试资料例题曾用约 15% 作教学示范，BC 现行符合条件的小企业合并税率为 11%）。

b. ✗ 错误。分成保单是共享同一张永久险保单的不同权益（而非两张独立定期险），且保费必须按各部分权益的公允市场价值合理分摊，否则会引发税务福利问题。

c. ✗ 错误。公司当期小企业税率较低只是经济动因之一，比较个人和公司持有寿险时还须计入个人提款税、业务限额、保单 ACB 及后续分配成本，不能单凭当期公司税率低就断定永久节税。

d. ✗ 错误。11%（联邦 9% + BC 2%）仅适用于符合小企业扣除条件的 CCPC 主动经营收入（一般业务限额 $500,000），并不适用于无限额的被动投资收入。

56′ 答案 b

a. ✗ 错误。如果员工拥有全部权益而公司全额付保费，那属于应税员工福利而非分成保单（split-dollar）的公允价值分摊安排。

b. ✓ 正确。分成保单安排（split-dollar arrangement）的核心机制是企业与核心员工分享同一张保单的不同权益（面额部分与账户价值部分分属不同权益人），并按公允市场价值分摊保费。

c. ✗ 错误。资本红利账户（CDA）是私人公司的税务账户，个人员工并不存在个人 CDA。

d. ✗ 错误。分成保单安排并无专门的成文税法固定比例条款，而是依据 CRA 行政观点按各自所获权益的公允市场价值分摊保费。

第 9 章答案与解析

57 答案 b

a. ✗ 错误。典型陷阱：混淆基础费率分类与评级加费。吸烟状态决定申请人适用「吸烟人」这档独立的标准基础费率表（standard rate classification），并不等于保单本身是一张加费保单（rated policy）。

b. ✓ 正确。频繁的高风险爱好（hazardous avocation，如后山滑雪、滑翔伞、赛车）超出了常规基础费率分类框架，代表额外的死亡率风险，会将申请人推向加费（rated）或特定风险除外条款（exclusion clause）。

c. ✗ 错误。只要不构成酗酒滥用或伴随其他健康问题，偶尔饮酒（occasional social drinking）按标准风险处理，不会单独触发加费。

d. ✗ 错误。高中教师属于低风险常规职业，不会触发职业加费；年龄则只决定适用哪一档标准基础费率。

57′ 答案 d

a. ✗ 错误。吸烟状态（smoker status）直接对应独立的吸烟人基础费率表，不属于在基础费率之上另行叠加的加费保单（rated policy）。

b. ✗ 错误。家庭聚餐偶尔小酌不构成酒精滥用，不会触发加费（rated policy）。

c. ✗ 错误。年龄影响的是基础费率表定价，50岁健康非吸烟者依然适用标准费率（standard rate），而非加费档。

d. ✓ 正确。机动车记录（Motor Vehicle Record, MVR）反映3至10年的驾驶史，多次严重驾驶违规超出了常规标准费率框架，会导致保单被评级加费（rated）。

58 答案 a

a. ✓ 正确。临时保险协议（Temporary Insurance Agreement, TIA / conditional receipt）要求单独填写专用健康问卷，只要其中任何一项回答「是」，即自动拒绝签发TIA，即使申请人已缴纳首期保费。

b. ✗ 错误。典型陷阱：把「提交完整申请并缴纳至少一个月保费」当成TIA生效的充分条件，忽略了TIA健康问卷全部答「否」这一硬性门槛。

c. ✗ 错误。TIA不存在「问卷答是就减半承保」的规则，任一健康问题答「是」即自动不予签发临时保障。

d. ✗ 错误。代理人的裁量权是当心存疑虑时主动拒绝签发TIA，绝无权力在申请人对TIA健康问题答「是」时越权强行签发。

58′ 答案 c

a. ✗ 错误。代理人只有在「对申请没有疑虑」且「已收到首期保费」两个条件同时满足时才应签发TIA；面对明显严重症状仍签发属于失职。

b. ✗ 错误。代理人无权自行起草或附加除外条款（exclusion clause），那是核保员的职责。

c. ✓ 正确。代理人在签发临时保险协议（TIA）这一步有实质裁量权：当观察到持续咳嗽等明显健康疑虑时，应拒绝签发过渡保障，并在代理人意见栏（agent's comments）如实记录交核保员评估。

d. ✗ 错误。代理人可以拒绝签发核保期间的TIA过渡保障，但正式保单是否承保、延期或拒保仍由保司核保员决定。

59 答案 c

a. ✗ 错误。典型陷阱：MIB报告本身绝不能单独作为拒保依据（cannot be used alone to decline），直接据此拒保漏掉了强制核实步骤。

b. ✗ 错误。MIB只保存编码化的风险线索（coded information），并不存储完整的医院病历或他司的具体拒保/加费决定结论。

c. ✓ 正确。医疗信息局（Medical Information Bureau, MIB）报告本身不能单独作为拒保依据，核保员必须先通过体检或主治医生报告（APS）等独立途径核实报告所指的问题确实存在，才能据此做出核保决定。

d. ✗ 错误。申请人签署投保授权后，会员保司通过MIB共享编码化风险信息以防范跨公司隐瞒病史是完全合法的标准核保程序。

59′ 答案 a

a. ✓ 正确。医疗信息局（MIB）共享的是具体的医疗或道德风险编码事实（而非「被某保司拒保」这一结论本身），且核保员必须先独立核实该医疗事实确实存在，不能仅凭MIB编码直接拒保。

b. ✗ 错误。MIB记录的是风险事实编码而非「被拒保」结论，且一家保司的拒保并不构成向另一家保司投保的法律障碍。

c. ✗ 错误。MIB报告不能单独作为拒保依据，必须经过核保员独立核实程序。

d. ✗ 错误。MIB存在的目的正是保存编码化风险记录，防止申请人跨保司隐瞒同一病史重复投保。

60 答案 d

a. ✗ 错误。签发保单不是核保的终点，交付（policy delivery）本身被视为核保流程的延续，签发至交付生效之间仍须核查可保性变化。

b. ✗ 错误。10天审阅期（10-day free-look）是保护投保人无条件退保退费的权利，不是让代理人在被保险人可保性已变时违规交单的理由。

c. ✗ 错误。代理人无权口头设定除外责任，且可保性已发生重大变化时根本不得完成交付。

d. ✓ 正确。保单交付生效必须同时满足投保人接受、首期保费全额付清、以及自申请以来被保险人的可保性没有发生重大变化（insurability unchanged）；若无法确认无重大变化，代理人不得完成交付，必须联系核保员。

60′ 答案 b

a. ✗ 错误。保单在满足交付三要件时即生效，不需要等到10天审阅期结束才生效，且FINTRAC大额现金报告仅在收到$10,000及以上现金时触发。

b. ✓ 正确。保单交付（policy delivery）生效须同时满足三个条件：①交付的保单被申请人/所有人接受；②首期保费全额付清；③从申请到交付之间被保险人的可保性（insurability）没有发生变化。

c. ✗ 错误。交付时只需确认健康、职业、爱好、财务状况无重大变化，并不要求在交单当天重做全面体检或必须年缴现金。

d. ✗ 错误。具名受益人的身份核验并不一律发生在投保或交单当天，这也不是保单交付生效的三要件。

61 答案 b

a. ✗ 错误。典型陷阱：把无意错误与欺诈混为一谈。BC《Insurance Act》s52的2年不可抗辩期只保护不存在欺诈的一般无意错误（mistake），故意欺诈性虚报（fraudulent misrepresentation）不能援用该2年保护。

b. ✓ 正确。故意谎报吸烟状况属于欺诈性虚报（fraudulent misrepresentation）重大事实（material fact），不能援用被保险人生存期间满2年的不可抗辩保护（incontestability），保司在2年后发现仍可撤单拒赔。

c. ✗ 错误。按保费比例调整保额是年龄误报（misstatement of age，BC s54）的专门处理规则，不适用于故意谎报吸烟状态的欺诈性虚报。

d. ✗ 错误。重大事实（material fact）的判定标准是「若如实披露是否会影响核保决定」，吸烟状况直接影响承保费率决定，即使身故原因是车祸，欺诈性隐瞒依然赋予保司撤单权。

61′ 答案 a

a. ✓ 正确。根据BC《Insurance Act》s52，不存在欺诈的一般无意错误（mistake / innocent misrepresentation）在合同于被保险人生存期间有效满2年后受不可抗辩保护；而年龄误报（misstatement of age）另按s54专门规则调整保障或保费。

b. ✗ 错误。无欺诈的一般无意错误在被保险人生存期间有效满2年后受到不可抗辩期保护，保司不能撤单。

c. ✗ 错误。年龄误报适用专门条款（s54），不受一般无意错误2年不可抗辩期的冻结限制，仍须按真实年龄调整保障。

d. ✗ 错误。只要未超出可投保年龄上限，年龄误报通过调整保额处理而非撤单，也不存在所谓审查罚款。

62 答案 c

a. ✗ 错误。加速核保并非无条件自动接受（那更接近保证承保的特征），简化承保也恰恰是为了跳过体检和APS等繁琐核查。

b. ✗ 错误。完全说反了：保留优选、标准、加费分级的是加速核保，而简化承保不设分级且保费通常整体更高。

c. ✓ 正确。加速核保（accelerated underwriting）是「全面核保但用算法和既有数据（MIB、驾驶记录、信用记录）代替体检」，仍给出优选、标准、加费等分级；简化承保（simplified issue）则是「短表格+即时数据直接接受或拒绝」，无优选也无加费分级，保费通常整体偏高。

d. ✗ 错误。考试口径中「高达$2,000,000」只是部分保司放宽免体检门槛的示例而非下限或法律强制规定，且定期寿险并非必须走简化承保。

62′ 答案 d

a. ✗ 错误。加速核保只是省略传统体检，依然会通过问卷及MIB、MVR、信用记录等既有数据全面评估三类风险。

b. ✗ 错误。加速核保是投保时的承保流程，与2年不可抗辩期无关。

c. ✗ 错误。加速核保明确保留优选、标准、加费等风险分级定价。

d. ✓ 正确。加速核保（accelerated underwriting）虽然跳过传统体检，但仍通过既有数据（MIB、机动车记录MVR等）和算法做全面核保分级，危险爱好或严重驾驶违规依然可能被评为加费（rated policy）。

63 答案 a

a. ✓ 正确。考试口径下，可保利益（insurable interest）只需在保单签发时存在，事后离婚不溯及既往影响原保单效力；而新购$200,000保单属于新的投保行为，须在新的签发时点重新满足可保利益（现行BC《Insurance Act》s45(2)(b)亦允许扶养/债务利益或被保险人书面同意路径）及核保条件。

b. ✗ 错误。典型陷阱：把可保利益（insurable interest）误解为必须持续存在到理赔时；实际上只要签发时存在夫妻可保利益，事后离婚不会令原合同失效。

c. ✗ 错误。追加购买新保单是一次全新的投保行为，必须重新审核签发时的可保利益（或书面同意）、财务与健康条件。

d. ✗ 错误。原保单已正式生效，不需要也不可能通过每年重签临时保险协议（TIA）来维持效力。

63′ 答案 b

a. ✗ 错误。可保利益（insurable interest）只需在保单签发时存在，雇佣关系事后终止不会导致已生效的保单自动失效。

b. ✓ 正确。可保利益（insurable interest）只需在保单签发时（at the time of policy issue）存在，此后雇佣关系或婚姻关系的变化不溯及既往，已生效合同继续有效。

c. ✗ 错误。保单所有权不会因被保险人离职而自动转移，也不会自动变成简化承保（simplified issue）保单。

d. ✗ 错误。被保险人6年后正常离职退休既不构成投保时的不实陈述，也不赋予保司事后撤单的权利。

第 10 章答案与解析

64 答案 b

a. ✗ 错在落入「漏减可用既有保障」陷阱：把10年收入缺口资本化金额$275,000加上按揭余额$410,000和丧葬费$15,000得出总资本需求$700,000后，直接把总资本需求当成了最终建议保额，忘了减去既有团体寿险（existing coverage）$100,000。

b. ✓ 正确：按资本需求法（capital needs approach），先将收入缺口资本化金额$275,000加上一次性资本需求（按揭余额$410,000＋丧葬费$15,000＝$425,000）得出总需求$700,000，再减去可用的既有团体寿险$100,000，得出资本缺口（capital shortfall）即建议新增保额$600,000。

c. ✗ 错在只计算了一次性资本需求（按揭余额$410,000＋丧葬费$15,000＝$425,000），既漏掉了10年收入缺口资本化金额$275,000，也未减去既有团体寿险$100,000。

d. ✗ 错在落入「用房价代替按揭余额」陷阱：直接把房屋市值$860,000当作保额需求，忽略了房贷净需求只需清偿按揭余额$410,000，且未按资本需求法（capital needs approach）合并收入缺口与扣减既有保障。

64′ 答案 d

a. ✗ 错在落入「漏减可用既有保障」及漏算一次性需求陷阱：$519,000仅是14年收入缺口的资本化金额，既未加上丧葬费$20,000和信用卡清偿$8,000，也未减去雇主提供的$150,000团体寿险（existing coverage）。

b. ✗ 错在混淆既有保障与建议新增保额：$150,000是Maya目前已有的雇主团体寿险保额，应当作为扣减项从总需求中减去，而非建议新增购买的保额。

c. ✗ 错在落入「资本保留法与耗尽法混用」陷阱：对有明确14年终止期限的子女抚养需求误用了本金永存的资本保留法（capital retention method）得出$2,155,000，且未计入一次性需求与既有团体险扣减。

d. ✓ 正确：按资本需求法（capital needs approach），将14年缺口资本化金额$519,000加上一次性资本需求（丧葬$20,000＋信用卡$8,000），再减去既有团体寿险$150,000，得出资本缺口（capital shortfall）即建议新增保额约$397,000。

65 答案 c

a. ✗ 错在跳步未做任何税与通胀调整：直接用$84,000 ÷ 5%＝$1,680,000，既未扣除投资收益的25%边际税率，也未调整2%的通胀侵蚀。

b. ✗ 错在只做了税后回报率一步调整：计算了税后回报率（after-tax rate of return）5% × (1 − 25%)＝3.75%，并用$84,000 ÷ 3.75%＝$2,240,000，漏掉了后续2%的通胀调整步骤。

c. ✓ 正确：按收入替代法（income replacement approach）依次调整，先算税后回报率（after-tax rate of return）＝5% × (1 − 25%)＝3.75%，再算税后通胀调整回报率（inflation-adjusted rate of return）＝(1 + 3.75%) ÷ (1 + 2%) − 1 ≈ 1.72%，保留完整收益率精度计算$84,000 ÷ [(1.0375 ÷ 1.02) − 1]＝$4,896,000。

d. ✗ 错在只做了通胀调整而漏掉税率调整：仅按通胀调整回报率[(1 + 5%) ÷ (1 + 2%) − 1] ≈ 2.94%计算$84,000 ÷ [(1.05 ÷ 1.02) − 1]＝$2,856,000，忽略了25%的边际税率。

65′ 答案 a

a. ✓ 正确：仅计入税后回报率（after-tax rate of return）时，分母为5% × (1 − 25%)＝3.75%，因此资本化价值（capitalized value）＝$84,000 ÷ 3.75%＝$2,240,000。

b. ✗ 错在未计入税率影响：$1,680,000是直接按名义回报率5%（$84,000 ÷ 5%）算出的未调整资本化价值。

c. ✗ 错在混淆了仅通胀调整与仅税后调整：$2,856,000是仅计入2%通胀率而未扣减25%税率时的计算结果。

d. ✗ 错在多做了一步通胀调整：$4,896,000是同时计入25%税率与2%通胀率双重调整后的结果，而非仅计入税后回报率一步的数字。

66 答案 a

a. ✓ 正确：资本耗尽法（capital drawdown method）假设在规定年限内连本带利花完本金，最适合有明确终止年限的需求（如覆盖14年子女抚养期或有期限的赡养费）；若对短期有终点的需求误用本金永存的资本保留法（capital retention method），会把所需保额高估逾4倍。

b. ✗ 错在混淆两种方法的定义：保留全部本金永不动用、只靠投资利息生活正是资本保留法（capital retention method）的假设，而非资本耗尽法。

c. ✗ 错在混淆收入替代法与资本耗尽法：不问遗属实际需要多少钱、需要多久，仅用于初次面谈粗筛预算范围的是收入替代法（income replacement approach），而资本耗尽法属于资本需求法下有期限现金流的资本化步骤。

d. ✗ 错在选反适用场景：没有明确终点的配偶终身收入替代需求应当考虑资本保留法（capital retention method），若对无终点的终身需求使用固定14年的耗尽法会导致14年后资金断流。

66′ 答案 c

a. ✗ 错在颠倒两种方法的优缺点：需要详尽家庭财务信息、耗时更长的是资本需求法（capital needs approach），而收入替代法计算快、适合初步粗筛。

b. ✗ 错在违背资本需求法核心公式：资本需求法（capital needs approach）必须减去身故时可用资产（assets available upon death）与既有保障，而容易算出偏高保额的是假设本金永不动用的收入替代法。

c. ✓ 正确：资本需求法（capital needs approach）逐项列出遗属身故后的实际收支缺口、持续期限与一次性资本需求，再扣除可用资产与既有保障，能精确反映家庭真实需要，因此考试口径明确指出这是更被推荐的方法。

d. ✗ 错在编造法律强制规定：资本需求法是行业与考纲推荐的专业财务分析方法，并非BC省《家庭法》对所有已婚夫妻强制规定的法定公式。

67 答案 d

a. ✗ 错在轻信客户假设而漏项：「协议没写要投保」绝不等于「身故后义务自动消失」，若不核对协议措辞就直接漏掉每月$900至19岁的抚养义务，会在理赔发生时给遗产带来索赔风险。

b. ✗ 错在曲解BC省《家庭法》条文：Family Law Act s.170(e)可针对供养方已有的寿险要求指定配偶或子女并维持缴费，不能直接改写成一律命令购买新保单。

c. ✗ 错在混淆政府给付与家庭法义务：CPP子女月给付（CPP children's benefit）不会自动消灭调解协议下的抚养费义务，也不能阻止前配偶在协议未妥善约定终止时向遗产提出索赔。

d. ✓ 正确：在处理法院判定或协议投保义务（court-ordered insurance）及相关抚养责任时，调解协议须结合协议措辞与BC省Family Law Act s.171判断；协议沉默或未写明随身故终止时，前配偶仍可能在被保险人身故后对遗产提出索赔，代理人必须要求客户拿出协议原文核对。

67′ 答案 b

a. ✗ 错在混淆调解协议与法院判决：调解协议与法院判决是两回事，协议沉默时受供养人可向法院申请，但并非自动获准或自动取得全部遗产。

b. ✓ 正确：在BC省，Family Law Act s.170(e)可针对供养方已有的寿险（court-ordered insurance）要求指定配偶或子女为受益人并维持缴费；而根据s.171，若调解协议未写清楚抚养义务随身故终止，前配偶仍可能对遗产提出索赔。

c. ✗ 错在误以为「没提保险就不用管」：即使协议没有明文要求投保，只要抚养义务本身没有随身故终止的明确措辞，前配偶依然可能对遗产提出索赔。

d. ✗ 错在违背法律事实：为担保身故后配偶赡养费或子女抚养费持续支付，前配偶或前段婚姻子女通常被指定为保单受益人，再婚并不会令该指定违法。

68 答案 a

a. ✓ 正确：按考试口径作答，两者在身故时均触发视同处置（deemed disposition），Nora的合格小型企业公司股份可适用终身资本利得豁免（lifetime capital gains exemption, LCGE）且2022年考试口径上限为$913,630，而Leo的普通经营合伙权益不适用LCGE。注意考试资料使用2022年旧上限$913,630，而2026年现行CRA规则下LCGE上限已统一上调至$1,275,000（且合格家族农渔业合伙权益若符合定义可适用）。

b. ✗ 错在虚构兄弟姐妹免税展期：资本财产在身故时通常依《所得税法》s.70(5)按公允市值视同处置（deemed disposition），并不存在转给兄弟姐妹自动免税展期的规定。

c. ✗ 错在颠倒公司股份与普通经营合伙的税务待遇：符合QSBC定义的CCPC股份才享有终身资本利得豁免（LCGE），而普通经营合伙权益触发的是资本利得且不享有LCGE。

d. ✗ 错在误用「考场旧口径与现行规则混淆」陷阱：普通经营合伙权益不享有LCGE，且即便个人同时持有合格小型企业股份与合格农渔业财产，也共享个人终身LCGE总额度，不能各算一份完整豁免。

68′ 答案 d

a. ✗ 错在把豁免抵扣当成从未产生应税资本利得：股权身故视同处置先产生$640,000资本利得及其50%即$320,000应税资本利得，再由资本利得扣除抵减；虽在一般税计算下可抵消，但仍须另核替代最低税（AMT）。

b. ✗ 错在混淆CCPC股份与普通经营合伙：符合QSBC定义的CCPC股份可以使用终身资本利得豁免（LCGE），不能与普通经营合伙混为一谈。

c. ✗ 错在混淆成本基数与资本利得公式：视同处置（deemed disposition）的资本利得等于公允市值$650,000减去ACB $10,000即$640,000，并非对ACB征税或按股息征税。

d. ✓ 正确：股权身故时按市值视同处置（deemed disposition），资本利得＝$650,000 − $10,000＝$640,000，其50%即$320,000为应税资本利得；在2026年现行LCGE上限$1,275,000内可通过资本利得扣除抵消一般所得税，但实务中仍须另核替代最低税（AMT）。

69 答案 b

a. ✗ 错在落入「不可变卖资产混入可用资产池」陷阱：把账面总资产$1,180,000直接当成身故时可用资产（assets available upon death），忽略了配偶继续居住的自住房与家人保留继续经营的公司股权并不会变卖换取现金。

b. ✓ 正确：身故时可用资产（assets available upon death）只计入真正愿意变卖并可用于遗产需求的资产；配偶将继续居住的自住房以及家人打算保留继续经营的$650,000公司股权均不应计入可变卖资产池，实际可用资产会远小于$1,180,000账面总值。

c. ✗ 错在混淆资本利得与可用现金：市值$650,000减去ACB $10,000得出的$640,000是用于测算视同处置（deemed disposition）税负的资本利得，绝不能把账面资本利得当成可用现金。

d. ✗ 错在违背客户家庭保留经营的意愿：只要家人打算保留公司继续经营而非变卖，整笔$650,000公司股权都不能计入身故时可用资产（assets available upon death）池。

69′ 答案 a

a. ✓ 正确：身故时可用资产（assets available upon death）必须严格区分总资产与可用于需求的资产——要传给子女的家族物业、配偶要继续持有的退休金账户即使账面价值再高也不计入可变卖资产池，只能扣减真正可用于清偿债务的储蓄账户。

b. ✗ 错在落入「不可变卖资产混入可用资产池」陷阱：不仅把不可变卖的度假屋和配偶养老账户混入可用资产池，而且即便变卖资产也必须扣除债务、税费及交易成本后的净额而非毛市值。

c. ✗ 错在完全颠倒可用资产规则：可随时动用清偿遗产债务的流动现金恰恰是身故时可用资产（assets available upon death），而保留不卖的物业与配偶继续持有的退休金账户才必须剔除。

d. ✗ 错在遗漏公式关键项：资本需求法的正确公式是建议保额＝总需求 − 身故时可用资产（assets available upon death）− 既有保障，可用资产与既有保障两项都要参与相减。

70 答案 c

a. ✗ 错在误用「考场旧口径与现行规则混淆」陷阱：即便是2025年起新增的$2,500附加额，也要求死者从未领取CPP/QPP退休或伤残给付且无合资格领取遗属养老金的配偶或同居伴侣——Owen已婚有合资格遗属，既不符合$5,000条件，更不能把月给付最高额无条件套用于所有人。

b. ✗ 错在违背既有保障核对原则：CPP遗属给付（CPP survivor benefits）必须由遗属主动申请而非自动发放，且核定后的预计给付属于既有保障与身故后收入的一部分，必须在需求分析中计入。

c. ✓ 正确：考场作答遵循考试口径，CPP一次性身故给付（CPP death benefit）基本额为$2,500，遗属与子女月给付按题干给出数字或考试资料快照作答，且需求分析应采用客户的预计核定给付而非无条件代入最高上限。注意考试资料对月给付使用2022年快照（65岁以下遗属$674.79、子女$264.53），而2026年现行最高月给付已调至$803.54与$307.81，且2025年起无合资格遗属等特定情形下身故给付最高可达$5,000。

d. ✗ 错在混淆工伤给付适用边界：WorkSafeBC的丧葬费用上限$11,704.51属于工伤致死给付（Workers' Compensation fatality benefits），仅限工伤或职业病致死才可赔付，不能替代一般疾病或非工伤身故的寿险需求。

70′ 答案 b

a. ✗ 错在张冠李戴法条与天数：90天是BC省《养老金给付标准法》（PBSA）s.80下配偶签署放弃联合遗属年金豁免的期限，BC省并没有成文法强制规定团体寿险90天转换期。

b. ✓ 正确：按既有保障核对（existing coverage review）的双口径规则，考试口径内部对团体寿险离职转换窗口有30天与31天两处不一致表述（考场按题干表述作答），而在BC省现行法律下团体寿险的可转换性只受CLHIA行业自律指引约束，并非成文法法定保护。

c. ✗ 错在虚构离职后免费延续期：团体寿险通常会随离职而终止，短期可能随离职消失的团体保障绝不会由原雇主免费延续14年，也不应无条件抵掉长期缺口。

d. ✗ 错在违背团体险转换权基本机制：在规定的转换窗口（考试口径30天或31天）内行使转换权通常无需重新提供可保性证明，也不存在「60天内全面体检」或「65岁前禁止转换」的规定。

第 11 章答案与解析

71 答案 a

a. ✓ 正确。根据综合考量（bringing it all together）与产品选择决策树，当客户有明确的期限定期需求（如二十年房贷与抚养期）、长期需求尚不确定且目前收入有限时，优先推荐可转换定期险（convertible term insurance），把转成永久险的决定权留到未来收入更明朗时。

b. ✗ 错在「目标误置」陷阱。把保额最高、保费最贵的分红终身险当成「最安全」的默认推荐是错误的；对于目前现金流紧张的客户，高保费永久险可能导致无力持续缴费而断保，违反产品适当性。

c. ✗ 错在误解了万能寿险（universal life）的缴费机制。讲义明确指出，万能寿险灵活缴费不等于可以长期不缴，必须先测试持续支付保险成本（COI）的能力，不适合目前收入有限且仅需低成本定期保障的客户。

d. ✗ 错在「产品误配」陷阱。联合末身故（joint last-to-die）保单在最后一人身故时才赔付，用于递延至末位配偶身故的税负，完全无法解决 Elena 身故后幼年子女立即需要的房贷与生活费。

71′ 答案 c

a. ✗ 错在忽视了风险持续期（duration of risk）。身故税负是终身存在的确定需求，定期险到期后若被保险人仍健在，保障将消失或面临高昂续保保费。

b. ✗ 错在用短期定期险去覆盖终身才触发的遗产税负，不仅违反按需求持续期配险种的原则，且高龄续保成本极高。

c. ✓ 正确。根据六步推荐流程与产品选择决策树，当配偶间资产可展期、税负递延至末位配偶身故（death of the second spouse）才触发，且需求终身存在、客户已用满 RRSP/TFSA 时，应配置联合末身故永久险（joint last-to-die permanent insurance）。

d. ✗ 错在误解了团体寿险（group life insurance）的特征。团体险保额通常有上限且随离职或退休而终止或受限于转换规则，不能用来解决终身遗产税负。

72 答案 b

a. ✗ 同时落入「漏算一步」与「管辖混淆」两个陷阱。比较不同期限定期险不能只看首年保费而忽略十年后的续保跳涨；且在魁北克以外的省份（如 BC 省），即使指定已婚配偶为受益人，默认也是可撤销的。

b. ✓ 正确。在推荐的第三步与第四步中，代理人必须用累计成本分析（cumulative cost analysis）比较二十年内的总保费（考虑十年定期险续保跳涨）；同时除魁北克外，全国默认所有受益人指定均为可撤销受益人（revocable beneficiary），即使指定的是配偶，变更时无需配偶同意，除非主动声明为不可撤销。

c. ✗ 错在颠倒了遗嘱认证影响（probate implication）且漏算续保成本。指定遗产（estate）为受益人恰恰会让身故金进入遗嘱认证程序并产生认证费，指定具体个人受益人才能绕过遗嘱认证。

d. ✗ 错在违背了定期险定价机制与受益人规则。十年定期险在第十一年续保时保费会大幅跳涨，二十年累计总保费通常不同于二十年定期险；且可撤销与否取决于是否声明为不可撤销，而非主要或条件受益人身份。

72′ 答案 a

a. ✓ 正确。根据第七节考试陷阱清单，除魁北克外，全国默认所有受益人指定都是可撤销的（revocable），即使指定的是配偶；而魁北克（CCQ 2449）针对遗嘱以外书面指定已婚或民事结合（civil union）配偶设为默认不可撤销（irrevocable），另有明示可撤销则从其约定。

b. ✗ 错在「管辖混淆」陷阱，把魁北克对已婚配偶默认不可撤销的特殊规定错误推广到了 BC 省及全国其他普通法省份。

c. ✗ 错在忽略了魁北克的配偶例外规定，且指定遗产（estate）为受益人永远是可由保单持有人自由变更的，不可能自动成为不可撤销受益人。

d. ✗ 完全说反了。BC 省默认可撤销；而魁北克默认不可撤销规则仅适用于已婚或民事结合（civil union）配偶，同居伴侣（common-law partners）不因同居而自动适用。

73 答案 a

a. ✓ 正确。根据保单演示件（policy illustration）规则与 CLHIA 指引 G6，含非保证金额的寿险演示件必须清楚分开标示保证值与非保证值（guaranteed vs non-guaranteed values），对非保证部分至少展示两套情景（包括较不利情景）；客户签字确认的是「理解演示件的性质」，而不是「同意或锁定保司会达到这个回报」。

b. ✗ 错在把非保证演示当成保司承诺。非保证值（non-guaranteed values）是用来演示保单机制如何运作的投影，即使客户签字，保险人也绝不保证非保证栏目的未来实际回报。

c. ✗ 错在混淆了定期险与永久险演示件的结构。定期险没有现金价值或分红，演示件只有保费与保额两栏；反而是含非保证金额的永久险演示件必须展示至少两套情景。

d. ✗ 错在违反了非保证演示件至少展示两套情景的强制要求。如果演示件连一套较不利情景（less favourable scenario）都没有，该演示件本身就不合规。

73′ 答案 d

a. ✗ 错在误以为万能寿险（universal life）豁免两套情景规则。只要是含非保证金额的寿险演示件，都必须遵循展示至少两套情景的标准。

b. ✗ 错在严重违规误导客户。保证值与非保证值（guaranteed vs non-guaranteed values）必须清楚区分，绝不能将非保证投影伪造或暗示为保证回报。

c. ✗ 错在跨险种混用演示数据。讲义第六节明确指出，万能寿险看所选账户计息机制及费用，不能用分红终身险的分红记录来比较或充当万能寿险的演示情景。

d. ✓ 正确。根据第二节演示件规则，含非保证金额的寿险演示件至少要展示两套情景；如果拿到的演示件连一套较不利情景（less favourable scenario）都没有，这份演示件本身就不合规，代理人应主动向公司询问并取得合规版本，而不是直接呈给客户。

74 答案 b

a. ✗ 同时犯了「同类不同规则」与「流程顺序错误」两个陷阱。跨不同保险公司（Alpha 到 Beta）诱导换单属于掉保（twisting）而非同一保司内的转保（churning）；且绝不能在新单生效前取消旧单。

b. ✓ 正确。用误导或不实信息说服客户在不同保险人之间更换保单称为掉保（twisting，若在同一保险人内部则称为转保 churning），违反受信义务（fiduciary duty）；且替换流程要求必须先确认新单正式生效并被客户接受后，才能取消旧单，以免造成保障空窗期。

c. ✗ 错在以为不可抗辩期可以跨保单继承。更换为新保单后，新保单的 2 年不可抗辩期（incontestability period）会重新起算，旧单已过的不可抗辩期不会转移到新单上。

d. ✗ 错在颠倒了披露时点且误以为签字能洗白欺诈诱导。寿险替换声明书（LIRD）必须在着手新申请之前讲解并签字，且任何披露表格都不能使误导性的掉保（twisting）合法化。

74′ 答案 d

a. ✗ 错在「同类不同规则」陷阱。掉保（twisting）仅指发生在不同保险公司之间的误导性换单，而本题发生在同一家保险公司（Omega）内部。

b. ✗ 错在将违反受信义务的不当换单包装成正常的成本比较流程。

c. ✗ 错在混淆了术语。撤销权（right of rescission）是指客户在冷静期内（如 BC 替换声明签署起 20 天内）撤回申请的权利，而非代理人的不当换单行为。

d. ✓ 正确。用误导或不实信息说服客户在同一家保险公司（same insurer）内部更换保单或提取现金买新单，专门称为转保（churning）；若跨不同保司则称为掉保（twisting），两者都严重违反代理人的受信义务。

75 答案 c

a. ✗ 错在「漏算一步」陷阱，盲目套用「新单总是比续保便宜」的经验法则，忽略了 Victor 在期间开始吸烟且健康变差这一关键变量。

b. ✗ 错在颠倒了续保（renewal）与新投保的规则。按原合同条款续保不需要重新核保，也不会因为吸烟而重算健康等级；只有重新申请一张新保单才会按现在的吸烟者状况重新核保并重新起算 2 年不可抗辩期。

c. ✓ 正确。正如第六节案例 A 所示，续保原保单（renewal）的保费按原发单时的健康等级计算，与他后来开始吸烟无关（只是按 58 岁年龄上涨）；而重新投保新单必须按现在的吸烟者与健康状况重新核保（可能更贵、被加费或拒保），代理人必须先比较两条路径的多年累计成本并讲清「续保锁定原健康等级」的机制。

d. ✗ 错在「流程顺序错误」陷阱。对健康已恶化的客户而言，一旦先取消原保单，新保单若因吸烟与健康问题被拒保，客户将彻底失去保险保障。

75′ 答案 b

a. ✗ 错在歪曲了不可抗辩期（incontestability period）规则。旧保单已满 2 年不可抗辩期，但一旦更换为新保单，新保单将重新起算 2 年不可抗辩期，前两年内保司仍可因误报调查甚至撤单。

b. ✓ 正确。根据第六节案例 B 的替换利弊对照表，代理人必须在书面记录（reason-why record）中向客户讲清：新单重新起算 2 年不可抗辩期、新单前期费用高且现金价值须重新从零积累（退旧单会损失已摊销的早期费用价值）、以及新单与重疾附加险需按当前年龄与健康状况重新核保。

c. ✗ 错在混淆了分红终身险与万能寿险的非保证增长机制。讲义案例 B 明确指出，万能寿险看所选账户计息机制及费用，不能用分红记录来比较万能寿险。

d. ✗ 错在误以为增加附加险即可免除保单替换披露（policy replacement disclosure）。只要放弃既有寿险保单去买新寿险保单，就必须履行完整的替换披露义务。

76 答案 c

a. ✗ 错在「前提误用」陷阱。无论是谁先提出更换保单，只要交易属于保单替换（policy replacement），代理人的披露义务就成立；它保护的是客户的知情权，与「谁的主意」无关。

b. ✗ 错在遗漏了被保险人的签字要求。在着手替换的新申请之前，代理人须向申请人讲解声明并取得签字；若被保险人（life insured）与申请人不同，被保险人也必须签字。

c. ✓ 正确。无论谁主动提出换单都必须履行披露；按考试口径，多数司法辖区要求使用寿险替换声明书（LIRD），而魁北克使用专门的《保险合同替换通知》。需注意考试口径泛称多数司法辖区要求 LIRD，而在 BC 现行法下《保险合同（人寿保险替换）规则》s.3(4) 对出示声明并取得签字有明确的成文法规定。

d. ✗ 错在「管辖混淆」陷阱，完全颠倒了 LIRD 与魁北克专表的适用范围。除魁北克使用专门表格外，其余省份统一使用 LIRD。

76′ 答案 a

a. ✓ 正确。根据第三节保单替换披露义务的三层落地要求，在着手属于替换的新申请之前，代理人须向申请人讲解替换声明（LIRD）并取得申请人签字，被保险人与申请人不同者也须签字，同时附上一份书面说明（讲清更换理由、新单优点、以及如重新起算 2 年不可抗辩期等可能不赔付的情形）。注：考试口径泛称多数司法辖区要求 LIRD，而在 BC 现行法下该义务由《保险合同（人寿保险替换）规则》s.3(4) 成文法明确规定。

b. ✗ 错在把口头确认代替事前书面披露，并混淆了宽限期（30 或 31 天）与事前披露时点。替换声明必须在着手新申请之前讲解并签字。

c. ✗ 错在漏掉了申请人的签字且免除了书面利弊说明。申请人与被保险人不同时双方都必须签字，且无论保额高低都必须附书面说明。

d. ✗ 错在「管辖混淆」陷阱。除魁北克使用专门表格外，包括 BC 在内的其余省份统一使用 LIRD，且 BC 有省级成文法规强制要求。

77 答案 d

a. ✗ 错在违背了客户拒绝推荐时的执业边界。讲义明确指出，代理人绝不能不顾客户明确表态、反复施压促成更大保额（否则可能构成不当销售）。

b. ✗ 错在放弃留痕。如果客户拒绝后什么都不记录甚至销毁原方案记录，一旦数年后发生理赔且遗属质疑「当初为什么卖的保额不够」，代理人将没有任何证据证明当年已讲清风险缺口。

c. ✗ 错在混淆了替换披露与推荐留痕记录（reason-why record）的适用范围。替换披露只在换保单时强制要求，而 reason-why 记录应在每一次实质性推荐时都做，无论是否有旧保单要换。

d. ✓ 正确。根据第三节第 5、6 小节与第六节案例 C，一份完整的推荐留痕记录（reason-why record）包含客户处境摘要、考虑过的方案与取舍、最终推荐及客户回应四块内容；当客户只买 $300,000 时，代理人必须讲清未覆盖的风险缺口、将 $600,000 建议与 $300,000 最终选择记入书面记录并请客户确认已理解差异。

77′ 答案 b

a. ✗ 错在偏离了推荐留痕记录（reason-why record）的四块核心内容。它记录的是专业判断过程，不需要重抄整份合同或仅列佣金表。

b. ✓ 正确。根据第三节第 5 小节，一份能站得住脚的推荐留痕记录（reason-why record）包含四块内容：① 客户处境摘要；② 考虑过的方案与为什么没选（alternatives considered and why not chosen）；③ 最终推荐与匹配到的具体需求；④ 客户的回应（接受、部分接受或拒绝及风险说明情况）。

c. ✗ 错在把非保证分红写成保证承诺，这不仅不是 reason-why 记录的内容，更是严重的违规误导。

d. ✗ 错在混淆了无旧保单的新增推荐与保单替换（policy replacement）。没有既有保单被替换时不需要填替换声明书，但仍须保留 reason-why 推荐记录。

第 12 章答案与解析

78 答案 a

a. ✓ 正确。将吸烟状态从吸烟改为非吸烟直接影响死亡率假设与费率等级，属于核保变更（underwriting change），必须提供声明或检测等证据由保司重新核定。

b. ✗ 错误。保单抵押担保转让（collateral assignment）不需要重新核保，且被所得税法 s.148 的处置定义排除，不触发保单收益税务处置。

c. ✗ 错误。减少保额降低了保司的风险敞口，属于通常不需要健康核保的行政变更（administrative change），按合同最低保额与保司手续办理即可。

d. ✗ 错误。以书面声明更改可撤销受益人（revocable beneficiary）属于行政变更，不增加被保险人死亡风险，无需重新核保。

78′ 答案 c

a. ✗ 错误。无论是保单所有权转让（assignment）还是删除附加险，都不会增加保司的承保风险，均不需要医学核保。

b. ✗ 错误。把两者的性质完全颠倒了：删除附加险是纯行政变更，而永久转让保单所有权属于绝对转让，通常构成税务上的权益处置。

c. ✓ 正确。删除附加险和保单所有权转让均无需重新核保；但永久转让所有权属于绝对转让（absolute assignment），通常构成所得税法下的权益处置，须结合调整后成本基础（ACB）与展期规则做税务判断。

d. ✗ 错误。只有单纯抵押担保转让（collateral assignment）才被 s.148 排除在处置定义之外，绝对转让不享受该排除。

79 答案 b

a. ✗ 错误。掉入「两年复效无条件恢复陷阱」；免健康证据补费复效仅限宽限期末后另 30 天短窗口内，失效后第 55 天已错过短窗口。

b. ✓ 正确。根据 BC s.57，错过宽限期末后 30 天短窗口但仍在失效后 2 年长窗口内申请复效（reinstatement），必须付清全部欠费及其他合同债务与法定上限内利息，并提供令保司满意的健康及可保性证据；条件齐全时保司必须恢复。

c. ✗ 错误。掉入「双30天连续保障陷阱」；宽限期（grace period）30 天与复效短窗口 30 天绝不能拼成 60 天连续有效保障，宽限期届满保单即刻失效（lapse）。

d. ✗ 错误。超过宽限期末后 30 天只是错过了免核保短窗口，在失效后 2 年内仍享有带健康证据要求的长窗口法定复效权。

79′ 答案 a

a. ✓ 正确。区分宽限期（grace period）与复效（reinstatement）：宽限期内身故依 s.50 仍赔付，但宽限期届满后保单已失效（lapse），s.57 短窗口免核保复效明确要求「付款时被保险人仍生存」，身故后家属补费无效。

b. ✗ 错误。掉入「双30天连续保障陷阱」；扣除欠费赔付仅适用于 s.50 的 30 天宽限期内身故，不适用于宽限期届满后的 30 天复效窗口。

c. ✗ 错误。被保险人已经身故，不满足复效付款时被保险人必须生存的基本前提，事后证明事故前健康也无法复效。

d. ✗ 错误。按保费比例调整保额是 s.54 年龄误报的规则，保单欠费失效后身故不适用比例赔付。

80 答案 c

a. ✗ 错误。根据 s.60，不可撤销受益人（irrevocable beneficiary）在世期间，未经其本人同意不得撤改，也不能通过立遗嘱单方面覆盖已存档的不可撤销指定。

b. ✗ 错误。根据 s.66，对设有不可撤销受益人的合同进行转让、退保、质押或处分相关权益时，同样受不可撤销受益人同意规则约束。

c. ✓ 正确。根据 BC s.60 与 s.66，不可撤销受益人（irrevocable beneficiary）生存期间，投保人未经其同意不得变更或撤销指定；处分合同权益时须核实其已满 19 岁并取得其同意（除非有法规或法院命令例外）。

d. ✗ 错误。混淆了魁北克配偶默认不可撤销规则与 BC 的明示不可撤销指定；BC《Insurance Act》s.60 明文承认合规存档的不可撤销受益人指定。

80′ 答案 b

a. ✗ 错误。根据 s.60，不可撤销受益人（irrevocable beneficiary）必须在被保险人生存期间存档于保司加拿大总或主要办事处，且明确禁止以遗嘱方式设立不可撤销指定。

b. ✓ 正确。根据 BC s.60，不能以遗嘱作不可撤销受益人（irrevocable beneficiary）指定，且未在被保险人生前存档于保司加拿大总或主要办事处的指定，仅具有可撤销指定声明（declaration）的效果。

c. ✗ 错误。不满足 s.60 不可撤销要件的指定只会降级为普通可撤销指定，绝不会导致整份保单作废。

d. ✗ 错误。指定形式不符合不可撤销条件不会导致保险金被保司没收，仅按可撤销受益人指定处理。

81 答案 b

a. ✗ 错误。掉入「口头或自动改受益人陷阱」；保单不是遗嘱，除魁北克民法典另有规定外，离婚并不会自动撤销保单上的前配偶受益人指定。

b. ✓ 正确。考试口径与 BC 规则均明确：离婚、再婚不会自动更新保单内的受益人指定（beneficiary designation）；只要未通过合同或书面声明（declaration）正式变更，记录在案的前配偶仍是合法受益人。

c. ✗ 错误。再婚不会自动将新配偶写入保单受益人一栏，必须由投保人签署书面变更文件。

d. ✗ 错误。保单失效（lapse）是宽限期届满未缴保费的法律后果，婚姻关系解除不会导致保单失效。

81′ 答案 d

a. ✗ 错误。根据 s.37 与 s.59，受益人变更必须以书面声明（declaration）签署作出，对代理人的口头转述不构成有效指定。

b. ✗ 错误。根据 s.77，在保司主要办事处收到影响保险金权利的书面文件之前，保司有权依据现有记录付款并免责。

c. ✗ 错误。法律上不存在因口头承诺而由保司再付一半给新受益人的规则。

d. ✓ 正确。根据 BC s.59 与 s.77，变更受益人须有签署的书面声明（declaration），且保司在收到书面变更文件前按现有记录向前配偶给付合法有效并免除责任。

82 答案 b

a. ✗ 错误。同保司内误导换单才叫转保（churning），跨保司误导换单叫掉保（twisting）；且在新单生效前绝不能先取消旧保单。

b. ✓ 正确。用误导信息诱使客户跨保司换单称为掉保（twisting）；根据 BC 替换法规，合规替换须在开始申请前提供并讲解寿险替换声明书（life insurance replacement declaration, LIRD）及书面利弊说明并取得签署确认，且在新单生效及客户接受前保留旧保障。

c. ✗ 错误。虽然跨保司不当替换确称掉保（twisting），但替换声明与利弊书面说明必须在开始新申请之前提供并签署，而不是等新单送达后才补交。

d. ✗ 错误。不仅混淆了同保司转保（churning）与跨保司掉保（twisting），而且讲义明确指出不能把所有合同转换权的行使都当成法规定义的保单替换。

82′ 答案 a

a. ✓ 正确。根据 BC s.56 与 s.57，保单复效（reinstatement）时重新适用相关披露与不可抗辩条款，且自杀条款（suicide clause，考试口径常见 2 年）从最近一次复效日起重新起算。

b. ✗ 错误。复效并不是当作从未失效过，法律规定复效会重置披露审核与自杀除外期的起算点。

c. ✗ 错误。30 天是宽限期或短窗口复效期限，自杀条款与不可抗辩期在复效后均按合同或法定期限（常见 2 年）重新起算。

d. ✗ 错误。复效后重新起算的不可抗辩期（incontestability period）在被保险人生存期间再次满 2 年后，一般非欺诈误述同样受不可抗辩保护。

83 答案 c

a. ✗ 错误。掉入「年龄误报拒赔陷阱」；混淆了欺诈与非欺诈年龄误报（misstatement of age），非欺诈年龄误报不会导致拒赔，而是按保费比例调整保额。

b. ✗ 错误。根据 BC s.52 与 s.54，年龄误报明确排除在 2 年一般不可抗辩期（incontestability period）之外，无论保单生效多少年均须调整。

c. ✓ 正确。根据 BC s.54，非欺诈年龄误报（misstatement of age）按「原保额 × 实缴保费 ÷ 应缴保费」调整给付，即 $120,000 × ($240 ÷ $300) = $96,000。

d. ✗ 错误。掉入「年龄误报反算陷阱」；把应缴保费除以实缴保费，导致少缴保费反而算出高于原保额的 $150,000。

83′ 答案 b

a. ✗ 错误。讲义明确指出，不能把保额下调当成普遍定律，当年龄写大导致多缴保费时，s.54 同样允许按公式增加给付。

b. ✓ 正确。根据 BC s.54，年龄误报（misstatement of age）公式「原保额 × 实缴保费 ÷ 应缴保费」双向适用；多缴保费时给付上调为 $120,000 × ($300 ÷ $240) = $150,000。

c. ✗ 错误。$96,000 是少缴保费时的下调结果；多缴保费时实缴 $300 在分子、应缴 $240 在分母，给付应当增加而非减少。

d. ✗ 错误。非欺诈年龄误报不会撤销保单退费，而是按真实年龄对应保费比例调整保险金。

84 答案 d

a. ✗ 错误。2 年是不可抗辩期、复效长窗口或收到推定死亡宣告后的诉讼时效（s.76），不是考试口径的失踪推定死亡年限。

b. ✗ 错误。5 年是 BC s.54 超出最高可保年龄且被保险人在世时撤销保单的期限，与失踪推定死亡无关。

c. ✗ 错误。6 年是 BC s.76 死亡保险金自死亡之日起算的最终诉讼时效上限，不是失踪等待年限。

d. ✓ 正确。考场标准答案按考试口径通则答失踪满 7 年可申请推定死亡（presumption of death）；但需注意 BC 现行《Presumption of Death Act》s.3 只要求无音讯、无理由相信在世、有合理依据推定已死亡三要件，并无 7 年法定等待期。

84′ 答案 b

a. ✗ 错误。把同时死亡推定（simultaneous death presumption）的先后顺序说反了：若被保险人先死，保险金会流入已故受益人遗产，这正是 s.83 默认规则所要避免的。

b. ✓ 正确。根据 BC s.83 同时死亡推定（simultaneous death presumption），先后不明时默认受益人先于被保险人死亡，保险金按受益人不在世处理（归投保人或其遗产代表人）；根据 s.82，面对多方竞争索赔人，保司可申请付入法院（payment into court）以免责。

c. ✗ 错误。7 年是考试口径的失踪推定死亡年限，车祸同时死亡已有明确死亡事实，无需等待 7 年。

d. ✗ 错误。s.83 不会在双方遗产之间平分保险金，且 s.82 明文允许保司在多方争议时申请付入法院（payment into court）。

第 13 章答案与解析

85 答案 b

a. ✗ 错误（陷阱：混淆早逝风险与长寿风险）。死亡风险（mortality risk）指早逝导致遗属失去收入来源，而题干描述的是活得超过资产可支撑年限。

b. ✓ 正确。长寿风险（longevity risk）的定义正是“活得比资产/储蓄能支撑的时间更久”，会导致退休资金在预期寿命前耗尽（威胁退休收入 retirement income），且长期护理费用会侵蚀已积累资产或转嫁给下一代。

c. ✗ 错误（陷阱：混淆个人长寿风险与企业系统性风险）。系统性风险（systematic risk）指利率或经济周期等企业外部市场风险，与个人退休资产因长寿耗尽无关。

d. ✗ 错误（陷阱：混淆短期伤残与退休长寿风险）。短期伤残风险针对的是工作期间的劳动收入中断，而非退休后活得比储蓄支撑期更久。

85′ 答案 c

a. ✗ 错误（陷阱：把长寿当成不算风险）。长寿是四类核心风险之一，需求分析必须涵盖退休后的长寿与护理风险。

b. ✗ 错误（陷阱：概念混用）。活得久属于长寿风险（longevity risk），而非早逝风险（mortality risk），也不能靠意外身故保险解决。

c. ✓ 正确。长寿风险（longevity risk）是四类风险中唯一表面看似“好事”的一类，但活得比资产能支撑的时间更久会耗尽退休收入，且年迈时的长期护理支出会侵蚀原本留给下一代的资产。

d. ✗ 错误（陷阱：胡乱套用政府短期福利）。EI 病假福利仅针对符合条件的就业人员短期疾病收入中断，不负责补贴年老时耗尽退休储蓄的人员。

86 答案 a

a. ✓ 正确。威胁企业目标的风险分两层：与整体市场、利率、经济周期相关的属于系统性风险（systematic risk），A&S 管不了，只能靠经营管理应对；业主本人健康受损导致固定开支无法支付属于非系统性风险（unsystematic risk / 企业特有风险），正是 A&S 企业保险（如 BOE）与自留（self-funding）应对的对象。

b. ✗ 错误（陷阱：误以为 BOE 保市场萧条）。企业营运费用险（BOE）仅在业主因伤残无法工作时按合同报销合资格固定开支，绝不承保利率上升或订单萎缩等系统性市场风险。

c. ✗ 错误（陷阱：将两类风险完全颠倒）。行业与利率波动是系统性风险，业主健康是非系统性风险，两者定义颠倒。

d. ✗ 错误（陷阱：忽略商业保险的风险转移功能）。业主伤残导致的企业固定开支风险可以通过投保 BOE 等商业保险进行风险转移（risk transfer），并非只能自留。

86′ 答案 b

a. ✗ 错误（陷阱：把市场竞争当成健康风险）。市场竞争与需求萎缩属于经营/市场层面的风险，不是 A&S 承保的健康或意外事件。

b. ✓ 正确。业主因车祸伤残属于非系统性风险（unsystematic risk），可通过企业营运费用险（BOE）等 A&S 产品覆盖合资格固定开支；而市场行情与经济环境属于系统性风险（systematic risk），不在 A&S 承保范围内。

c. ✗ 错误（陷阱：误以为政府项目保企业固定开支）。没有任何政府项目直接覆盖企业的商业房租等固定开支，企业需求只能靠商业保险或自留解决。

d. ✗ 错误（陷阱：极端化风险避免）。企业主应对非系统性健康风险可结合自留（self-funding）与投保转移（transfer），无需靠关停企业来避免。

87 答案 a

a. ✓ 正确。按 LLQP 考试口径（考试资料三处一致），EI 病假福利（Employment Insurance sickness benefits）在 1 周等待期后最长给付 15 周，替代比例为可保收入的 55%（2022 考试口径上限为 $638/周）。注：2026 现行政策已自 2022-12-18 起延长至 26 周（上限 $729/周），但考试按考试口径答 15 周。

b. ✗ 错误（陷阱：把工伤替代比例套到 EI）。约 90% 净收入（考试口径全国区间 80–90%）是工伤补偿（Workers' Compensation / WorkSafeBC）针对工伤的给付比例，而非非工伤 EI 病假福利。

c. ✗ 错误（陷阱：编造周数与比例）。EI 病假福利有 1 周等待期，替代比例为 55%，无论考试口径（15 周）还是现行政策（26 周）都不是 52 周或 75%。

d. ✗ 错误（陷阱：混淆 EI 短期福利与 CPP-D 长期福利）。“严重且持久”（severe and prolonged）且保至 65 岁是 CPP 伤残给付（CPP-D）的特征，EI 病假属于短期过渡福利。

87′ 答案 c

a. ✗ 错误（陷阱：双口径方向记反）。15 周是 2022 年定稿的考试口径旧值，26 周才是 Bill C-30 生效后的现行周数。

b. ✗ 错误（陷阱：混淆 CPP-D 四个月起付期与 EI 周数）。四个月是 CPP-D 认定伤残后的起付等待期，不是 EI 病假给付周数。

c. ✓ 正确。EI 病假福利（EI sickness benefits）的收入替代比例均为 55%，但最长给付周数在考试口径中为 15 周（上限 $638/周），在 2026 现行规则中为 26 周（上限 $729/周）；考试按考试口径作答，柜台实务按 26 周画收入中断时间轴。

d. ✗ 错误（陷阱：混淆自雇注册等待期与给付期）。12 个月是自雇人士主动注册 EI 特别福利后首次申领前的等待期，而非给付持续时间。

88 答案 c

a. ✗ 错误（陷阱：多来源给付简单相加）。政府与团体来源之间存在先付人顺序、全来源上限（all-source maximum）与抵消规则，绝不能简单相加。

b. ✗ 错误（陷阱：搞反工伤与 EI 的先付顺序）。先付人逻辑（first payor rule）先看触发原因：工伤或职业病优先归工伤补偿（Workers' Compensation），通常不再走 EI。

c. ✓ 正确。按先付人逻辑（first payor rule），工伤优先由工伤补偿（考试口径全国区间 80–90% 净收入，BC 现行 WorkSafeBC 约 90%）赔付，通常不再走 EI；第二层团体/个人伤残险仅补封顶后的缺口，且每个来源都须分别核对抵消条款（offsets）与全来源上限。

d. ✗ 错误（陷阱：混淆医疗报销与收入替代）。BC 医疗服务计划（MSP）只覆盖医疗必要的医生服务等医疗支出，不提供工资损失替代。

88′ 答案 a

a. ✓ 正确。评估多来源给付时，不能把政府给付、团体给付、个人保单简单相加；CPP-D 通常会被计入团体伤残险的全来源上限（all-source maximum）并触发抵消（offset），个人保单也需核对自身合同条款。

b. ✗ 错误（陷阱：多来源简单相加漏抵消）。直接将 CPP-D、团体 LTD 与个人 DI 相加忽略了全来源上限和抵消条款，会严重高估客户实际到手金额。

c. ✗ 错误（陷阱：非工伤误走工伤通道）。WorkSafeBC 仅承保与工作相关的伤病，非工伤长期严重伤残对应的政府层是 CPP-D。

d. ✗ 错误（陷阱：违背申领与对账原则）。申领各项待遇应遵守各自时限，再按实际合同和政府规则对账，不能靠放弃申领政府福利来规避核对条款。

89 答案 d

a. ✗ 错误（陷阱：保储蓄与保资产两个分类颠倒）。扩展医疗险对应的是保储蓄（日常账单），重疾与长期护理险对应的是保资产（大额或长期支出）。

b. ✗ 错误（陷阱：用保收入产品替代医疗与资产保护）。保收入（protecting income / DI）保护的是工作现金流，无法直接报销日常牙科药费或替代大额重疾/长期护理的资产保全功能。

c. ✗ 错误（陷阱：乱套企业险与意外身故）。Priya 的需求均属个人与家庭层面的医疗与资产保护，不涉及企业营运费用险（BOE）或意外身故（AD&D）。

d. ✓ 正确。A&S 四大需求中，“保储蓄”（protecting savings）针对已积累的现金储蓄不被省级医保边界外的日常医疗、牙科、旅行账单侵蚀，对应扩展医疗/牙科/旅行险；“保资产”（protecting assets）针对已积累的资产或遗产不被大额或长期支出侵蚀，对应重疾险（CI）与长期护理险（LTC）。

89′ 答案 b

a. ✗ 错误（陷阱：对已退休无工作收入者推荐伤残收入险）。Liam 已经退休，没有工作收入现金流需要替代，不符合保收入（DI）需求。

b. ✓ 正确。防止大额或长期护理支出侵蚀已积累的房产与遗产属于“保资产”（protecting assets），对应的 A&S 产品是长期护理险（long-term care insurance，LTC）与重疾险（CI）。

c. ✗ 错误（陷阱：保储蓄与保资产混淆）。牙科与旅行险属于“保储蓄”，且他已有团体计划覆盖日常药费和牙科，无法解决长期护理侵蚀大额资产的问题。

d. ✗ 错误（陷阱：个人遗产需求误套保企业产品）。关键人伤残险属于“保企业”（protecting business），不适用于个人退休遗产保全。

90 答案 b

a. ✗ 错误（陷阱：将最严格到最宽松的顺序完全写反）。CPP 完全伤残（严重且持久）门槛最高，本职工作（own occupation）门槛最宽松，顺序颠倒。

b. ✓ 正确。衡量“不能工作”的四级定义光谱从最宽松到最严格依次为：本职工作（own occupation）→ 常规职业（regular occupation）→ 任何职业（any occupation）→ CPP 完全伤残（CPP total disability），光谱越靠后，获赔门槛越高。

c. ✗ 错误（陷阱：打乱中间与两端等级）。本职工作（own occupation）比常规职业（regular occupation）更宽松，且 CPP 完全伤残比一般商业保单的 any occupation 更严格。

d. ✗ 错误（陷阱：混淆商业保单三级定义的宽严顺序）。在商业伤残险中，any occupation（不能从事任何合适工作）比 own occupation（不能从事本职工作）严格得多。

90′ 答案 d

a. ✗ 错误（陷阱：选了光谱中最严格的一端）。CPP 完全伤残要求“严重且持久”，经常不能从事任何实质有收益的工作，既然她能全职教书或做行政，极难满足 CPP–D。

b. ✗ 错误（陷阱：混淆 any occupation 与 own occupation）。在任何职业（any occupation）定义下，只要她能从事教育或资历相符的其他工作（如医学院讲师），就可能不获赔。

c. ✗ 错误（陷阱：混入非伤残收入定义）。扩展医疗险（extended health insurance）报销医疗账单，不属于伤残收入险的四级工作能力定义光谱。

d. ✓ 正确。在四级定义光谱（own occupation → regular occupation → any occupation → CPP total disability）中，本职工作（own occupation）位于最宽松的一端，只看被保险人能否继续从事其特定本职（外科手术），获赔门槛最低。

91 答案 c

a. ✗ 错误（陷阱：编造法律用途禁令）。若个人重疾险（CI）合同没有用途限制，被保险人拿到一次性给付后确实可以把部分款项用于企业房租与工资，不能说只有 BOE 才能把钱用于企业。

b. ✗ 错误（陷阱：误以为政府项目保企业开支）。没有任何政府项目直接覆盖企业的房租、员工工资等固定开支，必须靠商业保险或自留解决。

c. ✓ 正确。把个人重疾险当成保企业的唯一方案有两个核心问题：① 触发条件不同——导致无法工作的伤残未必符合重疾险（CI）清单内的疾病定义，而企业营运费用险（BOE）按伤残触发并按月报销合资格固定开支；② 即使触发 CI，同一笔定额给付既要应付家庭生活与康复，又要填补诊所持续的房租与工资等固定开支，可能不足以同时覆盖两边。顾问应将家庭现金流与企业固定开支分列评估。

d. ✗ 错误（陷阱：混淆 BOE 与 CI 的给付方式）。BOE 是在业主伤残期间按合同实际报销合资格企业固定开支（有独立等待期、月限额及最长给付期），而非确诊重疾时一次性定额给付。

91′ 答案 a

a. ✓ 正确。正如讲解页案例 C（列治文小餐馆老板 Mireille）所示，无用途限制的 CI 给付虽可用于支付店租与工资，但同一笔钱兼顾家庭生活康复与企业固定开支容易捉襟见肘；BOE 专门按合同报销合资格企业固定开支（含独立等待期、月限额及最长给付期），推荐时必须把家庭现金流和企业固定开支分账评估。

b. ✗ 错误（陷阱：虚构保单失效规定）。个人 CI 一次性给付通常无用途限制，用于企业不会导致保单追溯失效，真正的问题在于保额够不够分摊以及触发条件是否匹配。

c. ✗ 错误（陷阱：把个人生活开支塞进 BOE）。BOE 仅报销合资格的企业固定营运费用（如店租、员工工资），不报销业主个人的家庭房贷和买菜开销。

d. ✗ 错误（陷阱：忽略企业保单权属核查）。若采用企业持有的重疾安排，也必须严格核对保单所有人（policyowner）及收款人（beneficiary）设置。

第 14 章答案与解析

92 答案 a

a. ✓ 个人险的本职定义（own occupation）是四级光谱最宽的一级，只要不能履行原职业全部主要职责即算全残，转做其他工作甚至赚得更多，给付照发不减；而考试口径明确指出，团体伤残险合同里的 own occupation 实际效果等同于个人险的常规职业定义（regular occupation），一旦选择从事其他有报酬工作，给付会被削减或终止。

b. ✗ 误把团体险的 own occupation 当成个人险的 own occupation；团体险的 own occupation 在实际效果上等同于 regular occupation，复工从事他业不能与全额给付兼得（团体与个人本职定义同名不同义陷阱）。

c. ✗ 只要能从事教育、训练、经验相匹配的工作就停付是任何职业定义（any occupation）的判据，而非个人险 own occupation 的判据（混淆 own occupation 与 any occupation 陷阱）。

d. ✗ 把个人险与团体险对本职定义的处理完全颠倒了：个人险 own occupation 下转行任教不减给付，反而是团体险会因复工而减停给付（颠倒个人险与团体险定义规则陷阱）。

92′ 答案 c

a. ✗ 只有在个人险的本职定义（own occupation）下才能边从事其他工作边全额领款；团体险的 own occupation 等同于常规职业定义（regular occupation），不能在接下匹配岗位的同时全额兼得给付（团体与个人本职定义同名不同义陷阱）。

b. ✗ 内部转岗属于复工处理范畴，不会触发离职转换权，更不会自动转为不可撤销保单（虚构自动转保机制陷阱）。

c. ✓ 考试口径规定团体伤残险中的本职定义（own occupation）实际效果等同于个人险的常规职业定义（regular occupation）：若公司安排了匹配岗位或被保险人自愿复工，只能二选一或被减停给付，不能既领新岗位全薪又拿全额伤残给付。

d. ✗ 伤残险合同不存在复工后法定翻倍给付的规则，复工只会按常规职业定义或康复条款减停给付（虚构法定奖励规则陷阱）。

93 答案 b

a. ✗ 直接用营业总收入 $140,000 乘以 60%，漏减了 $50,000 的经营支出；自雇者的可保收入必须是扣除经营支出后的净经营收入（自雇者可保收入漏减经营支出陷阱）。

b. ✓ 自雇客户在核保时须按净经营收入（net business income）申报可保劳动收入，即总收入 $140,000 减去经营支出 $50,000 得 $90,000；持续取得的非劳动收入（如租金 $18,000）须另列，不能直接加进劳动收入提高保额，故最高可保年给付额为 $90,000 × 60% = $54,000。

c. ✗ 误把失能后仍持续取得的 $18,000 被动租金收入加进了可保劳动收入基数；持续非劳动收入只会缩小保障需要或影响财务核保，不能用来提高可保保额（混入被动收入陷阱）。

d. ✗ 既没有扣除 $50,000 经营支出，又错误地把 $18,000 持续租金收入加了进去，双重夸大了可保收入基数（漏减经营支出且混入被动收入陷阱）。

93′ 答案 d

a. ✗ 未从总收入 $110,000 中扣除 $30,000 经营支出，自雇者不能按营业总收入计算个人伤残险保额（自雇者可保收入漏减经营支出陷阱）。

b. ✗ 持续取得的非劳动收入（如信托或股息 $12,000）不会随失能中断，必须另列，不能直接加进可保劳动收入来提高保额（混入被动收入陷阱）。

c. ✗ 同时犯了未扣除经营支出和把持续非劳动收入计入劳动收入两个错误（漏减经营支出且混入被动收入陷阱）。

d. ✓ 自雇者的可保劳动收入为总收入 $110,000 减去经营支出 $30,000 后的净经营收入（net business income）$80,000，持续信托股息另列不加进基数，故最高可保年给付额为 $80,000 × 60% = $48,000。

94 答案 a

a. ✓ 考试口径（考试资料 2022 口径）明确规定就业保险病假福利（EI sickness benefits）在 1 周等待期（one-week waiting period）之后的最长给付期为 15 周；虽然 2026 年现行法律已延长至最长 26 周（且在特定临时措施窗口内免等待期），但考场无自带新数字时须按考试口径的 15 周作答。

b. ✗ 52 周与两周等待期均不符合考试口径对 EI 病假福利的规定，考试口径规定为 1 周等待期后最长 15 周（记错政府给付期限陷阱）。

c. ✗ 90 天等待期与 12 个月期限常见于商业伤残险或团体短期伤残安排，而非联邦 EI 病假福利（混淆商业保单与联邦 EI 病假期限陷阱）。

d. ✗ 认定严重且持久伤残开始四个月后起付是 CPP 伤残给付（CPP-D）的规则，而非 EI 病假福利（混淆 EI 病假与 CPP-D 陷阱）。

94′ 答案 b

a. ✗ 4 周远低于考试口径规定的 EI 病假最长周数（记错政府给付期限陷阱）。

b. ✓ 考试口径（考试资料 2022 口径）规定就业保险病假福利（EI sickness benefits）在 1 周等待期后按 55% 替代比例最长给付 15 周；尽管现行加拿大联邦法律已将最长给付期延至 26 周，考场提问考试资料规则时应答 15 周。

c. ✗ 60 周不是 EI 病假福利的给付期限（混淆长期给付期限陷阱）。

d. ✗ 104 周（2 年）常见于商业伤残险的给付期或定义切换期，绝非 EI 病假福利周数（混淆商业险与联邦病假周数陷阱）。

95 答案 c

a. ✗ 忽略了全来源上限（all-source maximum）的抵消作用；当团体主合同把直接来源 CPP-D 与个人保单都计入 85% 池子时，超出上限的部分会直接削减团体 LTD 给付（错把政府和个人给付当无抵消额外收入陷阱）。

b. ✗ 不仅漏计了主合同明确规定计入池子的 $1,500 个人险给付，还算出了高于原团体保额 $3,600 的荒谬结果（漏计主合同池内项目陷阱）。

c. ✓ 全来源上限（all-source maximum）为 85% × $6,000 = $5,100/月；由于主合同将个人保单计入池子，三项合计为团体 $3,600 + CPP-D $1,200 + 个人险 $1,500 = $6,300，超出上限 $1,200（$6,300 − $5,100），超出部分削减团体 LTD 给付：$3,600 − $1,200 = $2,400/月。

d. ✗ 错误地按个人保单全额逐元扣减而忽略了 85% 全来源上限池子的差额计算规则（混淆逐元抵消与全来源上限差额抵消陷阱）。

95′ 答案 a

a. ✓ 全来源上限（all-source maximum）为 85% × $6,000 = $5,100/月；由于主合同豁免个人保单，计入 85% 池子的只有团体 $3,600 + CPP-D $1,200 = $4,800，未超过 $5,100 故团体险不削减，再加上豁免的个人险 $1,500，合计名义给付为 $4,800 + $1,500 = $6,300/月。

b. ✗ 误以为 85% 是绝对法定上限；实际上当主合同将个人自购保单豁免于全来源上限池子之外时，团体 + CPP-D（$4,800）未超 $5,100，加上个人险后合计可达 $6,300（忽略主合同豁免个人险条款陷阱）。

c. ✗ 漏加了 $1,500 的个人伤残险给付，无故假设个人保单归零（漏加个人保单给付陷阱）。

d. ✗ 在团体 + CPP-D 合计 $4,800 低于 $5,100 全来源上限且无逐元抵消条款时，团体给付根本不触发削减，不存在从团体给付里扣掉一半 CPP-D（$600）的规则（虚构折半抵消规则陷阱）。

96 答案 c

a. ✗ 误把 4 个月等待期从 60 个月给付期上限里扣除；等待期与给付期相互独立，等待期绝不从给付期里扣减（等待期与给付期互相冲抵陷阱）。

b. ✗ 只算了 68 − 4 = 64 个月，却忘了保单的给付期上限（benefit period）只有 60 个月，必须先用 60 个月封顶（漏算给付期上限封顶陷阱）。

c. ✓ 等待期（waiting period）是从残疾发生到开始给付的间隔，给付期（benefit period）是最长能领多久，两者互不冲抵：前 120 天（约 4 个月）无给付，从第 5 个月起开始领，领满 60 个月上限（第 5–64 个月）后停付，最后约 4 个月无保障，总共领到 60 个月。

d. ✗ 既混淆了等待期不赔付的原则，又完全忽略了 60 个月给付期封顶（忽略等待期免赔与给付期封顶双重陷阱）。

96′ 答案 b

a. ✗ 把 3 个月等待期从 24 个月给付期上限中扣除了，违背了等待期与给付期互不冲抵的规则（等待期与给付期互相冲抵陷阱）。

b. ✓ 等待期（waiting period）与给付期（benefit period）相互独立：前 3 个月等待期无给付，剩余失能时长 27 个月（30 − 3）超过了 24 个月的给付期上限，按给付期上限封顶，一共领取 24 个月。

c. ✗ 只从 30 个月失能期里减去了 3 个月等待期，忘了保单最多只能赔付 24 个月给付期上限（漏算给付期封顶陷阱）。

d. ✗ 完全忽略了 3 个月等待期和 24 个月给付期上限（忽略等待期与给付期封顶陷阱）。

97 答案 d

a. ✗ 只记住了复发窗口内免重新等待的好处，却忘了两段失能合并计算同一个 24 个月给付期上限（复发条款只记免等待不记并上限陷阱）。

b. ✗ 既然复工仅 4 个月（在 6 个月窗口内）即同因复发，视为同一次残疾，不需要重新计算 90 天等待期（把窗口内复发当成需重走等待期陷阱）。

c. ✗ 重新等 90 天并重置 24 个月给付期是复工超出 6 个月窗口（如复工满 7 个月）才复发的处理方式，而 Grace 复工仅 4 个月，仍在窗口内（看错复工月数与复发窗口关系陷阱）。

d. ✓ 根据复发条款（recurring disability clause），前次残疾终止后 6 个月窗口内（本题复工 4 个月）因同一原因再次失能视为同一次残疾：好处是免去重新计算 90 天等待期、当天即可复领；代价是两段给付合并计算 24 个月给付期上限，扣除已领的 14 个月后只剩 10 个月可领。

97′ 答案 b

a. ✗ Grace 已经全职复工满 7 个月，超出了 6 个月的复发窗口，不再视为同一次残疾（忽略复工时长已超出复发窗口陷阱）。

b. ✓ 因为她复工满 7 个月已超出 6 个月复发条款（recurring disability clause）窗口，此次同因复发被视为全新的一次残疾：需要重新经历 90 天等待期，但给付期上限也重置为全新的 24 个月。

c. ✗ 在伤残险复发规则中，免等待期与重置给付期上限不可能同时发生：窗口内免等待但并上限，窗口外重等但重置上限（虚构两头占便宜规则陷阱）。

d. ✗ 复发窗口届满只是意味着第二次失能按新一次残疾重计等待期与给付期，绝不是拒赔同因疾病（误把超出复发窗口当成拒赔理由陷阱）。

98 答案 b

a. ✗ 既忽略了 non-can 保单在 65 岁时免医核转换为 guaranteed renewable 的安排，又把核保概念 guaranteed issue 当成了不可撤单的续保承诺（混淆 guaranteed issue 与续保等级陷阱）。

b. ✓ 考试口径规定不可撤销保单（non-cancellable policy）持有人到 65 岁时，通常可免医疗核保转换为保证续保（guaranteed renewable）合同（给付期缩短到一两年、保费按转换时年龄重定，通常延续到 72 或 75 岁）；而保证承保（guaranteed issue）只是入场时的核保概念，与续保等级是两个维度，一份 guaranteed issue 保单完全可以是可撤销（cancellable）并由保司单方终止的。

c. ✗ 65 岁转换后变为 guaranteed renewable，保费按转换时年龄重新核定且给付期缩短到一两年，并非按原锁死费率延续 non-can；且 guaranteed issue 不锁死保费（虚构 65 岁后原费率锁死陷阱）。

d. ✗ non-can 保单持有人在 65 岁转换为 guaranteed renewable 合同的权利是无需医疗核保的（忽略 65 岁免医核转换规则陷阱）。

98′ 答案 c

a. ✗ 保证承保（guaranteed issue）只是核保概念（符合资格即可承保），不是续保等级，不能防止保司在 cancellable 条款下调费或撤单（混淆 guaranteed issue 与 non-cancellable 陷阱）。

b. ✗ 在 65 岁前允许按整类人群调保费的是 guaranteed renewable 而非 non-cancellable（Plan X 保费锁死到 65 岁），且 Plan Y 作为 cancellable 保单根本不锁死保费（颠倒续保等级权限陷阱）。

c. ✓ 不可撤销保单（non-cancellable policy）在 65 岁前锁死保费与保障且不可撤单，65 岁时通常可免医疗核保转为保证续保（guaranteed renewable）保单至 72 或 75 岁；而保证承保（guaranteed issue）仅指投保时符合计划资格保证承保，因其续保等级为可撤销（cancellable），保险公司仍可单方终止合同。

d. ✗ non-cancellable 保单持有人在 65 岁时通常可以无需医疗核保转换为 guaranteed renewable 合同继续保障至 72 或 75 岁（忽略 65 岁免医核转换权陷阱）。

第 15 章答案与解析

99 答案 b

a. ✗ 混淆了「存活期结束前身故」与「存活期结束后、核准前身故」（合格期与存活期混淆陷阱）。只要被保险人活过了 30 天存活期（survival period），给付权利就已经确立，不会因审批期间身故而作废。

b. ✓ 正确。保单已生效六个月（跨过了合格期 qualification period），且 Victor 在确诊后存活了 34 天（已满 30 天存活期 survival period）。根据制度设计，被保险人在存活期结束之后、理赔核准之前身故，重疾保险金仍照付给其遗产或受益人。

c. ✗ 凭病情严重程度自行篡改合同存活期天数（主观臆断陷阱）。存活期按实际疾病条款确认（题干已明确为 30 天），不能因病情严重自行把 30 天改为 90 天。

d. ✗ 把合格期的起算点记成确诊日（合格期与存活期混淆陷阱）。合格期（qualification period）自保单生效或复效后起算以防逆选择，确诊后起算的是存活期（survival period）。

99′ 答案 d

a. ✗ 只看合格期却漏看了存活期（合格期与存活期混淆陷阱）。虽然确诊发生在 30 天合格期（qualification period）之后，但确诊后还必须活满 30 天存活期（survival period）才能触发给付。

b. ✗ 虚构了按存活天数比例折算的规则（规则虚构陷阱）。存活期是全有或全无的门槛条件，未活满 30 天不会按天数比例赔付。

c. ✗ 混淆了重疾险与人寿险的立意（险种混淆陷阱）。重疾险的立意是给活下来的人重建生活，死在存活期结束前不会变成人寿保险金。

d. ✓ 正确。如果被保险人死在存活期（survival period）结束之前（19 天 < 30 天），则视为未满足存活期条件，这笔 $200,000 的重疾险给付根本不会发生（且未买身故退保费附加险）。

100 答案 a

a. ✓ 正确。按考试口径，LTC 免赔期（elimination period）的设计区间为 0–90 天可选（越短保费越高），给付形态通则将居家照护归为报销模式（reimbursement model）、机构照护归为定额给付模式（indemnity model）。注意：已核实的某款现行个人 LTC 产品等待期为 365 或 730 天、且居家与机构均按收入型定额给付，实务须逐份核合同，但考场按考试口径作答。

b. ✗ 将现行个别产品的等待期与错误给付模式混作考场通则（把现行市场细节当成考场通则陷阱）。365/730 天及 65 岁生效门槛是现行特定在售产品的参数，而非考试口径的 0–90 天通则。

c. ✗ 把重疾险的双时间闸门和一次性给付套用到长期护理险上（跨险种混淆陷阱）。合格期、存活期与一次性定额给付属于重大疾病保险（CI），而非长期护理保险（LTC）。

d. ✗ 把保费与等待期的关系及居家/机构给付分类全部说反（方向反转陷阱）。免赔期越短，保险公司越早开始赔付，保费越高；且考试口径通则是居家多为报销（reimbursement）、机构多为定额（indemnity）。

100′ 答案 c

a. ✗ 把等待期长短与保费高低的关系记反（逻辑反转陷阱）。被保险人自己自费扛过去的时间（免赔期）越长，保费越低，因此 90 天免赔期的保单 Y 保费更低。

b. ✗ 误把现行市场某款产品的等待期当成考场最低门槛（把现行市场细节当成考场通则陷阱）。考试口径给出的免赔期（elimination period）区间是 0–90 天，而 365/730 天是现行市场特定产品的参数。

c. ✓ 正确。在考试口径 0–90 天的免赔期（elimination period）区间内，30 天比 90 天更短，被保险人自费承担的期间更短，因此保单 X 的保费高于保单 Y。注意：已核实的某款现行个人产品等待期为 365/730 天，但考试按 0–90 天的机制答题。

d. ✗ 混淆了免赔期适用的险种（术语归属陷阱）。免赔期（elimination period）正是长期护理险与伤残险用来控制保费的核心参数。

101 答案 c

a. ✗ 掉入「凭日常病名直接判赔」陷阱。民间俗称的「小中风」不能替代合同严格定义，主治医生的临床诊断是短暂性脑缺血发作（transient ischemic attack, TIA），且合同已明示除外 TIA。

b. ✗ 自行捏造了半额赔付法定规则（规则虚构陷阱）。是否设置早期或部分给付必须严格依据合同具体条款，没有「临时症状自动赔一半」的法定通则。

c. ✓ 正确。核赔必须依据合同定义（contract definition）及医学证据，不能仅凭日常「小中风」俗称判断。由于 Kevin 的临床诊断为短暂性脑缺血发作（TIA），症状迅速消退且无永久性损伤，同时合同明确除外 TIA，因此不符合「中风（stroke）」定义而拒赔。

d. ✗ 误以为只要活过存活期就能忽略疾病定义（条件缺失陷阱）。存活期（survival period）的前提是所患疾病首先符合合同的受保疾病定义；定义不达标，活多久都不触发给付。

101′ 答案 a

a. ✓ 正确。重疾险理赔取决于合同对疾病严重程度的精确定义（contract definition）。虽然日常名称里带有「癌（carcinoma）」字，但原位癌在本合同中被明确除外且无早期给付条款，因此不满足受保癌症定义。

b. ✗ 记错了四大核心病种（Big 4 概念陷阱）。癌症（cancer）与心脏病发作、中风、冠状动脉搭桥手术正是四大核心重疾（Big 4 conditions），拒赔原因在于未达合同定义的严重程度而非病种不在列。

c. ✗ 混淆了治疗结果与合同疾病定义（因果错位陷阱）。拒赔的核心原因是病理诊断属于合同明确除外的原位癌，而不是因为做了切除手术。

d. ✗ 混淆了重疾险与伤残险的触发条件（险种混淆陷阱）。重疾险不考核被保险人能否复工上班，只考核诊断是否符合合同定义及是否活过存活期。

102 答案 d

a. ✗ 掉入「重疾险一概终身持续报销」陷阱。尽管心脏病与癌症同属四大重疾（Big 4），但没有二次理赔附加险（second event rider）的传统重疾险在全额给付后即告终止，不会为每个病种各赔一次全额。

b. ✗ 虚构了无附加险自动半额二赔的规则（规则虚构陷阱）。原合同已在 2021 年全额赔付时终止，不存在第二种疾病自动赔一半保额的权利。

c. ✗ 混淆了保费豁免与合同终止（条款混淆陷阱）。保费豁免（waiver of premium）是在合同有效期内投保人完全伤残时豁免保费，不能让已因全额赔付而终止的保单复活。

d. ✓ 正确。当合同约定全额重疾给付后终止、且投保人未加购二次理赔附加险（second event rider）时，原合同在 2021 年赔付 $100,000 时已经终止，2025 年的心脏病发作无法再从该合同获得任何给付。

102′ 答案 b

a. ✗ 把早期部分给付与全额结案混为一谈（全额与部分混淆陷阱）。把全额疾病与早期疾病分列的保单中，不能把任何一次小额早期理赔都当作合同终止。

b. ✓ 正确。早期部分给付（partial benefit）是否减少主保额或保留主保障依合同条款而定，不等同于全额结案终止；即便有二次理赔附加险（second event rider），后一次疾病仍须满足受保病种、两次事件间隔与存活期等专门条件。

c. ✗ 误以为加购二次理赔附加险就无条件必赔（附加险万能陷阱）。二次给付仍须严格满足专门的病种定义、事件间隔与存活期要求。

d. ✗ 混淆了重疾险理赔与伤残收入险转换（跨险种嫁接陷阱）。重疾险的早期部分给付不会把合同自动变成按月给付的伤残收入险。

103 答案 c

a. ✗ 把单纯语言表达困难等同于认知失能（认知障碍判据陷阱）。认知障碍判定（cognitive impairment test）须核实认知恶化及需要持续监督等合同要求，单纯语言表达困难不能单独等同于认知失能。

b. ✗ 记错了 ADL 的达标项数门槛（数字门槛陷阱）。标准日常生活活动能力（activities of daily living, ADLs）判据要求六项中至少 2 项（≥2 项）不能独立完成，仅 1 项（移位）受限不达标。

c. ✓ 正确。长期护理险（LTC）的两大核心触发判据是：六项日常生活活动能力（ADLs：穿衣、洗澡、如厕、移位、进食、控制大小便）中至少 2 项不能独立完成，或满足需持续监督的认知障碍判定（cognitive impairment test）。Leonard 仅 1 项 ADL 需协助，且仅有轻微找词困难而无需持续监督，两边均未达标。

d. ✗ 把「至少两项」夸大为「全部六项」（门槛夸大陷阱）。考试口径要求六项 ADL 中不能独立完成 ≥2 项即可达标，并不要求六项全部丧失。

103′ 答案 a

a. ✓ 正确。认知障碍判定（cognitive impairment test）是六项日常生活活动能力（ADLs）之外的独立第二判据；当被保险人因认知恶化需要持续监督（continual supervision）以确保安全时，即使身体上仍能完成六项 ADL，在满足生效日与等待期后同样符合 LTC 理赔资格。

b. ✗ 把「或」关系误当成「且」关系（逻辑连词陷阱）。两项以上 ADL 丧失与严重认知障碍需持续监督是并列的分支判据，不需要同时满足。

c. ✗ 混淆了重疾险与长期护理险的保障范围（险种排斥陷阱）。因疾病、伤害或衰老导致认知恶化需持续专业照护或监督，正是长期护理险（LTC）的核心保障场景之一。

d. ✗ 混淆了正式长期护理给付与喘息式照护（概念混淆陷阱）。喘息式照护（respite care）是让家庭照护者获得短期休息的保障，而 Evelyn 已满足认知障碍判据，可正常领取长期护理给付。

104 答案 c

a. ✗ 误把行业自愿基准当成省级强制法律（过度泛化/强制化陷阱）。CLHIA 明确声明成员公司采用该定义基准完全是自愿的（voluntary），并非强制法律标准。

b. ✗ 误以为四大核心病种的定义在全行业完全统一（以偏概全陷阱）。即便同属 Big 4（如心脏病发作），不同保司或不同时期签发的合同在具体指标和措辞上仍可能不同，必须逐条核对合同。

c. ✓ 正确。CLHIA 重疾定义基准（CLHIA CI Benchmark Definitions，现行 2024 Final 版，此前有 2018 与 2013 版）由各保险公司自愿采用（voluntary），并非强制统一标准；因此不能假设不同保司的「心脏病发作」定义完全相同，必须逐条核对具体合同原文。

d. ✗ 张冠李戴了 CLHIA 基准的适用险种（术语归属陷阱）。CLHIA CI Benchmark Definitions 专门针对重大疾病保险（critical illness insurance）制定，而非团体伤残险。

104′ 答案 b

a. ✗ 混淆了 Big 4 与日常生活活动能力 ADLs（术语混淆陷阱）。Big 4 是重疾险的四大常见核心病种（心脏病发作、中风、癌症、冠状动脉搭桥手术），ADL 则是长期护理险的六项生活自理能力。

b. ✓ 正确。「Big 4 conditions」只是考试口径用于认识常见重疾的组合，并非每份保单的法定最低覆盖要求（现售基础款可能只保 3 项或更少，甚至单保癌症或心脏）；同时 CLHIA 定义基准属自愿采用，各合同定义原文需逐一核对。

c. ✗ 违背了重疾险产品分档的事实（市场结构陷阱）。考试口径与现行市场均并存 3/4 项基础款、10 项款与 20 项以上综合款（comprehensive 20+）。

d. ✗ 误以为临床医生可以改写保单定义（理赔权限陷阱）。医生负责做出医学诊断并提供检查证据，但是否符合理赔标准严格取决于保险合同预先写明的定义条款。

105 答案 d

a. ✗ 混淆了报销模式与定额给付模式（模式混淆陷阱）。Owen 的保单在居家阶段采用报销模式（reimbursement model），按合资格实际支出（$100/天）且不超过日上限报销，不会超额发放 $150。

b. ✗ 掉入「漏算 LTC 未用完日额的顺延」陷阱。在按报销额扣减总资金池的考试模型中，每天未用完的 $50 差额不会作废，而是留在总保障额中顺延至后续天数使用。

c. ✗ 把实际账单当成了自付额并用差额报销（差额误算陷阱）。每日花费 $100 低于 $150 的每日给付上限（daily maximum benefit），因此 $100 可获全额报销，而非只报销差额 $50。

d. ✓ 正确。在报销型（reimbursement model）且受总保障额上限约束的考试模型中，当每日实际合资格花费（$100）低于每日给付上限（daily maximum benefit, $150）时，每天按实际花费报销 $100，未用满的 $50 顺延保留在 $54,750 的总保障池中，因此可用天数延长至 $54,750 ÷ $100 = 547.5 天。

105′ 答案 b

a. ✗ 掉入「漏算 LTC 未用完日额的顺延」陷阱。直接套用名义天数 730 天，忽略了每日少花的 $40 会留在总保障池中延长给付期。

b. ✓ 正确。由于每日实际合资格开销（$160）低于每日给付上限（daily maximum benefit, $200），未用完的额度可顺延至后续天数使用，直至总保障额 $146,000 用尽，因此总可用天数为 $146,000 ÷ $160 = 912.5 天。

c. ✗ 误用日限额与实际账单的差额（$40）做除数（差额误算陷阱）。保险公司每天报销的是实际花费 $160，应以 $146,000 除以 $160 而非除以 $40。

d. ✗ 捏造了居家照护扣减总保额 20% 的规则（规则虚构陷阱）。每日花费仅为日上限的 80%（$160/$200）会让资金池使用时间变长（除以 0.8），而不是把总天数乘以 0.8。

第 16 章答案与解析

106 答案 b

a. ✗ 错误（陷阱：免赔额与共保算反顺序）。直接用 $800 × 80% = $640 完全漏掉了第一步先扣除 $100 年度免赔额（deductible）的要求，且受保人除免赔额外还需承担余额 20% 的共保自付部分。

b. ✓ 正确。当免赔额（deductible）与共保比例（co-insurance factor）同时出现时，必须严格按“先减后乘”两步计算：先从 $800 中扣除 $100 免赔额得到余额 $700，再由保险公司按 $700 × 80% 报销 $560；Elena 自付部分为 $100 免赔额加上 $700 × 20%（$140），合计 $240。

c. ✗ 错误（陷阱：忽略共保比例分摊）。扣除 $100 免赔额（deductible）后的 $700 余额并非由保险公司全包，还必须乘以 80% 的共保比例（co-insurance factor），受保人仍需自付 $140。

d. ✗ 错误（陷阱：忽略成本分担机制）。扩展医疗与牙科保单通过免赔额（deductible）和共保比例（co-insurance factor）控制道德风险，不会对有免赔额与 80% 共保约定的账单全额报销 $800。

106′ 答案 c

a. ✗ 错误（陷阱：公费医保覆盖范围混淆）。省级医保（MSP）不覆盖常规牙科及牙冠、桥体等重建类牙科费用，剩余 50% 须由受保人自己承担。

b. ✗ 错误（陷阱：结算方式与共保比例混淆）。无论是否采用直接结算（direct billing），重建类项目的共保比例（co-insurance factor）均按合同约定的 50% 执行。

c. ✓ 正确。先从 $800 中扣除 $100 免赔额（deductible）余 $700 后，保险公司对牙冠、桥体这类越贵、越难预测的重建类项目（major restorative）将共保比例（co-insurance factor）从常规维护的 75%–80% 调低至 50%，其底层逻辑是抑制就医道德风险。

d. ✗ 错误（陷阱：费用标准表与项目分级混淆）。重建类项目适用 50% 共保比例（co-insurance factor）是保单按项目严重度与成本所作的三级分类设计，而非因超出费用标准表（fee schedule）受到处罚。

107 答案 a

a. ✓ 正确。牙科理赔以合同采用的费用标准表（fee schedule）为计算上限；当牙医实际收费高于表内金额时，超出部分并非保险公司拒赔，而是该超额部分本身从未被承诺覆盖，保险公司已严格按表内金额支付了 80%，差额理应由受保人自付。

b. ✗ 错误（陷阱：牙科三级分类混淆）。补牙、洁牙和 X 光属于常规维护（routine maintenance，共保常见 75%–80%），只有牙冠、桥体和种植体才属于共保常降至 50% 的重建类项目（major restorative）。

c. ✗ 错误（陷阱：责任方与公费医保混淆）。省牙医协会费率表（fee schedule）是建议费率及保单核算依据，牙医高于建议表收费并不由省级医保（MSP）兜底，差额须由客户自行承担。

d. ✗ 错误（陷阱：直接结算与报销制混淆）。无论采用药房/牙医处的直接结算（direct billing）还是先垫付后报销（reimbursement），合同的免赔额、共保比例与费用标准表（fee schedule）计算规则完全相同。

107′ 答案 d

a. ✗ 错误（陷阱：超限额误当全单拒赔）。按处方集（formulary）限定仿制药的保单并不会因受保人选择品牌药而整笔拒赔，而是按仿制药基准核算报销，由受保人自付品牌药与仿制药之间的差价。

b. ✗ 错误（陷阱：MSP覆盖范围混淆）。BC 省的医疗服务计划（MSP）明确不覆盖门诊处方药，更不会为受保人坚持选用品牌药所产生的差价买单。

c. ✗ 错误（陷阱：直接结算功能误解）。直接结算（direct billing）只是在药房柜台当场扣除保险公司应付的那部分金额，药房不会免除品牌药高出仿制药的自付差价。

d. ✓ 正确。为控制道德风险与药品成本，扩展医疗保单常通过处方集（formulary）将报销基准限定在仿制药；若受保人坚持选用品牌药，超出仿制药基准的差价与牙科超出费用标准表（fee schedule）一样，须由受保人自付。

108 答案 c

a. ✗ 错误（陷阱：将进入共保的金额误算入家庭免赔额）。配偶此前的 $60 账单中只有 $50 计入个人免赔额（individual deductible）和家庭免赔额（family deductible），超出的 $10 已进入共保分摊，前两人的家庭免赔额累计是 $100。

b. ✗ 错误（陷阱：忽略个人免赔额封顶）。每位成员计入免赔额的上限是个人年度免赔额 $50，孩子的 $60 账单中最多只有 $50 计入免赔额，余下 $10 进入共保，绝不会算成累计 $170。

c. ✓ 正确。Devon 的 $50 与配偶 $60 中的 $50 使家庭免赔额（family deductible）此前累计至 $100；孩子提交 $60 时，先计入 $50 免赔额、余 $10 进入共保比例（co-insurance factor）分摊，此时家庭免赔额累计恰好达到 $150，全家当年的免赔额一并清零。

d. ✗ 错误（陷阱：家庭免赔额触发条件混淆）。只有当全家合计实际承担的免赔额达到 $150 的家庭年度免赔额（family deductible）时，未用完个人额度的成员才会一并清零；前两人合计仅满 $100，尚未触发 $150 开关。

108′ 答案 a

a. ✓ 正确。家庭免赔额（family deductible）是一个独立触发的总开关；一旦三名成员各付满 $50 使全家累计达到 $150 的家庭免赔额上限，即使其他家庭成员的个人免赔额（individual deductible）尚未单独使用，全家当年的免赔额也一并清零。

b. ✗ 错误（陷阱：只看个人免赔额忽略家庭开关）。个人免赔额（individual deductible）与家庭免赔额（family deductible）两道开关谁先触发就按谁执行，家庭总额满 $150 后不再要求其他成员单独付 $50。

c. ✗ 错误（陷阱：家庭免赔额被当成个人免赔额乘以人数）。家庭免赔额（family deductible）是合同约定的固定总池子（本例为 $150），不是按家庭人数简单乘以个人免赔额。

d. ✗ 错误（陷阱：免赔额清零误当共保清零）。满足家庭免赔额（family deductible）仅清零当年的免赔额，后续合资格费用仍需按合同约定的共保比例（co-insurance factor）分摊。

109 答案 d

a. ✗ 错误（陷阱：既往病史拒赔扩大化）。出发前 130 天调药未满 180 天稳定期（stability period）属于既往病史除外（pre-existing condition exclusion），仅排除与该心脏病直接相关的医疗账单，在无重大误述（material misrepresentation）的情况下不会导致整份保单作废。

b. ✗ 错误（陷阱：混淆行程天数与出发前回溯稳定期）。稳定期（stability period）比对的是出发前治疗变更距出发日的回溯天数（130 天 < 180 天要求），而不是拿行程长度（90 天）去和调药天数比较。

c. ✗ 错误（陷阱：稳定期区间与题干给定条款混淆）。考试口径给出的稳定期惯例区间是 90–180 天，且题干已明确给出该合同要求 180 天稳定期；考试口径与现行市场在判定机制上一致，题干给定 180 天时必须按 180 天比对（130 天 < 180 天），心脏病账单被拒。

d. ✓ 正确。考试口径给出的既往病史稳定期（stability period）区间为 90–180 天（现行商业产品常按年龄与行程细分，考场按题干给定天数判定）；130 天短于合同要求的 180 天，故与心脏病直接相关的医疗费用被拒赔；但摔断腿与心脏病无关，在无重大误述且满足其他承保条件时仍可申请给付。

109′ 答案 b

a. ✗ 错误（陷阱：信用卡附带险同质化/无限制误判）。投保或刷卡时不问详细健康问卷，绝不等于免除既往病史（pre-existing condition）限制；信用卡附带险只是将严格的医疗记录核查推迟到了理赔阶段。

b. ✓ 正确。信用卡附带旅行险（credit card travel insurance）与单独购买的旅行险一样可能限制既往病史、年龄、行程长度及付款条件；申请时问卷少并不代表既往病史无限制，理赔时保险公司仍会调阅病历严格核查稳定期（stability period）与保险证明条件。

c. ✗ 错误（陷阱：保障类别绝对化）。许多信用卡附带旅行险包含境外紧急医疗保障（emergency medical coverage），但其年龄上限、保障天数和稳定期条款往往比单独定制的旅行险更受限，必须先核对保险证明。

d. ✗ 错误（陷阱：夸大省级医保境外保障）。省级医保（MSP）对境外医疗保障极其有限，绝不会自动全额兜底被商业旅行险拒赔的海外高额医院账单。

110 答案 a

a. ✓ 正确。团体计划（group package）是套餐制，具有保费低、免核保额度高的核心优势，不应轻易放弃；在需求分析（needs analysis）中，标准操作是保留原雇主团体计划，仅针对其缺少的 AD&D、视力/正畸差额、病房升级及境外旅行医疗用个人定制计划（individual customization）精确补齐缺口，不重复购买已覆盖部分。

b. ✗ 错误（陷阱：退团险换个人险补缺口）。建议客户退出雇主团体计划、整体换成个人计划，会白白丧失团体计划保费低廉（或由雇主分担）及免核保的优势，且个人计划通常需核保、保费更高。

c. ✗ 错误（陷阱：团体套餐责任方混淆）。团体计划是由雇主与保险公司签署主合同的套餐制（group package），按同一合资格类别统一承保，保险公司不会因为单个员工的需求更高就单独为其修改团体主合同额度。

d. ✗ 错误（陷阱：盲目重复投保）。不逐项列出缺口而笼统再买一份全包式个人健康险，既造成已有保障的保费浪费，又可能漏掉独立旅行险或 AD&D 等真正需要补齐的专项缺口。

110′ 答案 b

a. ✗ 错误（陷阱：将商业套餐设计误作法律禁止）。法律并未禁止团体计划包含私人病房、意外身故与伤残（AD&D）或旅行医疗，某份团体计划不含这些项目纯粹是雇主采购预算与套餐设计的取舍。

b. ✓ 正确。团体套餐制（group package）与个人定制制（individual customization）的设计哲学相反：团体计划由雇主洽谈主合同，按员工类别"一刀切"以换取低保费和免核保优势；个人计划允许自选免赔额、共保比例与上限组合来匹配个人需求，但几乎总要经过医疗核保且保费通常更高。

c. ✗ 错误（陷阱：雇主健康税用途混淆）。雇主健康税（Employer Health Tax, EHT）是 BC 省政府自 2019 年起向雇主征收的省级税种，与补贴商业个人健康险的视力或牙科上限毫无关系。

d. ✗ 错误（陷阱：核保规则倒置）。团体计划的核心优势正是免核保或免体检额度高，而个人定制计划才通常需要经过核保（且医疗报销险核查的是健康状况，不照搬伤残收入险的收入财务核保）。

111 答案 c

a. ✗ 错误（陷阱：AD&D全额赔付误判）。意外身故与伤残（AD&D）的赔付方式不是"出事就赔全额"，只有身故、双肢缺失或双目失明才按 100% 保额给付，其余指定损失必须严格查给付比例表（schedule of loss）分级计算。

b. ✗ 错误（陷阱：给付比例表档次记混）。在考试口径示例中，67%（或 75%）对应的是单肢缺失或单眼失明，而单耳失聪对应的分级比例是 33%，失语为 50%。

c. ✓ 正确。AD&D 附加险按给付比例表（schedule of loss）依严重度分级赔付（考试口径采用 365 天时限与该分级比例作示例，实务中不同合同可能采用 6 个月时限或不同比例，考场严格按题干给定比例答）：受伤后 90 天在 365 天时限内，单耳失聪按主保额的 33% 给付。

d. ✗ 错误（陷阱：忽略损失发生时限窗口）。AD&D 并不要求损失在事故当天瞬间发生，只要在合同约定的时限窗口（本题给定考试示例为意外后 365 天内，90 天满足条件）内发生指定损失即可获赔。

111′ 答案 a

a. ✓ 正确。考试口径通过给付比例表（schedule of loss）说明 AD&D 按损失严重度分级计算（实务合同条款与时限可能不同，考场按给定示例答）：意外后 180 天未超过 365 天时限，失语对应主保额 50% 的给付比例。

b. ✗ 错误（陷阱：给付比例分级混淆）。75%（或 67%）在考试口径示例中用于单肢缺失或单眼失明，而失语（loss of speech）对应的比例是 50%。

c. ✗ 错误（陷阱：AD&D全额赔付误判）。哪怕失语是永久且完全的，在 AD&D 给付比例表（schedule of loss）中也不属于 100% 档次（100% 仅限身故、双肢缺失或双目失明）。

d. ✗ 错误（陷阱：混淆旅行险稳定期与AD&D损失时限）。90–180 天常见于旅行险出发前稳定期（stability period），而本题明确给定考试口径示例时限为意外后 365 天内，180 天完全符合给付条件。

112 答案 b

a. ✗ 错误（陷阱：忽略年龄段验光除外）。BC 省 MSP 明确不覆盖 19 至 64 岁成年人的常规验光（routine eye exam），该年龄段常规验光需自付或由扩展医疗险（extended health insurance）报销。

b. ✓ 正确。考试口径将省级医保泛称为 provincial health care plans，落实到 BC 省现行规定，MSP 主要支付医疗必要的医生诊疗服务及极少数医院内口腔手术；常规牙科、19–64 岁常规验光、以及物理治疗等辅助医疗（paramedical services，特定受益人除外）均不由 MSP 普遍支付，这正是扩展医疗险与牙科险要接住的账单。

c. ✗ 错误（陷阱：MSP保费取消误作覆盖扩围）。BC 省于 2020-01-01 取消个人 MSP 保费仅改变了筹资方式，完全不等于扩大 MSP 的服务保障目录。

d. ✗ 错误（陷阱：辅助医疗覆盖范围混淆）。针灸、脊医、按摩、自然疗法、物理治疗（physiotherapy）等辅助服务在非特定补助人群下属于 MSP 明确不覆盖项目，这也是个人扩展医疗险五类典型保障之一。

112′ 答案 a

a. ✓ 正确。省级医保（provincial health care plans / MSP）主要覆盖医疗必要的医生与医院服务，联邦《药物保险法》（Pharmacare Act）及省级专项计划首期也仅覆盖避孕药具、糖尿病用药等列明项目；核算公共保障后，常规牙科、视力、辅助医疗、病房升级及更广泛的处方药仍存在明显缺口，这正是扩展医疗险存在的理由。

b. ✗ 错误（陷阱：把MSP不赔写成政府完全不管）。不能把 MSP 不赔直接等同于政府完全不管：极少数医院内的口腔/牙科手术由 MSP 覆盖，且处方药等还有专项公费计划（如 Plan NP、Fair PharmaCare）或特定人群补助，必须先核公共保障再估缺口。

c. ✗ 错误（陷阱：强制投保误解）。2020 年取消 MSP 个人保费并未使私人扩展医疗险（extended health insurance）变成法定强制险，个人是否购买完全取决于对公共保障缺口的需求分析。

d. ✗ 错误（陷阱：医疗报销险与伤残收入险混淆）。补偿收入中断的是伤残收入险（disability insurance），而扩展医疗险、牙科险与旅行险解决的是“医疗账单来了谁来付”的费用报销问题，因此在核保上也不照搬伤残险的收入财务核保。

第 17 章答案与解析

113 答案 a

a. ✓ 正确。针对核心员工Elena失能导致的营收下滑与招聘培训成本（loss of key employee），应由公司投保并作为受益人配置关键人伤残险（key person disability insurance）；针对共同业主长期失能需退出变现股份（inability to sell），应配置与买卖协议挂钩、等待期12—24个月的买卖协议伤残买断险（disability buyout insurance）。

b. ✗ 错误（产品功能错配陷阱）。营业费用险（BOE）要求被保险人是企业业主本人而非非股东雇员，且不报销被保险人自己的收入损失；关键人伤残险给付期通常不超过12个月，用于弥补短期经营冲击，不能替代长期等待期的伤残买断险来收购股份。

c. ✗ 错误（受益人与用途错配陷阱）。Elena只是雇员而非持股合伙人，不适用买卖协议伤残买断险；同時BOE仅按月报销房租、水电、员工工资等固定运营开支，绝不能用于股权收购。

d. ✗ 错误（福利工具混淆陷阱）。私人健康服务计划（PHSP）只报销牙科、处方药等医疗费用；商业贷款保护伤残险（business loan protection DI）专款用于偿还合格商业贷款本息，均不能解决关键人替代或股权买断问题。

113′ 答案 c

a. ✗ 错误（产品功能错配陷阱）。Hannah是唯一业主，短期失能需付房租和员工工资属于丧失工作能力（inability to work）而非股权买断；Lucas是不持股雇员，不能作为BOE的被保险业主。

b. ✗ 错误（范围混淆陷阱）。商业贷款保护伤残险仅用于偿还合格商业贷款本息，不报销办公室房租和簿记员工资；PHSP只报销医疗账单，不补偿核心员工失能造成的营收下滑。

c. ✓ 正确。业主Hannah本人短期失能期间需继续支付房租和员工薪资，应配置营业费用险（business overhead expense insurance, BOE）；核心骨干Lucas失能6个月造成的营收下滑与替代成本，应配置关键人伤残险（key person disability insurance），两者均由企业投保并作为受益人。

d. ✗ 错误（受益人错配陷阱）。关键人伤残险的受益人始终是企业本身，理赔金不能直接打入关键员工Lucas的个人账户。

114 答案 b

a. ✗ 错误（忽略结转条款陷阱）。保单包含结转条款（carryover provision），第1个月未用完的$1,500额度（$10,000 − $8,500）可以结转到第2个月，用于报销第2个月超出月度封顶的合格开支。

b. ✓ 正确。首先剔除不可报销项：业主Chloe本人的薪水（$6,000）和商业贷款本金（$2,000）均不属于营业费用险（business overhead expense insurance, BOE）可报销范围。第2个月合格固定开支为$9,200（房租、员工工资、水电）+ $1,500（商业贷款利息）= $10,700。由于第1个月实际报销$8,500，剩余$1,500未用额度结转（carryover provision）至第2个月，因此第2个月可将$10,700合格开支全额报销（动用当月封顶$10,000 + 结转额度$700）。

c. ✗ 错误（BOE范围混淆陷阱）。商业贷款只有利息（loan interest）可报销，贷款本金偿还部分（loan principal repayment）属于不可报销支出，不能计入合格费用去用满第1个月结转来的$1,500额度。

d. ✗ 错误（BOE范围混淆与提前透支陷阱）。BOE绝不报销业主本人的薪水或收入替代（owner's salary），且结转机制也不允许在当月提前借用尚未累积的未来月度额度。

114′ 答案 a

a. ✓ 正确。首先剔除不可报销的商业贷款本金（$1,200）和购置新设备的资本性支出（$3,500）。第2个月合格固定开支为$5,800（房租与员工工资）+ $700（贷款利息）= $6,500。第1个月未用完的结转额度（carryover provision）为$6,000 − $5,100 = $900，足以补足第2个月超支的$500，因此第2个月实报$6,500。

b. ✗ 错误（忽略结转条款陷阱）。保单设有结转条款（carryover provision），第1个月未用的$900额度可结转至第2个月使用。

c. ✗ 错误（BOE范围混淆陷阱）。商业贷款本金（loan principal）不可由BOE报销，只有$700贷款利息属于合格开支。

d. ✗ 错误（BOE范围混淆陷阱）。购置新设备属于新增资本性支出（capital expenditure），不在BOE“维持原地不动最低开支”的可报销清单内。

115 答案 c

a. ✗ 错误（税务正反颠倒与重复理赔陷阱）。两类产品的税务处理正好相反，不存在既可抵扣保费又免税领给付的双向优惠；且商业贷款保护伤残险与BOE不能就同一笔贷款重复申请理赔。

b. ✗ 错误（税务正反颠倒陷阱）。把营业费用险（BOE）与商业贷款保护伤残险（business loan protection DI）的税务规则完全记反了。

c. ✓ 正确。营业费用险（business overhead expense insurance, BOE）的保费可作为营业费用抵税（tax-deductible），但理赔给付应税（taxable）；商业贷款保护伤残险（business loan protection DI）的保费不可抵税（non-deductible），但给付免税（tax-free）。同时，如果一笔商业贷款的利息已计入BOE可报销开支，就不能再用商业贷款保护险对同一笔贷款重复理赔。

d. ✗ 错误（BOE范围混淆与税务陷阱）。BOE只报销商业贷款利息（$1,800），不报销贷款本金（$3,200），且BOE的理赔金是应税收入而非免税。

115′ 答案 a

a. ✓ 正确。商业贷款保护伤残险（business loan protection DI）保费不可抵税、给付免税，专款用于偿还合格商业贷款的本息；而营业费用险（BOE）保费可抵税、给付应税，且仅可报销贷款利息（不含本金），两者不得就同一笔贷款叠加理赔。

b. ✗ 错误（税务正反颠倒陷阱）。商业贷款保护伤残险的保费不可抵税，其理赔给付是免税的，不能因为贷款利息本身可抵税就推断该保险保费可抵税。

c. ✗ 错误（税务规则与跨期抵消承诺陷阱）。BOE保费是可以作为营业费用抵税的；虽然给付应税与合格开支抵税可能相抵，但金额、确认年度和资格未必完全相同，不能承诺任何年度净税效应绝对为零。

d. ✗ 错误（重复理赔陷阱）。商业贷款保护伤残险与BOE不能就同一笔商业贷款重复申请给付。

116 答案 c

a. ✗ 错误（把区间当全段失格陷阱）。考试口径给出的持股上限落在10%–50%之间，意思是不同产品可能在该区间内设定各自的持股上限阈值（例如某产品上限为50%则15%完全合格），绝不是持股处于10%–50%之间一概失格。

b. ✗ 错误（受益人错配与同名不同算法陷阱）。关键人伤残险由企业投保并以企业为受益人，不是赔给员工家属；且给付期通常不超过12个月，保额按该关键人短期月薪倍数及保司月封顶校正，而非照搬关键人寿险的长期毛利润贡献份额算法。

c. ✓ 正确。在关键人伤残险（key person disability insurance）中，企业是投保人和唯一受益人；考试口径常见等待期为30–90天，给付期通常不超过12个月，给付上限常见为年薪的100%且行业惯例月封顶约$15,000/月（Tariq月薪$12,000在此范围内）；配套替代招聘费用附加险（replacement expense rider）可直接将猎头费、培训双薪纳入给付计算。

d. ✗ 错误（等待期混淆陷阱）。12–24个月是买卖协议伤残买断险（disability buyout insurance）的超长等待期；关键人伤残险旨在覆盖招人培训的短期空窗期，等待期通常为30–90天，给付期本身一般不超过12个月。

116′ 答案 b

a. ✗ 错误（同名不同算法陷阱）。关键人寿险保的是永久消失的一次性长期损失，而关键人伤残险给付期通常不超过12个月，估算逻辑聚焦于有限窗口期内企业每月的替代成本与月薪封顶。

b. ✓ 正确。关键人伤残险（key person disability insurance）由企业投保并作为受益人，等待期30–90天，给付期通常不超过12个月，考试口径常见上限为年薪100%或约$15,000/月，且可附加保费豁免（waiver of premium）、复发条款（recurrent disability clause）和替代招聘费用附加险（replacement expense rider）。

c. ✗ 错误（受益人错配陷阱）。关键人伤残险的受益人始终是企业（BioLab Corp.），用来弥补企业的营收损失和替代招聘开支，不会直接打给员工个人。

d. ✗ 错误（把区间当定值陷阱）。考试口径给出的10%–50%是行业常见持股上限区间而非单一法定定值，各保司内部核保标准不同。

117 答案 d

a. ✗ 错误（忽略60岁龄减陷阱）。考试口径示例中，买卖协议伤残买断险（disability buyout insurance）在被保险人60岁后每年递减20%，并非维持原始保额不变。

b. ✗ 错误（失能定义级别混淆陷阱）。伤残买断险的常见定义为“无法从事常规职业（regular occupation）且完全没有工作”，并不要求达到严苛的“任何职业（any occupation）完全丧失能力”，只要Arthur无法从事常规职业且实际上完全没有工作即可满足定义。

c. ✗ 错误（等待期起算日陷阱）。案例二明确指出，等待期必须从满足保单伤残定义并持续失能之日起按条款计算，不能直接用慢性病或基础疾病的确诊日起算。

d. ✓ 正确。根据讲座2.4节与案例二，买卖协议伤残买断险（disability buyout insurance）在考试口径示例中60岁后保额每年递减20%。Arthur在62岁触发买断时，可用保额已经从原始$800,000打了显著折扣（按每年20%递减两年后远低于$800,000股权价值），产生买断资金缺口，这正是为什么买卖协议与保额必须定期复核。

117′ 答案 a

a. ✓ 正确。根据案例二与2.4节，伤残买断险（disability buyout insurance）的等待期从满足保单失能定义并持续失能之日（61岁停工时）起算，绝非60岁确诊日；60岁后保额按考试口径每年递减20%打折；且其定义为“常规职业（regular occupation）且完全没有工作”，若兼职担任有薪讲师则不满足“完全没有工作”的复合门槛。

b. ✗ 错误（等待期起算日与忽略龄减陷阱）。还在全职工作时未满足失能定义，不能从确诊日起算等待期；且60岁后保额已开始递减。

c. ✗ 错误（失能定义级别混淆陷阱）。伤残买断险比一般个人DI的纯own occupation更严，要求“regular occupation且完全没有工作”，从事其他有薪工作不触发理赔。

d. ✗ 错误（分期给付机制误解陷阱）。案例二指出，保单选择60期等额月付是为了避免一次性抽调大额现金，由买卖协议衔接保险金收款人与向退出方分期付款的安排，不等于另一位合伙人必须以自有资金独担五年付款。

118 答案 b

a. ✗ 错误（数字记忆错误陷阱）。这组数字远低于考试口径引述的1985年精算表数据（单人约40%、双人至少一人约62.5%、平均持续3.2年）。

b. ✓ 正确。考试口径引述1985年Commissioner's Disability Table（disability risk statistics）：45岁业主到65岁前发生90天以上较长期伤残的概率约为40%，两位共同业主中至少一人发生伤残的概率约为62.5%，平均持续时间为3.2年。（注：考试按此考试资料历史数字作答，但现行加拿大消费者等效统计未核实，实务中不能将这组百分比作为个案概率承诺。）

c. ✗ 错误（单双人概率错位陷阱）。62.5%是两位共同业主中至少一人发生伤残的概率，单一业主的概率在考试口径中约为40%，平均持续时间为3.2年而非5.0年。

d. ✗ 错误（混淆龄减比例与伤残概率陷阱）。20%是伤残买断险在60岁后每年的保额递减比例示例，而非45岁业主的伤残发生概率。

118′ 答案 d

a. ✗ 错误（概念张冠李戴陷阱）。40%是单一45岁业主发生伤残的概率，12–24个月是伤残买断险的等待期区间而非平均伤残持续期。

b. ✗ 错误（数字混淆陷阱）。50%和1年（12个月）分别是关键人伤残险持股上限区间高端与最长给付期，不是1985年表的双人伤残概率与持续期。

c. ✗ 错误（数字混淆陷阱）。20%是买断险60岁后年递减率，60个月是现行买断险分期月付期数，均非1985年表统计值。

d. ✓ 正确。根据考试口径引用的1985年精算表（1985 Commissioner's Disability Table），两位45岁共同业主在65岁前至少一人发生90天以上伤残的概率约为62.5%（单一业主约为40%），平均持续时间为3.2年。（注：考场按此考试资料数字作答，实务柜台仅用其定性结论而不用作现行个案概率承诺。）

119 答案 a

a. ✓ 正确。根据2.5节，“拼团式”个人险计划（grouped disability/CI plan）是指雇主替某一特定类别（defined class，如全体高级副总裁，而非任意挑选个别人）的多名员工统一购买个人DI或CI保单；而私人健康服务计划（Private Health Services Plan, PHSP）报销的是牙科、视力、处方药等合资格医疗支出，既不是收入替代也不是企业营业费用。

b. ✗ 错误（违反按类别承保规则陷阱）。“拼团式”个人险计划（grouped disability/CI plan）要求雇主针对“某一类别”（class of employees）的员工统一采购，不能任意挑选个别人。

c. ✗ 错误（混淆PHSP与BOE陷阱）。报销办公室租金和水电费的是营业费用险（BOE），PHSP仅报销医疗开支，两者不能互相替代。

d. ✗ 错误（夸大HWT过渡后果陷阱）。CRA自2021年底停止适用HWT旧行政规则，未转换的信托一般按普通信托规则纳税，并非被政府没收或宣布违法强制解散。

119′ 答案 c

a. ✗ 错误（混淆PHSP与DI/BOE功能陷阱）。私人健康服务计划（PHSP）只报销日常医疗支出，不能替代个人DI发放薪水，也不能替代BOE报销贷款利息。

b. ✗ 错误（混淆自雇特定扣除分支与全行业统一供款上限陷阱）。$1,500成人/$750未满18岁是联邦《所得税法》第20.01条下特定自雇分支按期间折算的扣除限制（deduction limit），不是所有PHSP的统一供款上限（contribution cap）。

c. ✓ 正确。雇主为某一类别员工统一购买个人DI/CI保单属于“拼团式”个人险计划（grouped disability/CI plan）；私人健康服务计划（PHSP）用于报销省医疗保险未覆盖的牙科、视力、处方药等医疗支出；雇员生命与健康信托（ELHT）适用联邦《所得税法》第144.1条（ITA s.144.1），承接了2021年底终止旧行政待遇的健康福利信托（HWT）过渡。

d. ✗ 错误（混淆拼团式个人险与传统团体险陷阱）。“拼团式”个人险计划（grouped disability/CI plan）采购的是多份独立的个人DI/CI保单，而非保险公司的传统团体险总保单（group policy）。

第 18 章答案与解析

120 答案 a

a. ✓ 正确。自雇者的可保劳动收入（Insurable earned income）按扣除经营开支后的劳动性净经营收入计算（$72,000 − $12,000 = $60,000），持续性股息列为非劳动所得（Unearned income）另行评估，不直接相加提高可保劳动收入；此外，自雇者通过 MSCA 自愿注册就业保险特别福利（EI special benefits）后，必须满 12 个月（从注册日起算）才具备申领资格，未满 12 个月无法申领。

b. ✗ 错误。落入「自雇总营收当成可保收入」与「忽略 12 个月注册等待期」双重陷阱：计算可保劳动收入必须先减去 $12,000 经营开支；即使上一年净自雇收入超过门槛（$9,254），注册未满 12 个月仍无权申领。

c. ✗ 错误。落入「把被动股息加进可保劳动收入」与「误解撤回规则」陷阱：被动股息在失能期间不中断，不可直接加入可保劳动收入基数；且自愿注册后仅 60 天内可无条件撤回，一旦领取过特别福利即终身不可撤回。

d. ✗ 错误。落入「误解自雇 EI 12 个月等待期起算点」陷阱：自雇者参加 EI 特别福利的 12 个月等待期是从 MSCA 协议生效（注册日）起算，而不是从企业开业日或失能发生日起算。

120′ 答案 c

a. ✗ 错误。落入「把租金加进可保劳动收入」与「误解 60 天撤回窗口」陷阱：持续性租金不计入可保劳动收入；且只要未领取过特别福利，在注册后 60 天内均可无条件撤回，并非签约当即终身不可撤回。

b. ✗ 错误。落入「忽视自雇者双风险敞口」陷阱：自雇者同时面临个人收入中断与企业固定开支照旧两个敞口，往往需要个人伤残险（DI）与营业费用险（BOE）两份保单分别覆盖。

c. ✓ 正确。Hannah 的可保劳动收入（Insurable earned income）为净经营收入 $60,000，持续性租金另列为其他资源；同时她在注册就业保险特别福利（EI special benefits）后 60 天内且未曾申领过福利，可无条件撤回协议且不必缴纳保费。

d. ✗ 错误。落入「忽略 12 个月注册等待期」陷阱：即便上一年净自雇收入超过 $9,254 门槛，注册未满 12 个月仍不具备申领资格。

121 答案 b

a. ✗ 错误。落入「混淆团体收入法比例与 EI 法定比例」陷阱：60% 是收入法或常见团体险比例，EI 病假福利的法定替代比例为 55%。

b. ✓ 正确。按 2022 版 LLQP 考试口径（Exam benchmark），就业保险病假福利（EI sickness benefits）的最长给付期为 15 周，替代比例为受保周平均收入的 55%（2022 年周上限约 $638，旧工时门槛为 420 小时）。注意双口径差异：自 2022 年 12 月 18 日起现行联邦法律已将最长给付期延长至 26 周（2026年现行周上限 $729，需 600 受保小时），但考场按考试口径设问时应答 15 周。

c. ✗ 错误。落入「考试口径与现行政策张冠李戴及混淆比例」陷阱：虽然 26 周是现行法律周数，但题干明确要求标准考试口径（15周），且 85% 是常见团体全来源上限而非 EI 替代率（55%）。

d. ✗ 错误。落入「混淆 EI 病假福利与省级工伤补偿（WorkSafeBC）比例」陷阱：约 90% 净收入是 BC 省工伤补偿（Workers' Compensation）的给付水平，52 周则是计算受保工时的资格期长度而非给付周数。

121′ 答案 a

a. ✓ 正确。考试口径下就业保险病假福利（EI sickness benefits）最长为 15 周（现行法规已延长至 26 周，考场按指定考试口径作答），但对团体计划而言 EI 是第二付款人（Second payor）；当雇主团体给付已经高于 EI 55% 替代率及周上限时，EI 实际发放可能一分钱都拿不到，画像时绝不能把 EI 想当然算作额外叠加收入。

b. ✗ 错误。落入「以为满足工时门槛就能在团体险之上全额叠加 EI」陷阱：EI 是团体计划的第二付款人，团体给付已封顶 EI 所能给的部分时不能双领。

c. ✗ 错误。落入「颠倒先付人规则顺序」陷阱：在雇主团体计划与 EI 之间，团体计划是第一付款人（First payor），EI 是第二付款人。

d. ✗ 错误。落入「从现行 EI 26 周反推雇主保费减免计划 STD 条件」陷阱：即便现行 EI 病假延长至 26 周，雇主保费减免计划的 STD 最低给付期限仍为 15 周，两者须分别核对。

122 答案 c

a. ✗ 错误。落入「盲目套用伤残险免税经验值」陷阱：只有当员工全额自付保费使 $3,600 给付免税时，$3,600 除以 $4,500 税后月薪才会得出 80%；本题保费由雇主支付，给付必须缴税。

b. ✗ 错误。落入「净收入与毛收入口径混淆」陷阱：$2,700 是正确的税后给付，但计算税后收入替代率时分母应为税后月收入 $4,500（$2,700 ÷ $4,500 = 60%），而非 50%。

c. ✓ 正确。第一步先判断税务属性：雇主支付保费（Employer-paid premiums），因此团体长期伤残保险（Group LTD）给付属于应税收入（Taxable benefit）。第二步计算：税后月收入 = $6,000 × (1 − 25%) = $4,500；LTD 名义给付 = $6,000 × 60% = $3,600（应税）；给付到手净额 = $3,600 × (1 − 25%) = $2,700；税后收入替代率（After-tax income replacement ratio）= $2,700 ÷ $4,500 = 60%。

d. ✗ 错误。落入「混淆税后月薪与全来源上限」陷阱：$4,500 是她失能前的税后月薪而非伤残给付额，85% 则是常见全来源上限而非她的团体 LTD 替代率。

122′ 答案 b

a. ✗ 错误。落入「忽视免税给付放大税后替代率」陷阱：当员工全额自付保费时，给付免税，分母是扣税后的净收入 $4,500，因此税后替代率会高于名义的 60%。

b. ✓ 正确。因为员工 100% 自付保费（Employee-paid premiums），团体 LTD 给付属于免税收入（Tax-free benefit），到手净额即为 $3,600；对照他失能前的税后月收入 $4,500，税后收入替代率（After-tax income replacement ratio）= $3,600 ÷ $4,500 = 80%。

c. ✗ 错误。落入「混淆 EI 55% 替代率与团体 LTD 比例」陷阱：员工自付保费的团体 LTD 不受 EI 55% 替代率限制。

d. ✗ 错误。落入「把全来源上限当成自动补足比例」陷阱：85% 是防止超额赔付的全来源上限，保险公司不会把 60% 的保额自动上调到 85%。

123 答案 d

a. ✗ 错误。落入「漏算政府给付抵消」陷阱：直接把 $3,000 免税 LTD 与 $926.01 税后 CPP-D 相加，忽略了团体合同会先按 CPP-D 税前金额 $1,234.68 逐元抵消 LTD 给付。

b. ✗ 错误。落入「以为抵消后税后总到手额不变」陷阱：虽然团体 LTD 按税前 $1,234.68 逐元抵消后加上税前 CPP-D 名义总额仍是 $3,000，但抵消掉的是免税 LTD，换进来的是要缴 25% 税的 CPP-D，因此税后到手金额会低于 $3,000，缺口也会比第一阶段的 $1,500 更大。

c. ✗ 错误。落入「只算抵消后剩余 LTD 而漏加 CPP-D 税后净额」陷阱：$1,765.32 只是扣减 $1,234.68 后的剩余团体 LTD，忘了加上 Felix 实际领到手的 $926.01 税后 CPP-D。

d. ✓ 正确。第一步算直接抵消（Direct offset）：团体 LTD 按 CPP-D 税前额逐元扣减，剩余免税 LTD = $3,000 − $1,234.68 = $1,765.32。第二步算应税的 CPP-D 净额：$1,234.68 × (1 − 25%) = $926.01。第三步算到手合计：$1,765.32 + $926.01 = $2,691.33。第四步算每月缺口（Monthly gap）：最低生活需要 $4,500 − $2,691.33 = $1,808.67（比 CPP-D 起付前的 $1,500 缺口反而扩大了）。

123′ 答案 a

a. ✓ 正确。第一阶段仅有免税 LTD $3,000/月，每月缺口为 $4,500 − $3,000 = $1,500；进入第二阶段获批应税 CPP-D 并触发团体直接抵消后，每月缺口扩大至 $1,808.67。做缺口分析（Gap analysis）时，必须分别展示等待期、LTD 起付及政府待遇获批后的净额，并按时间轴上最大的那段缺口核定保额。

b. ✗ 错误。落入「误以为伤残第一天就有 LTD 且未批就扣 CPP-D」陷阱：等待期内无 LTD，且第一阶段 CPP-D 尚未起付（通常在认定严重且持久伤残后第四个月起付），第一阶段缺口为 $1,500。

c. ✗ 错误。落入「混淆直接抵消与 85% 全来源上限」陷阱：即使到手收入低于 85% 全来源上限，也不代表可以取消合同已经明确约定的 CPP-D 直接抵消（Direct offset）。

d. ✗ 错误。落入「假设 CPP-D 必批、免税且自诊断日起付」陷阱：CPP-D 属于应税收入，且从伤残月份之后的第四个月起付，绝非诊断当日起免税补齐缺口。

124 答案 b

a. ✗ 错误。落入「测算尺子与财务报表错配」陷阱：客户预算不足时不应固守收入法导致客户弃保，且把净资产表与现金流量表的功能完全颠倒了。

b. ✓ 正确。当收入法（Income approach，$3,000/月）保费超出预算时，代理人应改用支出法（Expense approach，$2,000/月）先守住底线，并搭配未来购买权（Future Purchase Option，FPO）待日后收入增长时补足；同时，净资产表（Net worth statement）回答能否靠自有资产扛过等待期，现金流量表（Cash flow statement）回答每月是否有结余支付保费。

c. ✗ 错误。落入「工具误用（把净资产表当成需求测算与预算替代品）」陷阱：净资产表只回答能否自我承担短期收入中断，不能替代需求测算和现金流量表。

d. ✗ 错误。自由译者属于自雇者，应凭近两三年 T1 报税表与财务报表而非雇员 T4 核实收入，且无端建议提取 RDSP 既不符合题意也会触发配款追回。

124′ 答案 d

a. ✗ 错误。落入「测算尺子与财务报表错配」陷阱：将现金流量表与净资产表的职责刚好弄反了。

b. ✗ 错误。团体福利手册只能说明现有团体保障条款与上限，无法反映客户个人的资产负债储备和每月家庭收支结余。

c. ✗ 错误。Marcus 是领薪雇员而非企业主，且收入法公式用于估算理论替代保额，不用于逐项削减家庭月度开支。

d. ✓ 正确。净资产表（Net worth statement，按公允市值计算的资产减负债）用于判断客户能否自我承担一段收入中断（即扛过 120 天等待期）；现金流量表（Cash flow statement，按月追踪净收入减支出）用于判断客户每月是否有余钱付保费以及哪些开支可以削减。

125 答案 a

a. ✓ 正确。单身客户 Liam 没有第二份收入托底，$3,000/月的需求几乎不能打折；双职家庭（Dual-earner household）中的 Noah 虽然因配偶收入分担使理论缺口降至 $1,000/月，但考试口径特别提醒：配偶 Maya 未来可能因为要照护失能的 Noah 而暂停工作，理论上的「配偶收入托底」届时会打折扣，因此必须在理论缺口之上留出余量，不能机械照抄 $1,000 投保。

b. ✗ 错误。落入「机械照抄理论缺口且捏造核保上限」陷阱：保险公司并无双职配偶只能保 $1,000 的规定，且直接照抄 $1,000 不留照护余量正是考试资料指出的常见错误。

c. ✗ 错误。落入「捏造单身政府福利优待」陷阱：单身客户既无配偶收入托底，也不会获得双倍 EI 病假给付比例（相反，EI 家庭补充只面向有 18 岁以下子女的低收入家庭）。

d. ✗ 错误。落入「混淆劳动所得与非劳动所得」陷阱：配偶收入在客户画像中属于非劳动所得（Unearned income，分担家庭开支的因素），绝不能加进 Noah 本人的可保劳动收入基数去申请更高个人保额。

125′ 答案 c

a. ✗ 错误。落入「忽视家庭板块对需求测算分母的影响」陷阱：客户画像的「家庭」板块直接决定需求测算是按个人全额还是考虑配偶收入替代。

b. ✗ 错误。配偶的日常工作收入不会触发伤残保单的直接抵消条款（直接抵消针对的是 CPP-D、工伤补偿等政府伤残给付）。

c. ✓ 正确。单身客户 Priya 一旦失能没有任何第二份家庭收入缓冲，需按收入法（Income approach）全额配置 $3,000/月；双职家庭的 Taran 虽有配偶收入部分替代，但仍须在 $1,000 理论缺口之上预留缓冲余量，以防配偶因照护失能的 Taran 而暂停工作。

d. ✗ 错误。EI 家庭补充要求家有 18 岁以下子女并领取加拿大儿童福利金（CCB）且家庭年净收入不超过 $25,921，无子女的单身客户并不符合条件。

126 答案 c

a. ✗ 错误。落入「把工伤补偿受理等同于 CPP-D 获批」陷阱：省级工伤补偿与联邦 CPP-D 判定标准完全不同，短期即可康复的伤病不符合 CPP-D 的「持久（Prolonged）」标准。

b. ✗ 错误。落入「混淆工伤与非工伤政府保障路径」陷阱：评估政府保障时须先分工伤与非工伤两条路径，工作相关伤病由省级工伤补偿（Workers' Compensation）负责，而非先领 EI 病假福利。

c. ✓ 正确。首先区分工伤与非工伤路径：工作期间受伤属于省级工伤补偿（Workers' Compensation / WorkSafeBC）范围，给付免税，考试口径为税前净收入的 80%–90%（BC 现行约为计算后净收入的 90%，2026年工资计算上限为 $127,500/年）。其次，加拿大退休金计划伤残给付（CPP-D）要求伤残同时满足「严重且持久（Severe and prolonged）」，其中「持久」指长期、期限不确定或很可能致死，短期可康复的伤情不符合该标准。

d. ✗ 错误。落入「虚构 MSP 牙科保障及考试资料范围」陷阱：考试口径全书零次提及 MSP，且 BC MSP 仅覆盖医疗必要的医生服务，牙科仅限医院内口腔手术等极少数情形，普通牙科诊所补牙不在覆盖之列。

126′ 答案 b

a. ✗ 错误。落入「假设 CPP-D 自事故日起付、免税且按最高额保底」陷阱：CPP-D 属于应税收入，通常从认定严重且持久伤残开始四个月后才起付，且起付日与具体金额须以官方决定书为准。

b. ✓ 正确。省级工伤补偿（Workers' Compensation）与加拿大退休金计划伤残给付（CPP-D）属不同制度，可并行申请；但画像阶段只能将尚未获批的 CPP-D 列为待定（Pending），其通常在伤残认定月份之后的第四个月才起付，且获批后须核对各计划间的协调与抵消规则及税务属性，不能直接把税前金额相加当作首月现金流。

c. ✗ 错误。省级工伤补偿（Workers' Compensation）给付是免税的（Tax-free），且申领工伤补偿不会剥夺其申请其他法定权益的资格。

d. ✗ 错误。虽然考试口径使用「省级机构」泛称而不直接点名 WorkSafeBC，但工伤补偿（Workers' Compensation）在考试口径中明确属于政府保障板块和团体主合同的直接抵消来源，绝不可在缺口分析中忽略。

第 19 章答案与解析

127 答案 a

a. ✓ 正确。依 s.101 Condition 5，理赔通知（notice of claim [理赔通知]）法定时限为 30 天，理赔交证（proof of claim [理赔交证]）为 90 天；若因客观原因在 30 天内报案不合理可行且之后尽快补办，适用迟延豁免（late notice relief [迟延豁免]），不会直接丧失理赔权。注意双口径差异：考试口径写迟报上限“最长不超 6 个月”，而 BC 现行 s.101 Condition 5 法条规定最迟不超过 1 年，第 45 天在两个口径下均未超限。

b. ✗ 落入“理赔三时限张冠李戴”陷阱，误把 30 天理赔通知（notice of claim [理赔通知]）当成过期即失权的绝对红线，忽略了 s.101 Condition 5 的迟延豁免（late notice relief [迟延豁免]）条款。

c. ✗ 落入“理赔三时限张冠李戴”陷阱：将 30 天理赔通知期与 90 天理赔交证（proof of claim [理赔交证]）期限混为一谈，且两项时限均从索赔产生日起算，不能叠加计算。

d. ✗ 张冠李戴：按比例折算给付是职业变更条款（change of occupation clause [职业变更条款]，Condition 3）针对转入高风险职业的处理机制，与迟延报案毫无关系。

127′ 答案 c

a. ✗ 落入“理赔三时限张冠李戴”陷阱：30 天是理赔通知（notice of claim [理赔通知]）时限，不是理赔交证（proof of claim [理赔交证]）时限，且并非逾期即绝对无效。

b. ✗ 数字混淆：60 天是持续伤残给付的续付间隔或非误工保险金的付款时限（payment of claims [理赔付款期限]），而非提交理赔证明的 90 天期限。

c. ✓ 正确。依 s.101 Condition 5(1)(b)，书面理赔交证（proof of claim [理赔交证]）须在索赔发生后 90 天内提交（与 30 天通知期均从索赔产生日起算）；若客观上不合理可行且尽快补办，适用迟延豁免（late notice relief [迟延豁免]）。考试口径写上限最长不超 6 个月，而 BC 现行法条为最迟不超过 1 年。

d. ✗ 混淆了保司义务与客户义务：15 天是保司收到通知后提供交证表格的期限（Condition 6）或挂号信终止合同的通知期（Condition 4），不是客户交证的期限。

128 答案 b

a. ✗ 落入“职业变更高风险即拒赔”陷阱。依 s.101 Condition 3（change of occupation clause [职业变更条款]），投保后转入更高风险职业并不会导致直接拒赔或合同作废。

b. ✓ 正确。依 s.101 Condition 3 的职业变更条款（change of occupation clause [职业变更条款]），被保险人转入更高风险职业后出险，给付额按原保费在新职业费率下所能买到的保额比例折算，属于比例调整而非一刀切拒赔。

c. ✗ 混淆了不可抗辩期（incontestability period [不可抗辩期]，s.112，针对投保或复效时的重大事实披露）与服务期内的职业变更条款（change of occupation clause [职业变更条款]，Condition 3）。

d. ✗ 编造规则且混淆了宽限期（grace period [宽限期]）。Condition 3 的法定处理机制是直接按原保费对应新职业费率折算给付，而非要求补缴过往保费后全额赔付。

128′ 答案 a

a. ✓ 正确。根据 s.101 Condition 3（change of occupation clause [职业变更条款]），转入更高风险职业后，保司按原实付保费在新职业费率表下能买到的保额比例折算给付，不直接拒赔。

b. ✗ 落入“职业变更高风险即拒赔”陷阱。Condition 3 规定的是按费率比例折算给付，而不是解除合同或拒赔。

c. ✗ 混淆了等待期（elimination period [等待期]）与职业变更条款（change of occupation clause [职业变更条款]）。Condition 3 折算的是给付额度，不会自动延长等待期。

d. ✗ 错误。Condition 3 对转入高风险职业后的给付采取按新职业费率比例折算的机制，并非一律拒赔。

129 答案 c

a. ✗ 延长等待期（elimination period [等待期]）会要求客户用自己的应急资金扛过前 90 天空窗，但合同仍是保证续保（guaranteed renewable [保证续保]），保司不能单方终止合同。

b. ✗ 缩短给付期（benefit period [给付期]）把伤残超过 5 年后的断档风险留给客户，但在不可撤销（non-cancellable [不可撤销续保]）合同下，保司不能在服务期内单方终止保障。

c. ✓ 正确。在四种保费调整杠杆（managing premiums [保费调整杠杆]）中，把保证续保（guaranteed renewable [保证续保]）改为可撤销（cancellable [可撤销 / 有条件续保]）代价最大：保司此后在每个续保周期都有权依 s.101 Condition 4（15 天挂号信或 5 天亲送通知）单方终止或拒绝续保，客户可能在健康转差或出险后被合法收回保障，因此应放在最后考虑。

d. ✗ 落入“保证续保等同不可撤销”反向误区：从不可撤销（non-cancellable [不可撤销续保]）改为保证续保（guaranteed renewable [保证续保]）虽允许保司按同一费率分类整批调价，但保司依然不能针对个人单方终止合同。

129′ 答案 b

a. ✗ 混淆了保证续保（guaranteed renewable [保证续保]）与可撤销合同（cancellable [可撤销 / 有条件续保]）。保证续保合同在约定期内限制了保司依 Condition 4 单方终止或不续保的权利。

b. ✓ 正确。避开了“保证续保等同不可撤销”的陷阱。保证续保（guaranteed renewable [保证续保]）合同下，保司不能单方终止合同，也不能针对个人单独涨价，但可以按同一费率分类整批调整保费；而不可撤销（non-cancellable [不可撤销续保]）才是保费与条款完全锁定。

c. ✗ 典型“保证续保等同不可撤销”陷阱。只有不可撤销（non-cancellable [不可撤销续保]）才将保费与条款完全锁定至到期年龄；保证续保允许按同一分类整批调价。

d. ✗ 违反保证续保（guaranteed renewable [保证续保]）的核心定义：保司绝不能针对个人单独加费，只能按同一费率分类整批调整。

130 答案 d

a. ✗ 数字张冠李戴：30 天和 90 天是客户提交理赔通知（notice of claim [理赔通知]）和理赔证明（proof of claim [理赔交证]）的期限，不是保司提供表格和付款的期限。

b. ✗ 落入“理赔须等结案才首付”陷阱。5 天是保司亲自送达终止合同通知的期限（Condition 4），且保司绝不能拖到伤残结束才付第一笔误工理赔款。

c. ✗ 把首付与续付的法定天数颠倒了，或混淆了 Condition 8 与 Condition 9：误工以外的其他保险金才是收到证明后 60 天内支付（Condition 8），而误工首付是 30 天内、续付是至少每 60 天一次（Condition 9）。

d. ✓ 正确。依 s.101 Condition 6，保司须在收到通知后 15 天内提供交证表格；依 Condition 9（payment of claims [理赔付款期限]），误工首笔给付须在收到证明后 30 天内支付，此后只要仍在给付责任期内且按要求提供持续伤残证明，至少每 60 天续付一次。

130′ 答案 a

a. ✓ 正确。依 s.101 Condition 4（termination of insurance [合同终止条款]），保司单方终止可撤销个人 A&S 合同须至少给 15 天挂号信通知（从挂号信或其通知送达被保险人邮政地址当日起算）或 5 天亲自送达的书面通知；投保人则可随时单方终止。

b. ✗ 混淆了宽限期（grace period [宽限期]，30 天，s.106）与合同终止条款（termination of insurance [合同终止条款]，15 天挂号信或 5 天亲送，Condition 4）。

c. ✗ 混淆了理赔付款期限（payment of claims [理赔付款期限]，30 天首付、60 天续付，Condition 9）与合同终止通知期（15 天挂号信或 5 天亲送，Condition 4）。

d. ✗ 混淆了理赔交证期（proof of claim [理赔交证]，90 天，Condition 5(1)(b)）与合同终止通知期（Condition 4）。

131 答案 a

a. ✓ 正确。关于团体转个人转换窗口（group conversion window），同一本考试资料在 ch02（30 天）与 ch07（31 天）两处数字不一致，且团体 A&S 不能未经核实直接照搬团体寿险的 31 天结论；因此考场应以题干给出的数字为准，柜台实务则必须核对客户具体团体计划的转换权说明文件，若拿不到文件则按更保守（较短）的天数提醒客户。

b. ✗ 双重错误：首先 s.101 法定条款（statutory conditions [法定条款]）明确排除团体及债权人团体合同；其次 90 天是个人保单的理赔交证（proof of claim [理赔交证]）期限，不是团体转换窗口。

c. ✗ 落入“盲套转换天数”陷阱。团体寿险与团体 A&S 受不同合同条款约束，不能不查具体团体计划文件就凭印象把寿险模块核实的 31 天套用到团体伤残险上。

d. ✗ 张冠李戴：考试口径 6 个月与法条 1 年是个人保单理赔迟延豁免（late notice relief [迟延豁免]）的上限，与团体转个人转换窗口无关。

131′ 答案 d

a. ✗ 错误。s.101 法定条款（statutory conditions [法定条款]）明确排除团体合同，且 90 天是理赔交证（proof of claim [理赔交证]）期限。

b. ✗ 混淆了不可抗辩期（incontestability period [不可抗辩期]，2 年）或寿险复效窗口与团体转换权。

c. ✗ 混淆了非误工保险金的 60 天理赔付款期限（payment of claims [理赔付款期限]）与团体转个人窗口。

d. ✓ 正确。考试口径对团体 A&S 转换窗口有 30 天（ch02）和 31 天（ch07）两处不一致表述；实务中代理人应核查该客户具体团体计划的转换权文件或 HR 条款摘要，不能盲套团体寿险的 31 天，若暂时拿不到条款文件，应按更保守（较短）的天数督促客户尽快申请以免错过免核保资格。

132 答案 b

a. ✗ 落入“跨险种套用寿险生效与复效规则”陷阱。BC 寿险 s.39 的默认交付与首期保费生效条件不能直接移植到 A&S 保单上。

b. ✓ 正确。依 A&S 法规 s.106(1)，A&S 保单已交付时，即使首期保费尚未支付，合同也约束保司（保费仍可由保司追偿）；这与人寿险 s.39 要求交付、付首期保费且可保性无变化的三要件规则截然不同，切勿跨险种混用。首期之后的续期保费则适用 s.106 至少 30 天宽限期（grace period [宽限期]）。

c. ✗ 混淆了客户审阅退保期（常见 10 天示例）与合同生效条件。客户的反悔权不能倒过来被保司用来否认已经依法生效的承保责任。

d. ✗ 落入“跨险种套用寿险生效与复效规则”陷阱：不仅混淆了首期交付与断缴复效（reinstatement [A&S 复效]），还错误套用了人寿险 s.57 的法定复效窗口。

132′ 答案 c

a. ✗ 落入“跨险种套用寿险生效与复效规则”陷阱。s.57 的两年法定复效权属于人寿险条款，A&S Part 4 并未规定与之相同的普遍法定复效窗口。

b. ✗ 数字混淆：90 天是理赔交证（proof of claim [理赔交证]）的法定时限，与保单失效后的复效（reinstatement [A&S 复效]）无关。

c. ✓ 正确。A&S Part 4 没有像寿险 s.57 那样规定统一的法定复效窗口，具体恢复条件看合同约定（考场若问复效期限，必须依据题干给定的合同条款）；但 s.113 规定复效（reinstatement [A&S 复效]）时的披露与不可抗辩期（incontestability period [不可抗辩期]，2 年，自复效日起算）仍受法律约束。

d. ✗ 错误。宽限期（grace period [宽限期]，30 天，s.106）过后保单虽然失效，但只要符合合同约定的复效条件仍可恢复，法律并未禁止 A&S 保单复效。

133 答案 b

a. ✗ 双重错误：把本职定义（own occupation）与任何职业定义（any occupation）说反了，且等待期（elimination period [等待期]）与给付期（benefit period [给付期]）互不冲抵，不会从 5 年给付期中扣减 90 天。

b. ✓ 正确。本职定义（own occupation）下，只要被保险人不能履行本职业的主要职责即算残疾，即便转行做其他工作（且收入可能更高）仍可持续领取给付，适合职业转换成本极高的专业人士；同时，等待期（elimination period [等待期]）与给付期（benefit period [给付期]）互不冲抵，90 天等待期结束后仍可享有完整的最长 5 年给付期。

c. ✗ 无中生有：残疾定义的宽严不会豁免 s.112 的两年不可抗辩期（incontestability period [不可抗辩期]），且 90 天等待期更不会把 5 年给付期变成保至 65 岁。

d. ✗ 完全相反：本职定义（own occupation）是最贵的选择而非最便宜的选择；同时 90 天等待期（elimination period [等待期]）不能替代 s.101 Condition 5 规定的 30 天理赔通知（notice of claim [理赔通知]）时限。

133′ 答案 a

a. ✓ 正确。等待期（elimination period [等待期]）越长保费越省；已有团体 STD 垫底的客户可以选择与 STD 给付期衔接的长等待期（如 120 天）来显著降低个人 DI 保费，而自雇者没有团体计划垫底则需靠现金流硬扛等待期。

b. ✗ 违背推荐取舍原则：短等待期（如 30 天）保费昂贵，既然已有团体 STD 垫底，选短等待期不仅浪费保费预算，还会造成保障重叠。

c. ✗ 错误。团体 STD 只管短期，客户恰恰需要长期给付期（benefit period [给付期]，如至 65 岁）来覆盖长期伤残风险；且改为可撤销（cancellable [可撤销 / 有条件续保]）会让保司随时能收回保障。

d. ✗ 违反推荐六步中的步骤⑤：无论客户是否有团体保障，代理人在推荐个人 A&S 保单时都必须完成书面留痕记录（reason-why record [推荐留痕记录]），记录推荐理由并由客户签字确认。

第 20 章答案与解析

134 答案 b

a. ✗ 错误。40人规模已超过25人的联合经验池门槛，法律并未禁止40人团体采用返还式记账或ASO，一直停留在不返还式记账（non-refund accounting）无法满足雇主分享结余与逐步提高灵活性的诉求。

b. ✓ 正确。40人团体虽现金流健康、理赔平稳，但规模仍偏小、波动性较大；先用返还式记账（refund accounting / retention accounting）与保险公司共担波动并在理赔优于预期时获得部分保费返还，待规模与经验进一步验证后再评估转向纯行政服务型（ASO）配止损保险，最符合三种资金方式的风险光谱逻辑。

c. ✗ 错误。ASO虽然让雇主享有全部结余，但雇主必须自行承担理赔波动风险，并非零风险（陷阱：ASO误当无保险或全保无视风险）。

d. ✗ 错误。员工协助计划（EAP）提供的是心理、戒瘾、婚姻及法律财务咨询，不报销专科处方药费用。

134′ 答案 a

a. ✓ 正确。不返还式记账（non-refund accounting / fully insured）由保险公司承担全部理赔风险，理赔劣于预期只反映在下一续保周期的费率调整上，适合现金流有限、厌恶风险、需要成本确定性的雇主。

b. ✗ 错误。返还式记账（refund accounting）要求雇主共担一部分理赔波动，不适合现金流吃紧的小微新团体。

c. ✗ 错误。ASO下雇主须自掏腰包赔付每一笔实际理赔并承担波动风险，现金流紧绷的小店主无法承受（陷阱：ASO误当无保险或全保无视风险）。

d. ✗ 错误。没有历史理赔数据且少于25人的新团体信度（credibility）为零，必须采用手册费率并入联合经验池，且经验费率是定价方法而非资金方式。

135 答案 c

a. ✗ 错误。该团体信度（credibility）仅为30%而非100%，不能直接使用纯经验费率$45。

b. ✗ 错误。把信度权重套反了：30%是经验费率的权重，70%才是手册费率的权重（陷阱：混合费率信度权重套反）。

c. ✓ 正确。混合费率（blended rating）= 信度 × 经验费率 + (1 − 信度) × 手册费率 = 0.3 × $45 + 0.7 × $60 = $13.5 + $42 = $55.50。

d. ✗ 错误。只要信度大于零，就会按信度比例对经验费率与手册费率进行加权，只有无历史数据（信度为零）时才完全退化为手册费率。

135′ 答案 d

a. ✗ 错误。逻辑完全反了：少于25人且无历史的团体统计意义不足，信度最低；规模大、流动率低、历史长的团体信度才高（陷阱：混合费率信度权重套反）。

b. ✗ 错误。信度（credibility）并非固定常数，而是根据每个团体的规模、流动率与历史数据年限动态评定。

c. ✗ 错误。信度为零不代表买不到团体保险，只代表X公司按手册费率（并入联合经验池）定价。

d. ✓ 正确。无历史数据的新小团体信度（credibility）为零，混合费率公式退化为纯手册费率（manual rating）；而规模大、年流动率5–10%（低）、历史年限长的Y公司信度高，经验费率（experience rating）权重占大头。

136 答案 a

a. ✓ 正确。当雇主参与缴纳周期性工资损失替代计划（STD/LTD）保费时，依ITA s.6(1)(f)，给付全部视为应税基数，但可扣除员工历年尚未用于抵减给付的累计缴费（cumulative employee contributions）：$9,600 − $3,600 = $6,000。

b. ✗ 错误。保费分摊比例（50%）只决定员工每年实际交了多少保费，不能直接用来按比例切割给付的应税份额（陷阱：保费比例当应税比例）。

c. ✗ 错误。只要雇主对合资格团体伤残计划有哪怕一部分缴费（并非员工100%全额自付计划），给付就不是全额免税，而是扣减累计未用员工缴费后纳税。

d. ✗ 错误。合资格团体STD/LTD计划在雇主缴费时不计员工应税福利，员工自付部分可在领取给付时用来抵减应税给付额。

136′ 答案 c

a. ✗ 错误。团体伤残给付从不按50%保费比例分割应税额（陷阱：保费比例当应税比例）。

b. ✗ 错误。已经用于抵减以往年度给付的$3,600员工累计缴费（cumulative employee contributions），在以后年度不能再重复扣减。

c. ✓ 正确。依ITA s.6(1)(f)，只能扣除「尚未用于抵减以往给付」的员工累计缴费；由于$3,600已在去年全额抵完且今年无新缴费，今年$9,600须全额计入应税收入。

d. ✗ 错误。税法并无以历史缴费总额封顶应税给付的规则。

137 答案 d

a. ✗ 错误。子女理赔的首付方按父母生日在日历年内的早晚（birthday rule）判定，与哪份计划报销比例更高无关（陷阱：生日规则看错判据与次付漏比大小）。

b. ✗ 错误。次付方赔付的是「若作首付本可赔金额（$600）」与「首付未覆盖余额（$120）」中的较小者，绝不会让合计报销超过100%实际支出（陷阱：生日规则看错判据与次付漏比大小）。

c. ✗ 错误。协调给付（co-ordination of benefits, COB）是按首付、次付先后分层补足，不是两家平摊。

d. ✓ 正确。依生日规则（birthday rule），Liam生日（3月15日）在日历年内早于Elena（7月2日），故Liam计划为首付方，先赔80% × $600 = $480，未覆盖余额为$120；Elena计划作为次付方，取「本可赔金额100% × $600 = $600」与「余额$120」中的较小者，补足$120，家庭自付$0。

137′ 答案 b

a. ✗ 错误。生日规则（birthday rule）仅用于判定受抚养子女的首付方；员工本人理赔永远由本人雇主计划先付（陷阱：生日规则看错判据与次付漏比大小）。

b. ✓ 正确。依协调给付规则（COB），会员本人的费用由本人计划（Hannah的计划）作首付方先赔80% × $600 = $480；配偶（Noah）的计划作次付方，取「若作首付本可赔$600」与「未覆盖余额$120」之较小者，赔付$120。

c. ✗ 错误。双职家庭理赔不能跳过本人计划直接把配偶计划当首付方，必须先报本人计划再由配偶计划补差额。

d. ✗ 错误。配偶计划作为次付方可以补足本人计划未覆盖的$120差额。

138 答案 a

a. ✓ 正确。雇主STD计划须「等于或优于（equal to or greater than）」EI病假福利标准方可向ESDC登记减免保费：最低给付周数要求为至少15周（考试口径EI基准为15周；即便2026年现行EI已延至26周，ESDC对雇主STD的周数门槛仍保持至少15周不变），且收入替代率至少55%、封顶不低于当年EI周上限。

b. ✗ 错误。70–75%只是常见STD给付示例而非ESDC法定最低线（55%），且ESDC最低周数门槛依旧是15周，并未因现行EI延长至26周而将15周计划判为失格（陷阱：EI周数延长与ESDC门槛混淆）。

c. ✗ 错误。只覆盖1周等待期远达不到至少15周给付、55%收入替代率的ESDC保费减免要求。

d. ✗ 错误。ESDC保费减免评估的是STD给付水平、起付时间、员工参与条件及节省款分享，不强制要求采用ASO或限制在25人以下。

138′ 答案 c

a. ✗ 错误。3个月是团体计划常见资格期（qualification period），30–60天是常见选择期（enrolment window），均非EI病假福利周数。

b. ✗ 错误。把新旧周数彻底颠倒了：考试口径旧数字是15周（上限$638/周），2026现行法是延长到26周（上限$729/周）（陷阱：EI周数延长与ESDC门槛混淆）。

c. ✓ 正确。考试口径原文仍按旧口径15周（1周等待期后）、55%替代率、周上限$638命题；而现行法自Bill C-30生效后已延长至26周（2026年周上限$729），考场若题干未自带新数字需按考试口径15周作答。

d. ✗ 错误。50–60%是长期伤残（LTD）常见给付比例示例，4年是讲义中混合费率算例的理赔历史年限。

139 答案 b

a. ✗ 错误。正好说反了：符合条件的医疗/牙科PHSP雇主保费在联邦层面通常不计应税福利，而雇主代付的团体定期寿险与定额AD&D保费才构成员工应税福利。

b. ✓ 正确。团体计划每一格的税务规则须分别判定：雇主缴付的团体定期寿险与定额AD&D保费一般构成员工当年的应税福利（taxable benefit，其身故或定额损伤本金给付一般不计收入），而符合PHSP条件的医疗与牙科雇主保费通常不计联邦应税福利（魁省税另核）。

c. ✗ 错误。那是雇主参与缴费的周期性STD/LTD工资损失替代计划的逻辑，不能套用到寿险、AD&D和PHSP医疗牙科报销上（陷阱：保费比例当应税比例/跨险种乱套税务规则）。

d. ✗ 错误。联邦税法按具体险种分类核定应税福利，不存在一刀切按50%计入应税收入的规则。

139′ 答案 a

a. ✓ 正确。合资格团体STD/LTD周期性工资损失替代计划在雇主缴费时不计应税福利，但员工收到给付时须依ITA s.6(1)(f)计入应税收入（由于雇主100%付费、员工累计缴费为0，给付全额应税）。

b. ✗ 错误。团体定期寿险虽然在雇主代付保费时构成员工应税福利（taxable benefit），但身故给付本金一般不计入应税收入。

c. ✗ 错误。合资格私人健康服务计划（PHSP）的医疗与牙科报销给付一般不计入员工应税收入。

d. ✗ 错误。虽然计划发起人（plan sponsor）是投保人，但雇主参与缴费的STD/LTD周期性收入替代给付依法须由员工计入当年应税收入。

140 答案 c

a. ✗ 错误。总合同（master contract）的签约双方是雇主与保险公司，无需每名员工签字；且理赔审核与支付不是经纪人的职责。

b. ✗ 错误。虽然员工不签主合同，但依BC省法s.96享有取得相关保单副本等法定权利（s.99另管证书，s.116管替换责任），且经纪人仍须履行存续期服务与投诉转介职责。

c. ✓ 正确。团体险总合同（master contract）由计划发起人（plan sponsor，即雇主）与保险公司签署，员工只拿福利手册（benefit booklet），因此雇主可更换承保商（但员工仍享有BC s.96取得保单副本、s.99证书及s.116替换保护等法定权利）；理赔审核与支付由保险人或第三方管理商（TPA）按约定负责，经纪人负责服务与投诉转介。

d. ✗ 错误。询价请求（request for quotation, RFQ）是计划报价阶段经纪人向多家保险公司询价比较的流程，且ESDC不处理商业团体牙科理赔。

140′ 答案 b

a. ✗ 错误。报价阶段无需收集员工个人报税表或无关前雇主的LTD缴费记录。

b. ✓ 正确。经纪人在设计计划并发出询价请求（request for quotation, RFQ）前，须收集团体构成（makeup：人数、年龄性别结构、流动率）、行业性质、员工资料表（employee data sheet：薪资、职级、家属情况），以及续保或换约时的既有计划条款与历史理赔经验。

c. ✗ 错误。员工不签署总合同（master contract），配偶生日也只在双职家庭发生子女理赔协调给付（COB）时才需核对。

d. ✗ 错误。团体寿险、STD、LTD常按薪资倍数或职级设定保额，必须依赖员工资料表（employee data sheet），且不存在所谓的固定33% ASO折扣率（陷阱：ASO误当无保险或全保无视风险）。

第 21 章答案与解析

141 答案 a

a. ✓ 正确。复利（compounding）终值 FV = $10,000 × (1.06)^20 ≈ $32,071，单利（simple interest）终值 = $10,000 × (1 + 6% × 20) = $22,000，两者差额约为 $10,071，完全来自"利息生利息"。

b. ✗ $12,000 是单利在 20 年内产生的利息总额（$10,000 × 6% × 20），不是复利比单利多出的差额。

c. ✗ $22,000 是单利账户在 20 年后的本息合计终值，误把单利本息总额当成了复利与单利的差额。

d. ✗ $32,071 是复利账户在 20 年后的本息合计终值（FV），未减去单利账户的终值 $22,000。

141′ 答案 c

a. ✗ 这是按单利公式 $10,000 × (1 + 6% × 20) = $22,000 算出的结果，漏算了利息滚入本金再生息的复利效应。

b. ✗ $10,071 是 20 年复利终值减去单利终值后的净差额，不是期末账户的总终值（FV）。

c. ✓ 正确。根据复利终值公式（future value, FV = PV × (1 + r)^n），$10,000 × (1.06)^20 ≈ $10,000 × 3.207 ≈ $32,071。

d. ✗ 这是误用 72 法则（72 ÷ 6 = 12 年翻倍至 $20,000）后直接按比例粗略外推 24 年翻四倍的结果，精确复利金额题必须代入 FV = PV × (1 + r)^n 计算。

142 答案 b

a. ✗ 掉入 TFSA 当年回存超额陷阱；TFSA 提取的额度不会在当年立刻恢复，必须等到次年 1 月 1 日才重新计入可用空间。

b. ✓ 正确。由于 Nadia 当年已无剩余免税储蓄账户（Tax-Free Savings Account, TFSA）额度，而提款空间要到次年 1 月 1 日才恢复，同年存回 $5,000 构成超额供款，按《所得税法》对超额部分每月征收 1% 惩罚税。

c. ✗ 张冠李戴：$2,000 终身超额缓冲额度是注册退休储蓄计划（RRSP）的规则，TFSA 没有任何免罚缓冲额度。

d. ✗ TFSA 的合规提款本身免税，超额供款触发的是对超额部分每月 1% 的惩罚税，不会让此前的提款变成应税收入。

142′ 答案 a

a. ✓ 正确。免税储蓄账户（Tax-Free Savings Account, TFSA）当年提取的金额，要等到次年 1 月 1 日才会重新计入个人可用供款空间。

b. ✗ 掉入 TFSA 当年回存超额陷阱；当年已无剩余空间时，同年内立即存回会构成超额供款并被处以每月 1% 罚款。

c. ✗ 混淆了 RRSP 与 TFSA 的时间节点；TFSA 额度按日历年（1 月 1 日）更新与恢复，不适用 3 月初的节点。

d. ✗ 混淆了 RRSP 与 TFSA 的额度机制；RRSP 提款不恢复额度，但 TFSA 提款额度会在次年 1 月 1 日全额恢复。

143 答案 c

a. ✗ 掉入 RRSP 供款基数与上限遗漏陷阱：$11,700 是误用当年收入 $65,000 × 18% 算出的，RRSP 新增空间必须按上一年收入计算。

b. ✗ 65 岁是常见退休年龄，但自有 RRSP 的法定最迟到期年龄是满 71 岁当年年底，而非 65 岁。

c. ✓ 正确。注册退休储蓄计划（Registered Retirement Savings Plan, RRSP）新增空间按上一年收入的 18%（$40,000 × 18% = $7,200，低于年度 Dollar Limit）计算，且自有 RRSP 最迟须在满 71 岁当年年底前到期（提款、转 RRIF 或购年金）。

d. ✗ 双重错误：既误用了当年收入计算 18%，又把 RDSP 的最迟供款年龄（满 59 岁当年年底）当成了 RRSP 的到期年龄。

143′ 答案 b

a. ✗ RRSP 资金不能免税直接转入 TFSA；若从 RRSP 取出再存入 TFSA，提取金额会全额计入当年应税收入课税。

b. ✓ 正确。自有 RRSP 最迟在满 71 岁当年年底前到期，合规路径包括直接转入注册退休收入基金（Registered Retirement Income Fund, RRIF）或购买合资格年金（两者维持递延，按日后领取分期纳税），也可以提款（提款全额计入当年收入）。

c. ✗ 自有 RRSP 最迟必须在满 71 岁当年年底前关闭或转换，不能因为仍在工作就继续保留自有 RRSP 账户。

d. ✗ RRSP 到期选项中不包括免税转入 RESP，两者属于立法目的完全不同的注册计划。

144 答案 b

a. ✗ 掉入分离基金监管与保护错配陷阱：CIRO（考试口径为 IIROC/MFDA）和加拿大投资者保护基金（CIPF）只管证券与共同基金交易商，不管保险公司发行的分离基金。

b. ✓ 正确。分离基金（segregated fund / IVIC）属于人寿保险合同，销售归省级保险监管体系（在 BC 为 Insurance Council of BC / BCFSA）监管，保司破产时由 Assuris 提供保单持有人保护。

c. ✗ 双重错误：加拿大存款保险公司（CDIC）只保会员机构的合资格存款（如 GIC，上限 $100,000），且任何保护机构都不保市场下跌损失。

d. ✗ Assuris 只在人寿保险公司破产（insolvency）时保护保单持有人的合同权益，绝不补偿正常的市场下跌亏损。

144′ 答案 d

a. ✗ 掉入分离基金监管与保护错配陷阱中的"保破产不保市场亏损"误区：保护上限只适用于交易商破产时的资产缺失，不赔市场下跌。

b. ✗ 混淆概念：投资者保护基金不对任何比例的本金兜底，正常的股市波动风险（market risk）由投资者自行承担。

c. ✗ CDIC 只保合资格存款（如储蓄账户和 GIC），不保共同基金，且同样不赔偿市场价值下跌。

d. ✓ 正确。无论是 CDIC、CIPF（考试口径分列 CIPF 与 IPC）还是 Assuris，都只保护"交易对手破产"这一种风险，不赔偿因市场下跌造成的投资市值损失。

145 答案 b

a. ✗ 把 FHSA 的两头优势全说反了：FHSA 供款是税前可抵税的（像 RRSP），且合规购房提款免税、无需像 HBP 那样分期偿还。

b. ✓ 正确。首次购房储蓄账户（First Home Savings Account, FHSA，2023 年上线，考试口径 2022 版未收录）兼具供款抵税与合规购房提款免税双重优惠（年度额度 $8,000、终身上限 $40,000）；而 RRSP 的 HBP 本质是借用退休储蓄，须按规定分期偿还，否则未还部分计入当年收入课税。

c. ✗ 常见误区：误把 FHSA、RRSP HBP 与 TFSA 当成互斥选项；实际上三者可以叠加组合使用，各自解决不同层面的资金需求。

d. ✗ RRSP 有明确的年度供款上限（上年收入 18% 与 Dollar Limit 取小者），且短期三年内购房若动用 RRSP 会背上 HBP 长期分期还款义务，不如 FHSA 直接免税提款。

145′ 答案 d

a. ✗ 混淆了 RRSP/TFSA 与专项补助账户：RESP 和 RDSP 的供款本身均属于税后资金（不可抵税），且政府补助与收益部分提取时并非免税。

b. ✗ 提取时原本金供款部分返还是免税的，而累积收益与政府补助部分是计入受益人（学生或残障受益人）而非供款人当年收入课税。

c. ✗ $50,000（RESP）和 $200,000（RDSP）是终身上限而非年度上限，两项计划均无年度供款上限，且账户内补助与收益在提取前享受税务递延。

d. ✓ 正确。RESP 与 RDSP 供款均为税后（不可抵税），提款时供款本金返还免税，而政府补助（CESG / CDSG 等）与累积投资收益（如 RESP 的 EAP、RDSP 的 DAP/LDAP 应税部分）计入受益人当年收入课税。

146 答案 c

a. ✗ 掉入净值高等于风险承受力高陷阱：净值表只回答"有多少"，不能单凭净资产高就推断无需人寿险或客观风险承受能力高。

b. ✗ 违背了"先画像、后选品"与时间跨度匹配原则：短期（≤3 年）要用钱的资金不应配置进高波动的股票型基金，即使客户主观觉得自己能承受波动。

c. ✓ 正确。KYC 要求分别记录风险承受意愿（risk tolerance）、风险承受能力（risk capacity）与风险感知（risk perception）；资产全押在 GIC/储蓄往往反映实际承受力偏低，且两年内的短期（≤3 年）资金需求不适合高波动股票基金。

d. ✗ 在投资工具四维表中，年金（annuity）的流动性极低（一旦开始给付通常不可撤回或变更），完全不适合两年后需一次性支取的短期资金需求。

146′ 答案 a

a. ✓ 正确。非注册账户中利息 100% 按边际税率课税，资本利得现行应税比例（capital gains inclusion rate）仍为 50%（2024–2025 上调至 2/3 的提案已撤回），且根据利率风险（interest rate risk），市场利率上升会导致存量债券市价下跌。

b. ✗ 政策时间线错误：2024 年预算案曾提议将超额部分资本利得 inclusion rate 提高到 2/3，但 2025 年 3 月已正式撤回，现行比例仍是 50%（与考试口径一致），且利息不享税收抵免。

c. ✗ 双重错误：市场风险（market risk / systematic risk）影响整体市场，无法通过多元化消除；且外国股息不能套用合资格加拿大公司股息的税收抵免。

d. ✗ 只有非注册账户的净资本损失可向前追溯 3 年或向后无限期结转抵扣应税资本利得；注册账户内的损失不能按非注册规则抵税。

147 答案 d

a. ✗ 漏算了 10 年期的通胀复利因子（仅计算了 $80,000 × 60% = $48,000），忽略了物价在 10 年间按 3% 复利上涨的影响。

b. ✗ 用错了比例：乘以了下降幅度 40%（$80,000 × 1.344 × 40% = $43,008），而不是下降后保留的开支比例 60%。

c. ✗ 计算错误：在滚算通胀得到 $107,520 后，错误地减去了固定金额 $40,000，把"下降 40%"当成了"扣除 $40,000"。

d. ✓ 正确。将当前开支按通胀率复利滚算 10 年再乘以保留比例 60%（两个固定乘数顺序可交换）：$80,000 × 1.344 × 60% = $107,520 × 60% = $64,512（未提前舍入时约为 $64,508）。

147′ 答案 a

a. ✓ 正确。考试口径成文于 2022 年，只涵盖第一层 CPP（YMPE 与 $3,500 起缴额）；而 2024–2025 年落地的增强二阶段（CPP2 / YAMPE）对 $74,600 至 $85,000 之间的 $10,400 区间按 4% 计提（劳资最高各缴 $416），评估高收入客户退休缺口时若漏算 CPP2 会低估政府退休收入。

b. ✗ 事实相反：2022 年考试口径完全未提 YAMPE（CPP2），且第一层 $3,500 的基本起缴额（basic exemption）长青未变。

c. ✗ 混淆了 CPP 与 RRSP 的规则：18% 与 $33,810 是 2026 年 RRSP 的新增供款空间计算标准，不是 CPP 缴费规则。

d. ✗ $65,000 是案例二中假设的夫妻个人年收入示例，不是 CPP 的法定缴费上限（2026 年 YMPE 为 $74,600，YAMPE 为 $85,000）。

第 22 章答案与解析

148 答案 a

a. ✓ 正确。根据 BC《Insurance Act》s.65(1)，只要指定了有效且非遗产（estate）的受益人（无论是朋友 Daniel 还是配偶 Elena），身故给付均直接付给受益人而绕开遗嘱认证（probate）；但根据 s.65(2)，存续期间免于债权人执行或扣押（creditor protection）仅适用于指定受保人的配偶、子女、孙辈或父母，且不要求同时为不可撤销指定。

b. ✗ 错误。根据 BC《Insurance Act》s.65(2)，指定受保人的配偶、子女、孙辈或父母即可获得存续期免扣押保护，法律并未要求必须同时为不可撤销（irrevocable）指定；这是“遗嘱认证与免扣押条件混同”陷阱。

c. ✗ 错误。朋友 Daniel 作为非遗产受益人虽然能绕开遗嘱认证，但不属于 BC《Insurance Act》s.65(2) 规定的家庭成员范围（配偶、子女、孙辈、父母），因此不能获得法定免债权人追索保护；这是将两项保护条件混为一谈的陷阱。

d. ✗ 错误。指定合格非遗产受益人使赔付款直接付给受益人，不进入遗产总值，从而绕开按《Probate Fee Act》计算的约 $3,650 分档认证费（以及在无其他须认证遗产时省去法院一般申请费，考试口径写 $208，BC 现行《Supreme Court Civil Rules》为 $200）。

148′ 答案 b

a. ✗ 错误。女儿 Chloe 属于 BC《Insurance Act》s.65(2) 规定的家庭受益人范围（配偶、子女、孙辈、父母），即使是可撤销指定也能享有存续期债权人保护，无需改为不可撤销；这是“遗嘱认证与免扣押条件混同”陷阱。

b. ✓ 正确。指定成年女儿 Chloe（受保人的子女）既满足非遗产受益人绕开遗嘱认证（probate）的条件，又符合 BC《Insurance Act》s.65(2) 的家庭成员免债权人扣押条件；$300,000 遗产的分档认证费为 $25,000×0 + $25,000×0.006 + $250,000×0.014 = $3,650，外加法院一般申请费（注：考试口径写 $208，BC 现行《Supreme Court Civil Rules》附表 1 已改为 $200，现行法院端总成本约 $3,850）。

c. ✗ 错误。BC《Probate Fee Act》对首 $25,000 免征、$25,000–$50,000 按每千元 $6 征收、超 $50,000 部分才按每千元 $14 征收，且 BC《Insurance Act》s.65(2) 对子女的保护不限制是否成年。

d. ✗ 错误。非注册分离基金合同只要指定了有效非遗产受益人，身故赔付款就不进入遗产，无需置于注册账户即可绕开遗嘱认证及 $3,650 的分档认证费。

149 答案 b

a. ✗ 错误。75% 到期保证（maturity guarantee，即 $50,000 × 75% = $37,500）只在第 10 年合同到期日当天或受保人身故时才触发，中途退保不享受差额补足；这是典型的“中途赎回误算保证补足”陷阱。

b. ✓ 正确。分离基金的到期保证（maturity guarantee）和身故保证（death benefit guarantee）仅在合同到期日或受保人身故这两个特定事件发生时生效；Owen 在第 7 年中途全部赎回，只能按赎回当时的市值 $32,000 结算，保险公司不会提供保证补足款（top-up）。

c. ✗ 错误。一旦在第 7 年将整份合同全部退保赎回，保险合同即行终止，原定的第 10 年到期保证（$37,500）随之消灭，未来不会再有保证补足款（top-up）。

d. ✗ 错误。分离基金没有“满 5 年保本”的规则，其到期保证通常最短 10 年，且合同存续期间中途赎回由投资者自行承担全部市场下跌风险。

149′ 答案 c

a. ✗ 错误。到期保证（maturity guarantee）的结算是保险公司的契约义务，在到期日自动完成，不需要投资者主动提交理赔申请。

b. ✗ 错误。该合同约定的到期保证比例是 75%（即 $37,500）而非 100%，因此保险公司只需将价值补足至 $37,500。

c. ✓ 正确。在 10 年到期日当天，由于市值 $30,000 低于保证额 $37,500（$50,000 × 75%），保险公司自动履行契约义务，用自有资产提供 $7,500 的保证补足款（top-up），使合同价值达到 $37,500，无需投资者主动申请理赔。

d. ✗ 错误。日常市场下跌触发的保证补足款（top-up）由保险公司自有准备金资产支付；Assuris 仅在人寿保险公司破产无力履约时才介入保护。

150 答案 c

a. ✗ 错误。10 年最短期限制仅适用于到期保证（maturity guarantee），而身故保证（death benefit guarantee）从合同生效第一天起即适用，存续期内任何时点受保人身故均立即触发；这是“到期保证与身故保证混淆”陷阱。

b. ✗ 错误。在 75%/100% 中，第一个数字 75%（$30,000）是到期保证，第二个数字 100%（$40,000）才是身故保证；且即便保证额低于市值，受益人也会领取较高的市值而非较低的保证额。

c. ✓ 正确。75%/100% 保证档位中第二个数字代表 100% 身故保证（death benefit guarantee，即 $40,000），且身故保证从合同生效首日起适用，无需等待 10 年；第 6 年受保人身故时市值 $36,500 低于 $40,000，故受益人 Hannah 领取 $40,000（含保险公司补足的 $3,500 top-up）。

d. ✗ 错误。Hannah 是有效指定的非遗产受益人（beneficiary），身故保证金直接赔付给她本人，完全绕开遗嘱认证（probate）程序。

150′ 答案 a

a. ✓ 正确。受保人身故时，受益人领取“当时市值（$52,000）”与“身故保证额（death benefit guarantee，$40,000 × 100% = $40,000）”两者中的较高者；由于市值 $52,000 高于保证额，保证补足（top-up）不启动，Hannah 直接领取 $52,000。

b. ✗ 错误。身故保证（death benefit guarantee）是保底（floor）而非封顶（cap），当市值高于保证额时，受益人全额享有上涨后的市值 $52,000。

c. ✗ 错误。75%（$30,000）是到期保证比例，而非身故保证比例，且当市值（$52,000）高于保证额时一律按较高的市值给付；这是“到期保证与身故保证混淆”陷阱。

d. ✗ 错误。分离基金的保证是差额补足机制（top-up），并非在市值之外额外叠加一份 $40,000 的定额寿险保额。

151 答案 d

a. ✗ 错误。重置（reset）在行使当下即把保证基数上调至当前市值 $90,000（新保证额 $67,500），但代价是到期日从重置日起再顺延 10 年，而不是维持原定 50 岁到期。

b. ✗ 错误。重置是将保证计算基数上调为当前市值 $90,000，但由于合同保证档位是 75%，新的到期保证额为 $90,000 × 75% = $67,500，而不是 100% 的 $90,000。

c. ✗ 错误。到期保证重置（reset）会使到期日从重置日（45 岁）起重新计算 10 年保证期，因此新到期日顺延至 55 岁，不能在锁定高保证额的同时保留原 50 岁到期日。

d. ✓ 正确。行使重置（reset）后，新的保证额按重置当日市值 $90,000 的 75% 计算，即从原 $45,000 上调至 $67,500；同时到期日从重置日（45 岁）起顺延 10 年至第 15 年，即 Sophia 55 岁时到期。

151′ 答案 a

a. ✓ 正确。重置（reset）虽然能把保证额从 $45,000 提高到 $67,500，但会将到期日从 50 岁顺延至 55 岁；如果 Sophia 按原计划在 50 岁全额提款，届时属于未到期提前赎回，只能按市值结算而失去到期保证保护，与她的用钱期限不匹配。

b. ✗ 错误。重置后新的到期日顺延到了 55 岁，50 岁提款时合同尚未到期，无法触发 $67,500 的到期保证；这是“中途赎回误算保证补足”陷阱。

c. ✗ 错误。是否执行重置必须基于客户的用钱计划、费用与提取限制评估，绝不能依赖代理人预测市场还能涨多少。

d. ✗ 错误。附带重置功能的合同允许在存续期间（如每年 1 次，在规定年龄上限前）行使重置，并非必须等满 10 年。

152 答案 a

a. ✓ 正确。按 2022 版 LLQP 考试口径，人寿保单持有人保护组织（Assuris）对分离基金保证 / 现金价值的保障标准为“$60,000 或原保证额的 85%，取较高者（且不超过原保证利益）”（注：自 2023-05-29 起，Assuris 现行标准已上调为 $100,000 或 90% 取高）。

b. ✗ 错误。“$100,000 或 90% 取高”是 2023-05-29 上调后的现行 Assuris 标准，而 2022 版考试口径对分离基金保证使用的是“$60,000 或 85% 取高”；这是“双口径数字与监管归属错位”陷阱。

c. ✗ 错误。“$200,000 或 85% 取高”是 2022 考试口径下针对传统人寿保险“死亡给付”类别的标准（现行已改为 $1,000,000 或 90%），而非分离基金保证类别的标准。

d. ✗ 错误。“$2,000/月 或 85% 取高”是 2022 考试口径下针对年金“月收入”类别的标准（现行已改为 $5,000/月 或 90%），不适用于分离基金一次性本金保证。

152′ 答案 d

a. ✗ 错误。$37,500 是 $50,000 存款按 75% 计算保证额的结果；一旦原保证额已经是 $50,000，在低于 $60,000 门槛时 Assuris 会 100% 保留该原保证额。

b. ✗ 错误。Assuris 保护的边界不会把原利益抬高，原保证 $50,000 绝不会因为 $60,000 门槛而变成 $60,000；这是混淆保底上限与实际利益的陷阱。

c. ✗ 错误。Assuris 仅在原保证利益范围内提供保护，不会把 $50,000 的原合同利益抬高到 $100,000。

d. ✓ 正确。按 2022 考试口径，Assuris 对分离基金保证提供“$60,000 或 85% 取高（且不超过原利益）”的保护；由于原保证额 $50,000 不超过 $60,000 门槛，因此可获 100% 全额保留即 $50,000（注：现行 Assuris 标准自 2023-05-29 起已上调为 $100,000 或 90% 取高，在此例中同样保留 $50,000）。

153 答案 b

a. ✗ 错误。在最常见的按存款日逐笔起算（deposit date-based）合同下，每一笔追加存款各自独立计算 10 年保证期，不会随首笔存款在第 10 年末统一到期；这是“分批注资合并到期日”陷阱。

b. ✓ 正确。按存款日逐笔起算（deposit date-based）时，第 1 笔存款在第 10 年末到期（保证额 $10,000 × 75% = $7,500），第 2 年初存入的第 2 笔存款从存入日起满 10 年即在第 11 年末到期（再加 $7,500，累计到期保证额为 2 × $10,000 × 75% = $15,000），第 3 笔则在第 12 年末到期（累计 $22,500）。

c. ✗ 错误。分批追加存款不会把 75% 到期保证比例提高为 100%，且第 3 笔存款要到第 12 年末才满 10 年，因此第 11 年末的累计到期保证额是 $15,000 而非 $30,000。

d. ✗ 错误。正常追加存款是按各笔存款日各自独立起算 10 年，并不会像行使到期重置（reset）那样把首笔存款的到期日也往后顺延。

153′ 答案 c

a. ✗ 错误。部分提取对原保证基数的下调是永久性的，后续新存入的资金会被视为新存款重新计算，无法恢复原存款被削减的保证基数。

b. ✗ 错误。部分提取改变的是计算保证所依赖的“本金基数”，而合同约定的保证比例（如 75%）本身不变。

c. ✓ 正确。存续期间部分提取（partial withdrawal）视同部分退保，会按比例永久性下调保证计算所依赖的本金基数；虽然 75% 的保证比例不变，但因为基数永久变小，未来的到期保证额和身故保证额都会相应下调。

d. ✗ 错误。无论是口头指示还是书面指示，对保险公司均具有同等法律约束力，且提款都会按比例永久下调保证基数。

154 答案 d

a. ✗ 错误。身故保证（death benefit guarantee）只在受保人身故时赔付给受益人，无法为在世的投资人提供终身源源不断的退休现金流；这是“到期保证与身故保证混淆”陷阱。

b. ✗ 错误。前收费（front-end load, FEL）只是认购时扣除销售佣金的一种收费方式，既不能免除日常管理费率（MER），也不提供任何终身收入保证。

c. ✗ 错误。保证最低提取收益（Guaranteed Minimum Withdrawal Benefit, GMWB）保证的是在“约定期限内”每年至少提取某个金额，而将这一提取保证延伸到“终身”的是 GLWB。

d. ✓ 正确。保证终身提取收益（Guaranteed Lifetime Withdrawal Benefit, GLWB）是分离基金的收入型附加保证（通常需额外支付 rider fee），即使底层基金市值因提取和市场波动降至零，只要按约定比例提取，保险公司仍会继续支付至投资人身故，从而转移长寿风险；同时代理人先做投资者画像（investor profile）再匹配产品，符合公平对待客户原则（Fair Treatment of Customers, FTC）与适当性（suitability）顺序。

154′ 答案 a

a. ✓ 正确。根据公平对待客户原则（Fair Treatment of Customers, FTC）与适当性（suitability）要求，申请环节必须先做投资者画像（investor profile，核实投资目标、风险承受能力与投资期限），第二步才是适配产品，顺序不能颠倒；按加拿大投资基金标准委员会（CIFSC）标准，底层投向分为现金、固定收益、股权、商品、其他五大类（考试口径再用约 14 类子基金作教学归类）。

b. ✗ 错误。以佣金高低驱动推荐或先挑产品再倒填投资者画像，直接违反公平对待客户原则（FTC）与适当性义务。

c. ✗ 错误。分离基金在合同存续期间的日常市值同样可能大幅波动，中途赎回承担全部市场下跌风险，本金风险依然存在，因此绝不能省略投资者画像与适当性评估。

d. ✗ 错误。CIRO 监管的是共同基金与证券交易商，完全不管辖分离基金销售；这是“双口径数字与监管归属错位”陷阱。

第 23 章答案与解析

155 答案 b

a. ✗ 错误，掉入“把递延等同于分期存钱”陷阱。区分即期年金（immediate annuity）与递延年金（deferred annuity）的唯一标准是给付何时开始，与存钱是一整笔还是分批无关。

b. ✓ 正确。递延年金（deferred annuity）分为积累期与给付期两个阶段，积累期内存入的资金既可以是一整笔（lump sum）也可以是分批存入，只要给付从积累期结束时（本题为 5 年后）才开始，就属于递延年金。

c. ✗ 错误。即期年金必须在合同成立后的第一个付款周期内（一年内）开始给付；5 年后才开始给付属于积累期递延，而不是 5 年保证期。

d. ✗ 错误。递延年金完全可以用一整笔资金购买，且有 5 年积累期的非注册年金在积累期按应计规则（accrual）报税，起付当年才重新核定是否符合规定式（prescribed）条件。

155′ 答案 a

a. ✓ 正确。即期年金（immediate annuity）必须用一整笔资金（lump sum）购买，并在第一个付款周期（一年内）开始给付；分批存钱只会出现在递延年金的积累期，不存在分批注资的即期年金。

b. ✗ 错误。一旦进入给付阶段（payout phase），年金合同本身已不再接受追加存款；若要追加，通常是另买一份新的年金合同。

c. ✗ 错误。分批注资只发生在递延年金的积累期，无法一边分期供款一边作为同一份即期付息年金立即领款。

d. ✗ 错误。保证期（guaranteed period）是身故保障条款，用于在受领人早逝时向受益人赔付剩余应付款，与保费能否分期存入毫无关系。

156 答案 c

a. ✗ 错误。$2,000/月不是绝对封顶上限，而是与承诺给付的 85% 比较后“取高值”（$2,000/月或 85% 取高）。

b. ✗ 错误。90% 是 2023 年上调后的现行比例，但即便按 2026 现行标准（$5,000/月或 90% 取高），$5,000 月给付也是全额保护 $5,000 而非 $4,500。

c. ✓ 正确。题目明确要求用考试口径的 2022 旧值：月收入型付息年金保护「$2,000/月或承诺给付的 85%，取高」，$5,000 × 85% = $4,250 高于 $2,000，故为 $4,250。现行（2023-05-29 起）为「$5,000/月或 90% 取高」，同一 $5,000 月给付可获全额保护；题目未标注按旧标准时用现行值。

d. ✗ 错误。$100,000 是积累年金（accumulation annuity）合同价值的保障门槛，不是付息年金的年度给付上限；$5,000/月全额受保是 2023-05-29 上调后的现行标准而非考试资料旧值。

156′ 答案 d

a. ✗ 错误。$4,250（85%）是 2022 年考试口径的旧值，题目已明确要求使用现行标准。

b. ✗ 错误。现行规则是“$5,000/月或承诺给付的 90% 取高”，既然 max($5,000, $4,500) = $5,000，客户拿到的是 $5,000 而不是 $4,500。

c. ✗ 错误。2023-05-29 起月收入型付息年金的固定金额保障门槛已从 $2,000/月上调至 $5,000/月。

d. ✓ 正确。按 2026 现行 Assuris 标准，月收入型付息年金保护上限为“$5,000/月或承诺给付的 90% 取高”，因此承诺月给付 $5,000 可获得 max($5,000, $4,500) = $5,000 全额保护（注：考试口径 2022 旧值为 $2,000/月或 85% 取高，即 $4,250）。

157 答案 a

a. ✓ 正确。每月应税部分为 $200，全年 12 个月应税额为 $200 × 12 = $2,400（$500 本金返还不计税）；符合 ITR s.304 条件的非注册规定式年金（prescribed annuity）在等额给付期内通常具有较平稳（level）的应税部分。

b. ✗ 错误。注册年金给付通常全额计入收入，但非注册付息年金的给付包含本金归还（每月 $500）与利息（每月 $200），只有利息部分（全年 $2,400）才是应税所得。

c. ✗ 错误。$6,000（每月 $500 应税）是另一份早年应税较高的 non-prescribed 示例数字；而且实务中寿命、各年边际税率与老年福利回收均不同，不能把考试资料简化比较写成“终身总税额必定相同”的税务保证。

d. ✗ 错误。加拿大税法不允许非注册年金先 100% 领回免税本金再开始交税，而是按 ITR s.300 在每期给付中拆分本金返还与应税利息。

157′ 答案 c

a. ✗ 错误。规定式（prescribed）本息平摊计税只适用于已开始等额给付的阶段，积累期并无每期给付可供拆分。

b. ✗ 错误。延后起付绝不等于终身失去规定式年金资格；进入给付阶段后，是否转为 prescribed 要在起付该纳税年度按 ITR s.304 重新判断。

c. ✓ 正确。非注册递延年金在 5 年积累期内通常按权责发生制（accrual）每年申报应计收益（即使未收到现金）；但当进入给付阶段时，会在起付当年按 ITR s.304 重新核定是否符合规定式年金（prescribed annuity）资格，符合条件即可转为规定式计税。

d. ✗ 错误。非注册积累期须按年计入应计收益（accrued income），即使尚未收到现金也需报税。

158 答案 d

a. ✗ 错误，掉入“首位受领人身故即赔付受益人”陷阱。在联合末存年金中，第一位受领人身故时第二位受领人仍健在，受益人 Colin 此时无权领取保证期余额。

b. ✗ 错误。保证期是两条生命共用一份，从合同约定的年金给付起始日统一计算，绝不会因为第一位年金受领人身故而为第二位重新起算 10 年。

c. ✗ 错误。联合末存年金可设定幸存配偶的给付比例（如 100%、75%、60% 或 50%），但并非把差额分给受益人；受益人权利必须等两位受领人都身故后才可能触发。

d. ✓ 正确。联合末存年金（joint and last survivor annuity）覆盖两条生命，第一位身故后第二位成为唯一受领人继续领款；保证期从合同起付日统一计算，只有当第二位受领人 Beatrice 也在原定 10 年保证期届满前身故，受益人 Colin 才有权领取剩余保证期金额。

158′ 答案 b

a. ✗ 错误。保证期是两位受领人共用一份、从合同最初起付日起算，不会在第 5 年第一位配偶身故时重新起算。

b. ✓ 正确。10 年保证期从合同起付日开始计算，到第 10 年末已履行完毕；第二位受领人在第 12 年身故时已超过保证期，因此不再有保证期余额可供受益人领取（除非合同另有其他退款条款）。

c. ✗ 错误。第 5 年至第 10 年的保证期给付已经由幸存配偶本人领走，并未留存给受益人。

d. ✗ 错误。保证期（guaranteed period）保障的是“保证期内应付款数减去已领款数”的差额，不是独立于受领人已领款项之外的额外 10 年补贴。

159 答案 a

a. ✓ 正确。高龄递延生命年金（ALDA）须遵守每一来源计划 25% 的转移测试，考试口径的提案基准总额为 $150,000（注：CRA 年度指数化表列 2022 年为 $160,000、2026 年现行限额为 $180,000），且年金给付最迟须于受领人满 85 岁当年年底开始。

b. ✗ 错误。50% 是合资格养老金收入分割（pension income splitting）的上限，$100,000 是 Assuris 积累年金保障额，71 岁则是考试口径中 VPLA（及 RRSP 转入 RRIF/年金）的年龄节点。

c. ✗ 错误。延续至 90 岁是用 RRSP/RRIF 资金购买定期确定年金（term-certain annuity）的期限规定，而 ALDA 是递延生命年金，最迟须在满 85 岁当年年底前开始终身给付。

d. ✗ 错误。ALDA 不能转入单一来源计划的 100%，必须遵守每计划 25% 的转移限制；“至少 10 名成员”则是可变给付生命年金（VPLA）的设立条件。

159′ 答案 b

a. ✗ 错误。满 85 岁当年年底是 ALDA 独有的高龄递延上限，不能把 ALDA 的延期年龄套用到 VPLA 上。

b. ✓ 正确。考试口径列明可变给付生命年金（VPLA）起付上限为 71 岁（注：现行 ITR s.8502(e)(i)(C) 取满 71 岁年末与转款取得 VPLA 权利年末两者较晚者），而 ALDA 则允许将给付最迟延至受领人满 85 岁当年年底开始。

c. ✗ 错误。VPLA 并无 60 岁后一年内必须起付的规定，ALDA 最迟起付年龄也是 85 岁当年年底而非 90 岁。

d. ✗ 错误。至少 10 名成员并合理预期持续达标是 VPLA 风险池的设立条件（ITR s.8506），并不免除其 71 岁（或转款取得权利年末）的起付期限要求。

160 答案 b

a. ✗ 错误，掉入“误以为加保证期对受领人更划算”陷阱。固定给付年金的费率在签发当天就已锁定，不需要靠保证期来防范利率下跌；加 20 年保证期反而会因为保险公司要为身故差额定价而压低夫妇在世时的月给付。

b. ✓ 正确。保证期（guaranteed period）保护的是两位年金受领人都身故之后的受益人，而不是受领人本人的给付水平；当客户同时满足“不留遗产”与“最大化在世月收入”两个条件时，去掉保证期才能避免每期给付被打折。

c. ✗ 错误。联合末存生命年金（joint and last survivor annuity）可以不带保证期，也可以附加保证期，法律并无强制附加 10 年保证期的规定。

d. ✗ 错误。定期确定年金（term-certain annuity）不转移寿命风险，如果夫妇活过约定年限就会面临收入中断，违背了终身收入保障的目标。

160′ 答案 c

a. ✗ 错误。两份单生生命年金同样锁死本金，而 20 年保证期是保险公司额外承担的早逝赔付责任，必然导致每期给付打折。

b. ✗ 错误。同一合同增加身故保护（如保证期）会增加保险公司的精算成本，起始月给付必然低于无保证期方案。

c. ✓ 正确。保证期的本质是给寿命对赌加一层身故保险，保险公司为了承担受领人在 20 年内早逝仍要向受益人付满 20 年的额外风险，必然在每期给付额上打折：保证期越长，月给付越低，因此无保证期的报价 1 月给付更高。

d. ✗ 错误。固定给付型年金的月给付额自签发之日起按合同锁定，不会在 20 年保证期结束后自动上调。

161 答案 c

a. ✗ 错误，掉入“保险年金先买年金后核保寿险”陷阱。如果先买年金再申请人寿保险，一旦体检核保不通过买不了寿险，已生效的即期年金无法撤销，整套遗产结构就会彻底失败。

b. ✗ 错误。保险年金中的永久人寿保险（如 T–100）必须正常通过健康核保，购买年金并不会免除寿险的体检核保要求。

c. ✓ 正确。保险年金（insured annuity）的购买顺序绝不能颠倒：必须先完成永久人寿保险（如 T–100）的核保并确认保单生效，然后才能动用另一笔资金购买单生终身生命年金，用年金给付（$1,300）覆盖寿险保费（$1,000）并留出生活费（$300）。

d. ✗ 错误。附加 20 年保证期的年金不是保险年金（insured annuity），不仅会压低月给付，而且如果 Walter 在 20 年后身故，女儿们将拿不到任何年金余额。

161′ 答案 b

a. ✗ 错误。保险年金配套的是不带保证期的单生终身生命年金，受领人身故时年金合同立即终止，不会继续向受益人付款。

b. ✓ 正确。在保险年金（insured annuity）结构中，本人在世时用年金给付支付寿险保费并享有剩余现金流；本人身故时，单生生命年金随之终止，寿险保费停止缴纳，而永久人寿保险的死亡给付（免税）直接支付给受益人。

c. ✗ 错误。永久人寿保险与单生生命年金是两份独立的合同，寿险死亡给付不会扣减生前已领取的年金总额（扣减已领年金是资本保全保证的机制）。

d. ✗ 错误。人寿保险的死亡给付在加拿大是免税支付给指定受益人的，不会按规定式年金利息征税。

第 24 章答案与解析

162 答案 b

a. ✗ 错误。客户“想要”的产品不等于客户“适合”的产品，客户常高估自己的风险承受意愿（risk tolerance）；主观意愿不能凌驾于代理人的适当性原则（suitability principle）判断之上（顺从客户主观偏好陷阱）。

b. ✓ 正确。风险承受意愿（risk tolerance，主观心理）与风险承受能力（risk capacity，客观财务）必须分开评估，并采用二者中较低的水平作为推荐硬约束；由于他是唯一收入来源、应急金仅够 3 个月且 3 年后有确定学费支出，客观承受能力偏低，且短期教育目标与长期目标必须分开建立投资者画像（investor profile）并完整留痕。

c. ✗ 错误。分离基金（segregated fund）的到期保证只在合同到期日或受保人身故当天生效，3 年后取款时尚未到达通常的到期保证日，中途市值若下跌 20% 客户仍需自行承担本金损失。

d. ✗ 错误。代理人必须如实记录客户较高的风险承受意愿（risk tolerance）与较低的风险承受能力（risk capacity），并在推荐理由信（reason–why letter）中说明为何受较低能力限制，不能篡改访谈记录来迎合推荐结果。

162′ 答案 d

a. ✗ 错误。把“分离基金比共同基金多一层保证”等同于“分离基金比 GIC 更安全”是典型误区；到期保证仅在到期日或身故当日生效，客户随时可能中途提款，仍会完全暴露在 100% 权益底层资产的市值下跌风险中。

b. ✗ 错误。公平对待客户原则（Fair Treatment of Customers, FTC）与适当性原则（suitability principle）要求产品与客户真实处境匹配，即使客户本人被说动表示“愿意试试看”，也不能顺从其超出财务承受能力的主观偏好（顺从客户主观偏好陷阱）。

c. ✗ 错误。该客户除了养老金外没有其他收入缓冲，这笔 $180,000 是他唯一随时要动用的储蓄，其客观风险承受能力（risk capacity）极低，不能用“折中买一半高风险股票基金”来替代硬约束。

d. ✓ 正确。无论客户主观上的风险承受意愿（risk tolerance）或风险感知（risk perception）如何，代理人都必须以客观的风险承受能力（risk capacity）作为硬约束上限，向其澄清分离基金保证仅在到期或身故时触发，并推荐匹配其低承受能力与高流动性需求的保守配置。

163 答案 a

a. ✓ 正确。考试口径（§4.4.2）只规定了一层供款结构：年度起缴额为 $3,500（长青未变），超过 $3,500 的部分按费率供款直至年度最高可计提收入（Yearly Maximum Pensionable Earnings, YMPE）。注：考试口径答案与 2026 现行政策不同——2026 现行在第一层 YMPE（$74,600）之上新增了第二层上限 YAMPE（$85,000），对中间 $10,400 区间按 4% 计提 CPP2（劳资各自最高缴 $416）。

b. ✗ 错误。CPP 设有长青不变的年度起缴额 $3,500，且设有供款收入上限（天花板），并非从第一块钱算起或无上限计提到 $90,000。

c. ✗ 错误。$74,600 是 2026 年的 YMPE 第一层上限而非起缴点，而 18% 与 $33,810 是 2026 年注册退休储蓄计划（RRSP）新增供款空间的计算参数，与 CPP 供款公式无关。

d. ✗ 错误。CPP 是针对受雇及自雇收入的法定强制性政府养老金计划，与个人是否持有免税储蓄账户（TFSA，2026 年度限额 $7,000）完全无关，不会因此豁免。

163′ 答案 c

a. ✗ 错误。$3,500 的年度起缴额（basic exemption）属于长青未变的规则，2026 年并未取消，第一层可计提收入上限仍是从 $3,500 到 YMPE（$74,600）之间的 $71,100。

b. ✗ 错误。18% 的计提比例与 $2,000 的终身超额非抵税缓冲属于注册退休储蓄计划（RRSP）的长青规则，而非 CPP2 的计提规则；超过 YAMPE（$85,000）的收入不再计提 CPP2。

c. ✓ 正确。2026 年现行 CPP 采用两层结构：第一层从 $3,500 起缴额至 YMPE（$74,600，最大可计提收入 $71,100），第二层在 YMPE（$74,600）与年度最高附加可计提收入（Yearly Additional Maximum Pensionable Earnings, YAMPE，$85,000）之间的 $10,400 区间按 4% 费率计提 CPP2，劳资双方各自年度最高缴 $416。注：考试口径仅覆盖第一层 YMPE，未收录第二层 CPP2/YAMPE，柜台为高收入客户做退休缺口分析时必须补算第二层。

d. ✗ 错误。只要受雇收入落在 YMPE（$74,600）与 YAMPE（$85,000）之间，CPP2 供款即为法定强制计提，不能自愿免除或转入首次购房储蓄账户（FHSA）。

164 答案 c

a. ✗ 错误。财产授权书（Power of Attorney for property, POA）只是授权代管财产而非转移所有权，代签或管理投资不等于可以任意更换受益人（夸大财产授权书 POA 权限陷阱）。

b. ✗ 错误。财产授权代理人（attorney）在授权人（grantor）无法自理时代管财产的权力很大，可以转换、出售投资，受限制的是变更受益人指定，而非日常投资转换。

c. ✓ 正确。财产授权书（Power of Attorney for property, POA）的代理人（attorney）可以代为转换或出售投资，但通常无权变更人寿保单或分离基金（IVIC）的受益人指定。注：考试口径虽笼统提及“BC 例外”，但 BC 现行《Power of Attorney Act》s.20 明确规定，变更本人已有的受益人指定必须取得法院授权（更新或替换类似文书可依条件沿用原同一受益人，另建新文书的新指定仅限本人遗产）。

d. ✗ 错误。受益人变更权限取决于授权书法律规定（如 BC《Power of Attorney Act》s.20），与分离基金的递延销售费（Deferred Sales Charge, DSC）规则完全是两码事，必须分开核实，不能混为一谈。

164′ 答案 a

a. ✓ 正确。根据 BC《Power of Attorney Act》s.20 的规定：变更本人已有受益人指定必须经法院授权；在更新、替换或转换类似文书时，可依条件沿用本人有能力时指定的同一受益人；而在另建文书时作出的新指定仅限本人遗产（estate）。注：考试口径仅概括提及“一般限制与 BC 例外”，在 BC 执业及理解该例外时必须明确这一法定边界。

b. ✗ 错误。考试口径提到的“BC 例外”绝不等于代理人可以任意换人；在 BC 省要变更既有受益人指定必须取得法院授权，新文书另行指定也仅限本人遗产（夸大财产授权书 POA 权限陷阱）。

c. ✗ 错误。未满足《Power of Attorney Act》s.20 的法定条件或未经法院授权，代理人不得擅自更改既有受益人指定，口头声称不能替代法院授权。

d. ✗ 错误。财产授权代理人（attorney）有权代管财产并签署更新或替换合同的申请文件，且在符合 s.20 条件下可以沿用原受益人或在新文书中指定本人遗产为受益人。

165 答案 d

a. ✗ 错误。这是把客户的生理年龄直接当成时间跨度（time horizon）的典型误区；时间跨度取决于“这笔钱多久后要用”，而不是客户今年多少岁（以年龄代替时间跨度陷阱）。

b. ✗ 错误。无论是 TFSA 还是用于教育储备的资金都没有“必须在 3 年内清算”的规则，客户 Y 的教育基金目标在 20 年后才发生，时间跨度很长。

c. ✗ 错误。投资者画像（investor profile）中的时间跨度是按具体投资目标（investment objectives）用款的时间点来确定的，而非按预期寿命一刀切。

d. ✓ 正确。时间跨度（time horizon）必须按资金对应的具体目标何时发生来判断，不能拿年龄当直接代理变量：28 岁的客户 X 资金用于 2 年内的婚礼，时间跨度是短的；68 岁的客户 Y 资金专用于 20 年后的孙辈教育且自身退休金稳定，该笔资金的时间跨度反而是长的。

165′ 答案 b

a. ✗ 错误。同一个投资者对不同目标的钱可以有不同的时间跨度与风险承受意愿，投资者画像（investor profile）是“按目标做”而不是“按人做”，不能混为一谈。

b. ✓ 正确。时间跨度（time horizon）按资金对应的具体目标来判定：用于退休储蓄的 TFSA 资金真实时间跨度长达 35 年，而明年要用的度假资金时间跨度极短，两笔钱必须按各自目标分别建立画像（以年龄代替时间跨度陷阱的反向应用）。

c. ✗ 错误。把“客户很年轻”直接等同于“所有资金时间跨度都长、都该配激进产品”是错误的；明年就要用的度假资金流动性要求高、时间跨度短，绝不能因为年龄小就配高风险产品（以年龄代替时间跨度陷阱）。

d. ✗ 错误。货币市场型分离基金（money market segregated fund）仍须另行核实费用、短期市值波动与到期保证时点，不能直接等同于银行存款那样本金不受损，时间跨度依然是核心KYC要素。

166 答案 b

a. ✗ 错误。反向按揭（reverse mortgage）是负债不是资产，会减少留给继承人的遗产；此外，投资贷款虽被称为良性负债（good debt），但绝不豁免偿付能力与风险评估。

b. ✓ 正确。在编制净资产表（net worth statement）时，反向按揭（reverse mortgage）本质上是将房屋净值预付给房主，房主卖房或身故时必须偿还，会侵蚀遗产，因此必须计入负债而非资产；同时，无论是用于增值资产的良性负债（good debt）还是消费型的不良负债（bad debt），能否按期偿还都是评估财务状况的关键。

c. ✗ 错误。尽管反向按揭在房主居住期间通常无需每月还款，但它连同累积利息在卖房或身故时必须从房产价值中偿还，属于净资产表（net worth statement）上必须列明的负债，不可遗漏。

d. ✗ 错误。消费型信用卡债属于消耗财力的不良负债（bad debt），而养老金调整（Pension Adjustment, PA）是雇主养老金计划对次年 RRSP 供款额度的扣减项，与反向按揭毫无关系。

166′ 答案 a

a. ✓ 正确。个税评税通知书（Notice of Assessment, NOA）可用于核对个人 RRSP 扣除限额（并体现养老金调整 PA 等影响）；而免税储蓄账户（TFSA）因 CRA 账户不实时更新，必须用客户在全部机构的实际供款与提款记录计算；此外，按揭与 HELOC 即使算良性负债（good debt），也必须核实能否按期偿还，不能直接忽略。

b. ✗ 错误。$109,000 是 2009 年已满 18 岁且历年均符合居民资格者的累计限额总额，不等于人人都现有的可用余额；且把按揭当成“没问题的良性负债”直接忽略是典型的审阅疏漏。

c. ✗ 错误。RRSP 扣除限额应核对 CRA 发出的评税通知书（NOA）而非水电账单；已动用的 HELOC 余额属于净资产表（net worth statement）上的负债而非流动资产。

d. ✗ 错误。CRA 账户的 TFSA 记录并不实时更新当月交易，必须核对全部金融机构的实际存取记录；且反向按揭（reverse mortgage）属于负债而非免税收入。

167 答案 a

a. ✓ 正确。了解你的客户（KYC）与适当性原则（suitability principle）是持续性义务而非一次性开户手续；客户发生离婚、退休等重大人生变化时，时间跨度与风险承受能力（risk capacity）均已改变，代理人不能把“客户沉默”当成“默许维持现状”，必须建立定期复核提醒机制并做好复核记录留痕（把画像当成一次性开户手续陷阱）。

b. ✗ 错误。投资者画像（investor profile）绝非签单当天做一次就永久有效，在合同存续期间必须定期更新并在重大变化时重新评估（把画像当成一次性开户手续陷阱）。

c. ✗ 错误。无论是产品特征本身发生变化，还是客户人生发生重大变化（退休、离婚、继承遗产、失业），都会触发重新评估适当性（suitability）的持续义务。

d. ✗ 错误。即便原本配置的是平衡型分离基金，当客户因离婚导致净资产大幅缩水、因提前退休导致时间跨度缩短且收入结构改变时，原有的中等风险配置可能已超出其当下的风险承受能力（risk capacity），必须重新复核。

167′ 答案 d

a. ✗ 错误。仅打印佣金演示表无法证明已重新评估客户需求与风险画像，不能构成适当性（suitability）复核的合规证据。

b. ✗ 错误。教育费部分的目标未变不代表退休储蓄部分不受影响；提前退休直接缩短了退休资金的时间跨度（time horizon）并改变了家庭收入结构，必须专门复核退休配置。

c. ✗ 错误。不留书面记录会让代理人在日后面对投诉或省级监管机构（Insurance Council of BC / BCFSA）问询时失去关键的免责证据，适当性复核必须完整书面留痕。

d. ✓ 正确。一份能作为代理人免责证据的重大变化复核记录（reason-why / review record），应完整包含：触发事件与日期（提前退休）、复核项（重新评估收入替代来源、时间跨度是否缩短、原定 13 年配置是否仍适配）、复核结论（如教育费不变、退休部分建议下调权益比重）以及客户签字确认日期。

168 答案 c

a. ✗ 错误。公平对待客户原则（Fair Treatment of Customers, FTC）是覆盖从产品设计到理赔处理全流程 7 项要求的上位监管原则，而专门管“这一个产品配不配这一个客户”单次推荐匹配度的是其下位的适当性原则（suitability principle）；且事后披露绝不能让受高佣金驱动的不适当推荐变得合规。

b. ✗ 错误。了解你的客户（KYC）是收集客户身份、财务、需求与风险信息的程序，本身不直接产出推荐结论；且高追踪费或高佣金绝不等于产品更安全或更适合客户。

c. ✓ 正确。题目问“哪个原则专门管这一次的产品匹配”时，应答适当性原则（suitability principle）而非笼统答公平对待客户原则（FTC，适当性只是 FTC 众多要求中的一项）；同时考试口径明确强调，代理人比对投资特征时，佣金或追踪费不得影响判断，并在推荐理由信（reason-why letter）中单独列明佣金结构未影响配置选择。

d. ✗ 错误。养老金调整（Pension Adjustment, PA）是计算次年 RRSP 供款空间的税务概念，与产品适当性匹配毫无关系；且佣金高低在任何情况下都不得影响适当性判断。

168′ 答案 b

a. ✗ 错误。适当性原则（suitability principle）与公平对待客户原则（FTC）并非同一层级，二者均贯穿客户关系全周期而非仅限开户当天；且推荐理由信（reason-why letter）是给客户的书面披露，必须与客户讨论并存档。

b. ✓ 正确。公平对待客户原则（Fair Treatment of Customers, FTC）是贯穿销售全流程（从产品设计到理赔处理共 7 条）的上位监管原则；了解你的客户（KYC）汇总形成投资者画像（investor profile），适当性原则（suitability principle）是把画像转化为适配产品推荐的那座桥（也是 FTC 的其中一项要求），而推荐理由信（reason-why letter）则是将推荐逻辑向客户书面披露并留存归档的关键合规证据。

c. ✗ 错误。KYC 收集的信息本身不产出结论，必须通过适当性原则（suitability principle）持续比对投资特征与客户画像才能形成推荐；且风险感知（risk perception）或问卷不能替代完整的适当性判断。

d. ✗ 错误。这里把适当性原则（suitability principle）与公平对待客户原则（FTC）的上下位关系完全颠倒了：覆盖产品设计到理赔处理全流程的是 FTC，专门管产品推荐是否匹配客户画像的是适当性原则。

第 25 章答案与解析

169 答案 b

a. ✗ 团体分离基金（group segregated fund）默认不提供身故保证（death benefit guarantee），不能因为名字带“分离基金”就默认它具备个人分离基金的 75% 或 100% 保证结构（产品名称与双口径混淆陷阱）。

b. ✓ 符合推荐决策树规则：团体分离基金（group segregated fund）默认不提供身故保证；若客户的首要诉求是确保身故本金安全，团体分离基金本身不满足，需另行评估个人分离基金（individual segregated fund）或人寿保险。

c. ✗ 首套房储蓄账户（FHSA）是针对短期买房等用途核对开户与提款资格的税务容器，并非提供 10 年到期或身故本金保证的保险产品（产品名称与双口径混淆陷阱）。

d. ✗ 候补受保人（contingent annuitant）仅适用于非注册合同（non-registered contract），注册退休计划不可指定候补受保人，且该角色也不创造团体分离基金原本没有的身故本金保证（注册账户分离角色陷阱）。

169′ 答案 d

a. ✗ 非注册账户（non-registered account）完全可以持有个人分离基金并选择 75/75、75/100 或 100/100 担保档位，问题出在时间跨度而非账户限制（注册账户分离角色陷阱）。

b. ✗ 个人分离基金（individual segregated fund）无论在注册还是非注册账户中均具备到期与身故担保结构，并非必须在 RRSP 内才有效（产品名称与双口径混淆陷阱）。

c. ✗ 给付型年金（payout annuity）适用于已退休或临近退休且需要稳定终身或定期收入的客户，不适用于两年内要提取本金买房的短期资金（产品名称与双口径混淆陷阱）。

d. ✓ 时间跨度（time horizon）须按资金的真实用途判断：个人分离基金最短 10 年到期，与客户“两年内要用钱买房”直接冲突；合规做法是先比较首套房储蓄账户（FHSA）等税务容器的资格，再配置适合短期用款的现金或短期投资。

170 答案 c

a. ✗ 在个人退休类注册合同（registered contract）中，持有人（owner）必须与受保人（annuitant）为同一人；而在配偶 RRSP（spousal RRSP）中，出资方没有任何所有权，两个提议在法律上均不成立（注册账户分离角色陷阱）。

b. ✗ 前半句正确，但后半句搞反了配偶 RRSP（spousal RRSP）的所有权规则：出资与所有权是两件事，出资方在配偶 RRSP 下没有任何所有权，也不能指定受益人（注册账户分离角色陷阱）。

c. ✓ 准确指出两条核心规则：第一，个人 RRSP 等注册合同的持有人（contract owner）必须与受保人（annuitant）是同一人；第二，在配偶注册退休储蓄计划（spousal RRSP）下，接受存款的一方（太太）才是 owner 兼 annuitant，只有她能指定受益人（beneficiary），出资方无任何所有权。

d. ✗ 候补受保人（contingent annuitant）仅在非注册合同（non-registered contract）中允许设立，注册合同不可设立候补受保人，更不能让 owner 与 annuitant 分离（注册账户分离角色陷阱）。

170′ 答案 a

a. ✓ 非注册合同（non-registered contract）具备高度灵活性：合同持有人（owner）可以与受保人（annuitant）不同人（owner 可以是个人、多人或公司），所有权可转让、可用作贷款抵押，且可在初始受保人在世时指定候补受保人（contingent annuitant）。

b. ✗ 这是个人退休类注册合同（registered contract）的限制，把注册合同的限制套用到非注册合同上属于典型混淆（注册账户分离角色陷阱）。

c. ✗ 虽然开立注册账户必须提供社会保险号（SIN），但非注册合同产生须申报的投资收入时，同样须按税务用途要求提供 SIN（代填等于代决陷阱）。

d. ✗ 混淆了持有人（contract owner）、受保人（annuitant）与受益人（beneficiary）的角色：身故给付以受保人生命为锚点，受益人只在最后一位在世的受保人（last surviving annuitant）身故后才有领取权（注册账户分离角色陷阱）。

171 答案 a

a. ✓ 按考试口径，当投资者因病、行为能力受限或长期不在国内无法本人签字时，持有财产授权书（POA for property）的人可代签申请表，但该代签例外通常不包括指定或变更受益人（beneficiary）的权利。考试口径曾提 BC 例外，但按 BC 现行《Power of Attorney Act》s.20，持续授权代理人把既有受益人从丈夫改为孙辈仍须先取得法院授权。

b. ✗ 忽略了申请表代签的法定例外：当投资者因病、行为能力受限或长期不在国内时，持有财产授权书（POA for property）的人可以代为完成并签署申请表（授权书越权变更受益人陷阱）。

c. ✗ 把代签申请表的例外误当成受托人可以做持有人（owner）能做的一切事；代签权与指定/变更受益人权限是两码事，无论全国考试默认规则还是 BC 现行 s.20 都不允许任意换受益人（授权书越权变更受益人陷阱）。

d. ✗ 代理人只负责把客户或获授权者提供的信息记录到表格上，绝不能代替客户或受托人签署申请表或变更受益人（代填等于代决陷阱）。

171′ 答案 c

a. ✗ 考试口径明确列出，投资者因病、行为能力受限或长期不在国内（living abroad for an extended period）而无法本人签字时，持有财产授权书（POA for property）的人可代签申请表（授权书越权变更受益人陷阱）。

b. ✗ 代签申请表的例外通常不包括指定或变更受益人（beneficiary）的权利，不能把代签权限扩大解释为可任意变更受益人（授权书越权变更受益人陷阱）。

c. ✓ 符合考试口径：长期不在国内属于可由财产授权书（POA for property）持有人代签申请表的例外情形，但该例外默认不包括指定或变更受益人（beneficiary）的权利。在 BC 现行《Power of Attorney Act》s.20 下，变更本人既有受益人指定同样须经法院授权。

d. ✗ 受益人变更与推荐合规均须严格遵守法定权限与书面留痕要求，代理人不能凭与受托人的口头沟通越权办理（口头同意替代推荐理由信陷阱）。

172 答案 d

a. ✗ 考试口径明确规定推荐理由信（reason-why letter）不是可选项（not optional），且必须点出哪些需求尚未覆盖，隐瞒未覆盖需求会损害客户知情权（口头同意替代推荐理由信陷阱）。

b. ✗ 任何推荐都必须在申请阶段准备推荐理由信（reason-why letter），而且历史业绩（past performance）本来就不能单独作为推荐依据（口头同意替代推荐理由信陷阱）。

c. ✗ 一份推荐未覆盖客户的全部需求并不等于失职（not misconduct），关键是必须在推荐理由信（reason-why letter）中明确写出来让客户知情。

d. ✓ 推荐理由信（reason-why letter）不是可选项，须在申请阶段准备好并与客户一起过一遍、双方各留一份存档；其五项核心内容明确包括确认事实、核实客户指示、点出已满足与未覆盖的需求、说明适当性推理过程以及证明客户理解。

172′ 答案 b

a. ✗ 推荐理由信（reason-why letter）旨在证明推荐判断的适当性，而非推销过往三年业绩排名或要求客户放弃撤回权（right of rescission）（口头同意替代推荐理由信陷阱）。

b. ✓ 完整对应考试口径规定的推荐理由信（reason-why letter）五件事：确认事实、核实客户指示、点出这份推荐满足了哪些需求又留下了哪些需求未覆盖、说明为什么这笔交易是适当的（适当性推理过程），以及证明客户理解自己在买什么。

c. ✗ 推荐理由信（reason-why letter）与信息文件夹（information folder）、基金情况说明书（Fund Facts）角色各自独立，不能替代法定披露文件三件套（产品名称与双口径混淆陷阱）。

d. ✗ 推荐理由信（reason-why letter）第四项要求把适当性判断的推理过程写下来，而不是只写最终结论，否则事后调查时缺乏证明力（口头同意替代推荐理由信陷阱）。

173 答案 b

a. ✗ 混淆了视为收悉（deemed receipt）的 5 个营业日起算规则与撤回权（right of rescission）本身的 2 个营业日时限，且退还金额是取较低者（lesser）而非较高者（产品名称与双口径混淆陷阱）。

b. ✓ 根据犹豫期撤回权（right of rescission）规则，投资者在收到购买确认后 2 个营业日内可书面撤回，撤回后领回“已投入金额”与“撤回请求次一估值日的基金价值”两者中较低者，相关费用一并退回。

c. ✗ 把 10 年到期担保（maturity guarantee）与购买确认后 2 个营业日的撤回权（right of rescission）混为一谈（产品名称与双口径混淆陷阱）。

d. ✗ 上一年 12 月 31 日是基金情况说明书（Fund Facts）的数据截止日，并非撤回权截止日；且交付样本合同本身不构成购买完成，合同生效日是收到首期存款后的下一个估值日且全部条件满足（产品名称与双口径混淆陷阱）。

173′ 答案 a

a. ✓ 基金情况说明书（Fund Facts）针对客户具体投资的每一只基金单独编制，数据截至上一年 12 月 31 日，全行业格式统一以便跨基金比较，且代理人必须与投资者一起过一遍并解答疑问。

b. ✗ 按合同产品或系列编制的是信息文件夹（information folder），且必须确认文件覆盖客户实际合同与所选基金，绝不能拿同公司另一系列的信息册替代（产品名称与双口径混淆陷阱）。

c. ✗ 交付样本合同本身不构成购买完成；合同生效日等于收到首期存款后的下一个估值日且全部条件满足（产品名称与双口径混淆陷阱）。

d. ✗ 撤回权（right of rescission）是信息折页写明的合同权利（来自行业指引标准做法，非成文法法定权利），时限为收到确认后 2 个营业日（5 个营业日是邮寄视为收悉的起算参照），且退还较低者（产品名称与双口径混淆陷阱）。

174 答案 a

a. ✓ 第一，分离基金申请表（application form）的信息内容必须由投资者本人提供，代理人只负责记录与解释，不能代客户做决定或编造信息；第二，比较基金须遵守同类比同类（"like" compared to "like"）纪律，跨类型比较必须向客户说明理由。

b. ✗ 71 岁强制转换与 85 岁高龄延期年金（ALDA）起付限制是注册退休账户的法定转换规则，与代理人在申请表上代编信息及跨类别不当比较无关（产品名称与双口径混淆陷阱）。

c. ✗ 到期与身故保证由保险公司依个人可变保险合同（IVIC）提供，代理人并不私人担保本金；违规后果是触发合规调查与监管纪律处分（口头同意替代推荐理由信陷阱）。

d. ✗ 代理人负责把投资者提供的信息记录到电子或纸质申请表上是合规的本职工作，错在“自己决定填什么内容”而非“代为操作表格”（代填等于代决陷阱）。

174′ 答案 d

a. ✗ 总成本报告（Total Cost Reporting, TCR）是 2026-01-01 生效的年度费用与保证成本披露规则，并非涵盖设计、宣传、冲突规避与投诉处理七条要求的总体原则框架（产品名称与双口径混淆陷阱）。

b. ✗ 配偶注册退休储蓄计划（spousal RRSP）规定出资方无所有权且不可转让，与贯穿全流程的七条监管要求无关（注册账户分离角色陷阱）。

c. ✗ 视为收悉（deemed receipt）的 5 个营业日规则仅用于计算撤回权（right of rescission）起算点，不是全流程七条监管要求的总框架（产品名称与双口径混淆陷阱）。

d. ✓ 公平对待客户原则（Fair Treatment of Customers, FTC）的七条要求全程适用：产品设计与销售以客户利益优先、宣传材料准确清晰、存续期内持续提供有助决策的信息、避免利益冲突、最小化不适当销售风险、确保建议相关、公平及时处理投诉。

175 答案 c

a. ✗ 顾问追偿式销售费（advisor chargeback）是 2023 年 DSC 禁令后市场保留的非递延式佣金安排，考试口径完全没有出现过这个名词（产品名称与双口径混淆陷阱）。

b. ✗ 2022 年考试口径成文时禁令尚未生效；且即使在 2023-06-01 新单禁令生效后，旧合同的 DSC 赎回时间表仍按各自购买日及原表正常走完，不能设统一清零年（产品名称与双口径混淆陷阱）。

c. ✓ 考试口径（2022 成文）将前收费（front-end load, FEL）与递延销售费（deferred sales charge, DSC）并列，并写明 DSC“预期会被淘汰”。注意考试口径与 BC 现行法规不同：BC 已自 2023-06-01 起依《金融机构法》（Financial Institutions Act）s.244(2)(e)(ii) 正式禁止新分离基金合同含 DSC，考场问考试资料列出的种类时仍须涵盖 FEL 与 DSC。

d. ✗ 《Power of Attorney Act》s.20 规范的是持续授权代理人变更既有受益人指定须取得法院授权，与分离基金销售费（sales charge）毫无关系（授权书越权变更受益人陷阱）。

175′ 答案 b

a. ✗ BC 自 2023-06-01 起已依《金融机构法》（Financial Institutions Act）s.244(2)(e)(ii) 正式禁止新分离基金合同含递延销售费（DSC），且监管机构已将《分离基金整合指引》采纳为对 BC 持牌人的执业期望，不可向新合同推荐 DSC（产品名称与双口径混淆陷阱）。

b. ✓ 2023-06-01 起 BC 依《金融机构法》（Financial Institutions Act）s.244(2)(e)(ii) 正式禁止新分离基金合同含递延销售费（DSC），新单只能比较前收费（FEL）、无负荷（no-load）或顾问追偿（advisor chargeback）等安排；旧合同的 DSC 赎回时间表可正常走完，依各批单位购买日及原表核实。考试口径（2022）仅称 DSC 预期被淘汰，本题考察 2026 年现行柜台规则。

c. ✗ 2026-01-01 生效的是总成本报告（Total Cost Reporting, TCR）年度披露新规，旧合同的 DSC 赎回排期依购买日及原表核实，不能设统一清零年（产品名称与双口径混淆陷阱）。

d. ✗ BC 新单 DSC 禁令的执法依据是管市场行为的《金融机构法》（Financial Institutions Act）s.244(2)(e)(ii)，不是管保单条款的《保险法》（Insurance Act），也不要求在 71 岁把旧 DSC 单位强制转为给付型年金（产品名称与双口径混淆陷阱）。

第 26 章答案与解析

176 答案 b

a. ✗ 错误。落入“注册合同设候补受保人陷阱”。虽然分离基金受省保险法约束，但注册账户（RRSP/RRIF/LIRA）强制要求持有人与受保人为同一人且不可转让、不可抵押，因此合同 X 既不能指定候补受保人（contingent annuitant），也不能用作抵押物（collateral）。

b. ✓ 正确。注册与非注册合同存在结构性差异：注册合同（Contract X）强制绑定持有人＝受保人，一旦指定受保人便不能更改，没有候补受保人（contingent annuitant）选项，且不可转让（assign）或抵押（pledge）；只有非注册合同（Contract Y）才允许指定候补受保人及用作抵押物。

c. ✗ 错误。前半句落入“注册合同设候补受保人陷阱”（RRSP 合同不能设 contingent annuitant），后半句忽略了非注册分离基金合同（Contract Y）在法律上允许转让及用作贷款抵押物。

d. ✗ 错误。注册合同（RRSP）不可转让、不可用作抵押物属于法定的注册账户限制，不能通过签署合同批注（amendment）来规避。

176′ 答案 d

a. ✗ 错误。落入“注册合同设候补受保人陷阱”。只有非注册合同允许持有人（policy owner）与受保人（annuitant）分离及指定候补受保人（contingent annuitant）；LIRA 属于注册合同，强制要求持有人与受保人为同一人。

b. ✗ 错误。非注册分离基金合同允许持有人与受保人分离，并可指定候补受保人（contingent annuitant）在初始受保人生前安排接替。

c. ✗ 错误。配偶豁免书（spousal waiver）涉及的是锁定养老金身故给付或解锁规则，并不能改变注册合同“持有人＝受保人强制绑定、不可设候补受保人”的结构性限制。

d. ✓ 正确。注册账户（含 LIRA/RRSP/RRIF）强制要求持有人与受保人是同一人，一旦指定受保人就不能更改，也没有候补受保人（contingent annuitant）选项；非注册合同则允许持有人与受保人分离并指定候补受保人。

177 答案 c

a. ✗ 错误。包含两处错误：首先，每年免费转换次数（free switches per year）属于各保险公司自定的行政规则而非法律统一规定；其次，豁免合同条款的批注（amendment/addendum）必须由保险公司书面制作并由投保人签字才生效，代理人口头约定一律无效。

b. ✗ 错误。把两类规则完全颠倒了：不可撤销受益人（irrevocable beneficiary）的变更须经其本人同意属于《Insurance Act》强制及合同写死的条款；而重置（reset）的年龄上限与次数限制属于各保险公司自定的规则。

c. ✓ 正确。不可撤销受益人（irrevocable beneficiary）变更须本人同意属于法律强制与合同写死条款；每年免费 switch 次数及短线交易费具体费率由各保险公司自定；而豁免某条款的批注/附加条款（amendment/addendum）必须由保险公司书面制作并由投保人签字方才生效，口头特殊安排在法律上无效。

d. ✗ 错误。到期与身故保证比例（maturity and death guarantee percentages）一旦选定即写入合同，属于保险公司必须兑现的保证条款，绝非可单方面随意更改的行政规则；只有具体所需的 POA 表格格式与内部审核流程才是各保险公司自定规则。

177′ 答案 a

a. ✓ 正确。五类动作（购买、switch、reset、提款、终止）须取得投资者确认（confirmation）属于合同写死或强制规则；而重置年龄上限由各保险公司自定写入合同，任何豁免或更改合同条款的批注（amendment/addendum）必须由保险公司书面制作并由投保人签字才生效，代理人口头承诺无效。

b. ✗ 错误。五类动作（购买、switch、reset、提款、终止）全部必须取得投资者确认，且代理人与客户口头达成的任何特殊条款豁免只要未落到保险公司书面制作的批注上，在法律上等于不存在。

c. ✗ 错误。重置年龄上限（如 80 岁）是各保险公司为控制高龄死亡率风险而自定的规则，并非《Financial Institutions Act》写死的法定条文。

d. ✗ 错误。Reset 的年龄上限与次数限制属于保险公司自定规则，而非《Insurance Act》全国统一规定的法定条文。

178 答案 a

a. ✓ 正确。本题考察考试口径与 BC 现行法规的双口径对照：2022 考试口径表述为“预期会取消（expected to be phased out）”，而现行规则自 2023-06-01 起禁止新发附 DSC 的分离基金合同；在法律分工上，DSC 禁令等市场行为监管依据的是《Financial Institutions Act》（FIA），而受益人指定、免扣押等合同条款本身回归 BC《Insurance Act》第三部分。

b. ✗ 错误。2022 考试口径已指出监管正推动淘汰 DSC，且 BC 省自 2023-06-01 起已根据《Financial Institutions Act》s.244(2)(e)(ii) 禁止发行附 DSC 的新 IVIC 合同，并非永久允许发行。

c. ✗ 错误。时间和法律分工均错误：保险侧 DSC 新单禁令于 2023-06-01 生效（2022 考试口径称预期取消），且受益人指定与债权人保护等合同核心条款归属 BC《Insurance Act》第三部分，而非 FIA。

d. ✗ 错误。2023-06-01 前售出的旧 DSC 合同不受禁令影响，其赎回时间表可正常走完，且分离基金受省《Insurance Act》与《Financial Institutions Act》监管而非联邦银行法。

178′ 答案 c

a. ✗ 错误。无论按考试口径还是现行规则，DSC 都不是法定永久保留选项，且自 2023-06-01 起已禁止销售附 DSC 的新分离基金合同。

b. ✗ 错误。DSC 是分离基金（IVIC）过去的销售费选项而非给付型年金选项，且 2023-06-01 前售出的旧合同赎回时间表可正常走完，并未作废。

c. ✓ 正确。双口径标准答法：若样题按 2022 考试口径语气问现状趋势，答“监管正在推动淘汰（expected to be phased out）”；若问现在能不能卖新 DSC 合同，答“不能”，因为 BC 省已依据《Financial Institutions Act》自 2023-06-01 起禁止保险人发行附 DSC 的新 IVIC。

d. ✗ 错误。停售 DSC 新单后，市场仍可能有前收费、无销售费、chargeback 或顾问收费等多种安排，不能缩成固定单一收费模式，且 DSC 禁令依据的是 FIA 而非 Insurance Act。

179 答案 d

a. ✗ 错误。落入“免费Switch零后果陷阱”。免收转换手续费只代表保险公司不收行政转换费，非注册合同的基金转换（switch）在税法上仍构成一次处置（disposition），且同步触发到期重置会使到期日顺延。

b. ✗ 错误。包含两处错误：首先，$86,000 – $80,000 = $6,000 是资本利得总额（capital gain），按 50% 计入率（inclusion rate）计算的应税资本利得（taxable capital gain）应为 $3,000；其次，触发到期保证重置会将 10 年到期日从重置日起重新顺延 10 年。

c. ✗ 错误。混淆了注册合同与非注册合同的税务规则：注册合同内部转换不逐次申报资本利得，但非注册合同（non-registered contract）的 switch 视为税务处置，超过 ACB 的部分须计入当年资本利得，无需等到提取现金。

d. ✓ 正确。非注册合同的转换（switch）视为税务处置，与是否免收转换手续费无关：资本利得 = $86,000 – $80,000 = $6,000，按 50% inclusion rate 计算应税资本利得（taxable capital gain）为 $3,000；同时，转换同步触发的到期重置（reset）会将保证基数调高并把到期日从重置日起重新顺延 10 年（即比原计划推迟 4 年）。

179′ 答案 b

a. ✗ 错误。落入“免费Switch零后果陷阱”。免费转换仅免除转换费，非注册合同 switch 仍触发税务处置，且同步到期 reset 会重新起算 10 年到期日。

b. ✓ 正确。代理人的完整披露必须包含三层：① 本次转换免收手续费；② 非注册 switch 构成税务处置，$45,000 – $40,000 = $5,000 资本利得，按 50% 计入率产生 $2,500 应税资本利得（taxable capital gain）；③ 同步触发的到期重置（reset）会使到期日从今天起再顺延 10 年（比原定第 10 年推后 6 年）。

c. ✗ 错误。短线交易费（short-term trading fee，如 2%）仅在购买或转入后 90 天内再次转换时才可能触发，Miranda 已持有 6 年且在年度免费次数内，不收短线交易费。

d. ✗ 错误。合同规定触发到期保证重置会重订到期日（再等 10 年），且非注册合同转换的资本利得在转换当年即须申报，不能递延到合同到期。

180 答案 b

a. ✗ 错误。同时踩中“在世失能误走身故理赔陷阱”和“忽略提款下调保证基数陷阱”。受益人（beneficiary）只有在受保人身故后才有权申领；Walter 只是失能但尚在世，Fiona 毫无领取权，也不需要提交身故理赔才用的 APS，且此前的部分提款已按比例下调了保证金额。

b. ✓ 正确。分两层判断：第一层，合同到期时受保人 Walter 仍在世，属于到期理赔（maturity claim）而非身故理赔，受益人 Fiona 无权领取；由持有有效财产授权书（POA for property）的 Derek 代表持有人 Walter 办理，且到期结算无需死亡证明。第二层，三年前的部分提款（withdrawal）已按比例下调了保证金额，因到期市值低于调整后的保证值，应支付扣除该次提款对应减额后的调整后保证值。

c. ✗ 错误。部分提款（partial withdrawal）只会按比例下调保证金额（guarantee reduced proportionally），并不会使整个到期保证作废；且受益人 Fiona 在受保人在世时无权参与到期申领。

d. ✗ 错误。遗产代表（estate executor/administrator/liquidator）仅在受保人身故且无在世受益人时才代表遗产申领身故理赔；受保人在世失能时由 POA 代理人代表持有人处理到期事务，且保证额须扣减提款影响。

180′ 答案 a

a. ✓ 正确。受保人 Beatrice 已身故，触发身故理赔（death claim）：此时由指定受益人 Chloe（而非生前 POA 代理人 Lucas）申领，须提供令保险人满意的死亡及领取资格证明（如死亡证明或主治医生证明 APS），给付金额为市值与经此前提款下调后的身故保证两者中的较高者。

b. ✗ 错误。混淆了到期理赔与身故理赔：POA 是持有人在世时的代办权限，受保人身故后进入身故理赔流程，应由受益人 Chloe 提交死亡证明申领，且因市值低于调整后身故保证，应赔付调整后保证额而非较低的市值。

c. ✗ 错误。身故理赔必须提供死亡证明或主治医生证明（APS）等合法证明文件（只有到期理赔才不需要死亡证明），且生前部分提款已按比例下调了身故保证基数。

d. ✗ 错误。部分提款只按比例下调保证金额，不会取消有效受益人指定；只有在没有在世合格受益人时才由遗产代表（executor/administrator）申领。

181 答案 a

a. ✓ 正确。联合末存年金（joint and last survivor annuity）指定年金受领人＋联合受领人（co-annuitant）；第一位受领人（Harold）身故后，第二位受领人（Irene）成为唯一受领人继续领取年金。受益人（Kevin）必须等到第二位受领人也身故、且此时仍在 15 年保证期（guarantee period）内，才有权领取剩余保证期余额。

b. ✗ 错误。落入“联合年金首位身故即赔受益人陷阱”。在联合末存年金中，只要联合受领人（co-annuitant）Irene 仍在世，第一位受领人身故并不会触发向受益人给付，保证期余额须待第二位受领人也在保证期内身故时才轮到受益人。

c. ✗ 错误。第一位受领人身故后，联合受领人 Irene 成为唯一受领人（sole annuitant）独自继续领取年金，受益人 Kevin 此刻没有任何分配权。

d. ✗ 错误。把联合末存年金混淆成了纯单生无保证期年金（single life annuity with no guarantee period）。联合末存年金在第一位身故后继续向在世的联合受领人给付直至其身故。

181′ 答案 d

a. ✗ 错误。75% 保证属于分离基金（IVIC）的保证机制，不适用于传统给付型年金；纯单生且无保证期或退款选项的年金在受领人身故后没有身故余额。

b. ✗ 错误。纯单生、无保证期（no guarantee period）且无退款等身故选项的终身年金通常不设受益人求偿权，受领人身故后即停止给付，无身故余额。

c. ✗ 错误。保证期（guarantee period）的长短由合同约定（如本例合同 2 为 10 年），并非5年后失效；合同 2 的两位受领人在第 7 年双双身故，仍在 10 年保证期内，受益人有权领取剩余 3 年的保证给付。

d. ✓ 正确。纯单生、无保证期且无任何身故退款选项的年金（合同 1）在受领人身故后通常没有身故余额；而联合末存年金（合同 2）在第二位受领人也身故、且仍处于 10 年保证期内（第 7 年）时，受益人有权申领剩余保证期余额。

182 答案 c

a. ✗ 错误。落入“POA全权变更受益人陷阱”。考试口径明确提示“能代签申请表不等于能指定或变更受益人”，且 BC《Power of Attorney Act》s.20 严格限制持续授权代理人变更既有受益人。

b. ✗ 错误。申请表虽然通常要求持有人本人签字，但持有人由有效财产授权书（POA for property）代理人代表属于合法的代签例外情形，代理人可以代签申请表。

c. ✓ 正确。准确涵盖考试口径与 BC 现行法规则：一方面，有效 POA 代理人可以代签分离基金申请表，但是否有权代为指定受益人，考试口径明确提示须另外寻求法律意见；另一方面，根据 BC《Power of Attorney Act》s.20，持续授权代理人变更本人已有的受益人指定必须取得法院授权（court authorization），更新替换类似文书仅可按条件沿用原受益人，另建新文书的新指定仅限本人遗产。

d. ✗ 错误。理由信（reason-why letter）只是代理人对客户需求分析结论的书面确认，既不是核保或合同生效证明，更不能替代 BC《Power of Attorney Act》s.20 要求的法院授权（court authorization）。

182′ 答案 b

a. ✗ 错误。落入“看到 BC 两字就以为 POA 可任意换受益人”的陷阱。BC《Power of Attorney Act》s.20 对持续授权代理人设有严格条件，未经法院授权绝不能任意指定新家庭成员为受益人。

b. ✓ 正确。根据 BC《Power of Attorney Act》s.20 规定：持续授权代理人在未经法院授权时，不得变更本人已有受益人指定；在更新、替换或转换类似文书（renewing, replacing, or converting a similar instrument）时，可依条件沿用本人有能力时指定的同一受益人；而在另建新文书时，新指定仅限本人遗产（estate）。

c. ✗ 错误。POA 代理人必须为本人利益行事，未经法院授权不得把受益人改为或新指定为自己。

d. ✗ 错误。有效 POA 代理人有权代签分离基金申请表，且不会因此导致合同丧失身故保证。

第 27 章答案与解析

183 答案 a

a. ✓ 正确。对受《养老金福利标准法》([Pension Benefits Standards Act, PBSA]）规管的养老金，法定计划管理方（[plan administrator]）承担受托职责（[fiduciary duty]），必须遵循审慎人原则（[prudent person rule]）以成员与受益人最佳利益行事；即便将日常投资管理外包给保险人，法定管理方也不能免除监督责任。

b. ✗ 错误。掉入“外包即免责”陷阱。审慎人原则约束的是法定管理方作为受托人（[fiduciary]）的身份，委托服务商管理日常运作并不会转移管理方的法定监督责任。

c. ✗ 错误。掉入“员工自选投资则雇主零责任”陷阱。即便在 DCPP 中成员自己选基金，管理方仍须在选择和监督服务商、设计投资菜单及成员沟通上履行受托责任。

d. ✗ 错误。团体退休计划的分销结构通常是代理人、发起方与保险人团体专员（[group specialists]）直接对接，考试口径示例未列总代理（[MGA]），且 MGA 更不是养老金法下的法定受托管理方。

183′ 答案 c

a. ✗ 错误。保险人定期向发起方提交财务报告是保险人的职责，不能因此免除法定管理方遵循审慎人原则（[prudent person rule]）的监督义务。

b. ✗ 错误。无论 DBPP 还是 DCPP，受 PBSA 规管的养老金计划法定管理方均承担受托责任（[fiduciary duty]）。

c. ✓ 正确。法定管理方（[plan administrator]）作为受托人（[fiduciary]），必须遵循审慎人原则（[prudent person rule]），以计划成员与受益人的最佳利益行事，外包日常管理不能免除其监督责任。

d. ✗ 错误。成员（[members]）是参与计划的员工，受托监督保险人的法定义务在于计划管理方，而非员工个人。

184 答案 b

a. ✗ 错误。递延利润分享计划（[DPSP]）的资金是不锁定的（[not locked in]），不适用 PBSA 的养老金锁定规则。

b. ✓ 正确。递延利润分享计划（[Deferred Profit Sharing Plan, DPSP]）天生只能是非缴费型计划（[non-contributory plan]），仅允许发起方以当年或未分配以前年度利润供款，员工不得自行供款；同时，持股 ⩾10% 或与雇主有关联关系的员工不得加入。

c. ✗ 错误。DPSP 与 DCPP 之间没有互斥关系，企业完全可以保留 DCPP 作为固定供款基础，再叠加一个 DPSP 作为利润分享层。

d. ✗ 错误。雇主对 DPSP 的供款在当期不算员工应税收入（税前不计收入，直到未来提取时才全额纳税）；当期计入应税福利的是 GRRSP 和群组 TFSA。

184′ 答案 a

a. ✓ 正确。DCPP 与递延利润分享计划（[DPSP]）可以并存：DCPP 提供稳定的基础供款预期，叠加仅由雇主按利润出资（非缴费型）的 DPSP 作为浮动激励层，按计划条款可在无利润年份暂停供款（须核既有承诺）；「合资格员工」指排除持股 ⩾10% 及与雇主有关联关系的员工。

b. ✗ 错误。掉入“DPSP 缴费型陷阱”。DPSP 依法只能由雇主单方出资（[non-contributory]），绝不允许员工自己供款 5%。

c. ✗ 错误。把 DBPP 的风险方向彻底反了：DBPP 下发起方必须按精算需要兜底投资表现缺口，市场越差雇主补洞压力越大。

d. ✗ 错误。持股达 10% 或以上（以及与雇主有关联关系）的员工依法被禁止加入 DPSP。

185 答案 c

a. ✗ 错误。掉入“混淆哪类计划产生 PA”的陷阱。DBPP、DCPP、DPSP 三类计划都会产生养老金调整额（[Pension Adjustment, PA]）；不产生 PA 的是 GRRSP、PRPP 和群组 TFSA。

b. ✗ 错误。掉入“PA 只算雇主供款”的陷阱。DCPP 的当年 PA 等于雇主与员工本人的供款总额（5% + 5% = 10%，即 $8,000），不是只算雇主那一半。

c. ✓ 正确。DCPP 当年总供款为 $80,000 × 10%（雇主 5% + 员工 5%）= $8,000，这 $8,000 即为当年的养老金调整额（[Pension Adjustment, PA]）。次年 RRSP 供款上限为 $80,000 × 18% = $14,400，扣除本年 PA $8,000 后，次年个人 RRSP 还能再供 $6,400。

d. ✗ 错误。$14,400 是按 18% 算出的扣减前 RRSP 上限基数，不是她当年的实际 DCPP 总供款额（$8,000）。

185′ 答案 b

a. ✗ 错误。掉入“把 GRRSP 和个人 RRSP 当成两套独立额度”的常见错法。团体 RRSP（[GRRSP]）与个人 RRSP 共用同一个年度供款额度。

b. ✓ 正确。GRRSP 不产生养老金调整额（[PA]），但直接占用当年 RRSP 供款空间：本年 RRSP 供款上限为 $60,000 × 18% = $10,800，扣除劳资双方各 5% 的 GRRSP 总供款 $6,000（$60,000 × 5% × 2），个人 RRSP 还能再供 $4,800。

c. ✗ 错误。GRRSP 完全不产生 PA；雇主与员工双方放入 GRRSP 的合计 $6,000 都在当年直接占用他的 RRSP 供款额度。

d. ✗ 错误。掉入“PA 全覆盖错觉”。GRRSP 已经在当年直接扣减了 RRSP 额度，绝不会再产生 PA 去二次扣减次年空间（仅 DBPP、DCPP、DPSP 产生 PA）。

186 答案 d

a. ✗ 错误。雇主向固定供款养老金计划（[DCPP]）的供款不算员工当期应税收入，直到未来退休领取时才纳税；是否为注册养老金不是判断当期应税的理由。

b. ✗ 错误。雇主向 DPSP 和 PRPP 的供款在当期均不计入员工应税收入（税前不计收入，提取时才纳税）。

c. ✗ 错误。掉入“雇主供款免税错觉”。雇主向 GRRSP 和群组 TFSA 的供款在供款当年都要计入员工的当期应税福利。

d. ✓ 正确。在六类计划中，雇主向团体注册退休储蓄计划（[Group RRSP, GRRSP]）和群组 TFSA 的供款视为员工当期应税福利（[taxable benefit]，如同额外工资）；GRRSP 供款的 RRSP 抵扣可抵消该应税福利，但两笔项目仍须分别报告。本题四个选项里只有 GRRSP 属此类；DCPP、DPSP、PRPP 的雇主供款均不算当期应税收入。

186′ 答案 a

a. ✓ 正确。群组 TFSA（[Group TFSA]）的雇主供款算员工当期应税收入（税后供款，等同一般工资），未来提领时全额免税；而 DCPP 的雇主供款不算当期应税收入。

b. ✗ 错误。掉入“雇主供款一律免当期税”的陷阱。群组 TFSA 以税后资金供款，雇主代供的部分必须计入员工当期应税福利。

c. ✗ 错误。完全颠倒了两种计划的税效：DCPP 雇主供款当期不计税，而 TFSA 供款既不能抵税、雇主供款部分也须计入当期应税收入。

d. ✗ 错误。DCPP 雇主供款当期不计税，且群组 TFSA 从不产生养老金调整额（[PA]）。

187 答案 b

a. ✗ 错误。既颠倒了“先团后个”的申请顺序，又错误套用了零售渠道的总代理（[MGA]）中介层（团体计划通常由代理人与发起方、保险人团体专员直接对接）。

b. ✓ 正确。在团体计划中，代理人服务的对象是发起方（[plan sponsor]），须按公平对待客户（[FTC]）原则向发起方披露合作保险人、报酬方式与利益冲突；流程上走“先团后个”的两阶段流程——发起方先申请建立团体合同，保险人核保后成员再各自填写入会证明、受益人指定表等完成加入。

c. ✗ 错误。团体计划不是一次性交易；当发起方出现大规模招聘或裁员、破产清算等情况变化时，代理人有持续复核并协助调整计划设计的义务。

d. ✗ 错误。向发起方披露报酬方式和潜在利益冲突是代理人的法定职业义务，不得以保密为由隐瞒。

187′ 答案 c

a. ✗ 错误。三年一次是管理方向监管机构做计划评估（[triennial assessment]）的法定时限，代理人对重大工作力变化的跟进属于持续服务，不能拖延。

b. ✗ 错误。团体计划分销通常不经 MGA，且代理人无权冻结已归属（[vested]）的员工账户权益。

c. ✓ 正确。代理人的实务流程第四步是年度复核与情况变化通报：当发起方的工作力构成发生大规模招聘或裁员、或出现破产清算等计划终止情形时，代理人有义务及时通报并协助调整计划设计。

d. ✗ 错误。主计划申请是由发起方（[plan sponsor]）提交的，员工个人填的是成员层面的入会与受益人表格，不需要全员重新提交主合同申请。

188 答案 a

a. ✓ 正确。DCPP 的锁定资金转入生命收入基金（[Life Income Fund, LIF]）后，受养老金锁定规则约束，年度提取既有法定下限也有法定上限（防止过早把退休金花光）；而 DPSP 或 GRRSP 的非锁定资金转入注册退休收入基金（[RRIF]）后，只有年度提取下限，没有提取上限。

b. ✗ 错误。混淆了锁定收入工具与非锁定收入工具：只有承接锁定资金的 LIF 才有年度提取上限，RRIF 没有上限。

c. ✗ 错误。只承接锁定资金做自主投资、暂不产生收入的账户是锁定退休账户（[LIRA]），而 LIF 正是用来开始按年度上下限领取收入的工具。

d. ✗ 错误。掉入“归属与锁定混同陷阱”。即时归属（[vesting]）只代表权益归员工所有，不代表解除锁定（[locking-in]）；锁定的 DCPP 资金不能转入无上限的非锁定 RRIF。

188′ 答案 d

a. ✗ 错误。掉入“离职即解锁”的陷阱。DCPP 资金是锁定的，离职时不能转入普通的非锁定个人 RRSP。

b. ✗ 错误。RRIF 承接的是非锁定资金（如 GRRSP、DPSP、个人 RRSP），且属于收入基金，不符合他锁定的 DCPP 性质与暂不产生收入的诉求。

c. ✗ 错误。锁定的税前养老金资产（DCPP）不能直接免税转入税后供款的 TFSA，也没有这种解锁路径。

d. ✓ 正确。锁定退休账户（[Locked-in Retirement Account, LIRA]）专门用于承接从 DCPP 或 PRPP 转出的锁定资金，既能摆脱原雇主计划投资选项来回切换的麻烦、实现自主投资，又暂不产生退休收入。

189 答案 c

a. ✗ 错误。同时踩中两个陷阱：第一，固定给付养老金计划（[DBPP]）明确排除在资本积累计划（[CAP]）之外；第二，团体分离基金默认不提供身故保证。

b. ✗ 错误。判定 CAP 的标准不是“雇主是否供款”，而是“成员是否有投资选择权”；且团体分离基金默认不提供身故保证。

c. ✓ 正确。判定资本积累计划（[Capital Accumulation Plan, CAP]）的核心标准是成员可在两个或以上投资选项中自主选择（[DBPP] 除外）；同时，名字里带“保证”的分离基金在团体版中默认不提供身故保证（[death benefit guarantee]）。

d. ✗ 错误。只要允许成员在两个或以上投资选项中选择，DCPP、GRRSP、DPSP、PRPP 等均可构成 CAP，并非只有群组 TFSA；且团体分离基金是直接默认不含身故保证，不是靠医学核保添加。

189′ 答案 b

a. ✗ 错误。掉入“被 DBPP 确定给付表面吸引而误判 CAP”的陷阱。DBPP 没有成员个人投资选择权，不属于资本积累计划（[CAP]）。

b. ✓ 正确。成员可在两个或以上投资选项中自主选择的计划（DBPP 除外）即构成资本积累计划（[Capital Accumulation Plan, CAP]），但团体版分离基金默认不提供身故保证（[death benefit guarantee]）。

c. ✗ 错误。掉入“见分离基金就以为有身故保证”的陷阱。团体分离基金默认不含身故保证。

d. ✗ 错误。CAP 正是针对团体退休与投资计划中“成员在两个或以上投资选项中自主选择”的分类概念。

第 28 章答案与解析

190 答案 b

a. ✗ 需要持牌的行为清单（Licensing requirements）并不限于签单或给建议；招揽（Soliciting）、制作寿险演示表（Preparing illustrations）和转递申请（Forwarding applications）均明确要求持牌（未持牌助理仅约见面不违规陷阱）。

b. ✓ 正确。代理行里凡涉及招揽保险（含致电潜在客户约谈保险）、接收或转递申请及保单、收取保费、制作寿险演示表的雇员都必须持牌；同时直接致电潜在客户还须遵守全国勿扰电话名单（National DNCL）规则。

c. ✗ 未持牌助理替代理人打电话给潜在客户约时间谈保险在性质上就属于无牌招揽（Unlicensed solicitation），转递申请同样在必须持牌的清单内。

d. ✗ 改用群发商业电邮不仅不能绕开无牌招揽禁令，还会触发加拿大反垃圾邮件法（CASL）关于商业电子讯息同意与退订机制的强制要求。

190′ 答案 c

a. ✗ 代理行（Agency）可以雇佣纯行政人员，违规点在于让未持牌雇员从事了法定必须持牌的保险业务动作，而非禁止雇佣行政员工。

b. ✗ 独立代理人（Independent agent）与专属代理人（Captive agent）只要持牌并在代理合同授权范围内，均可收取保费和制作演示表。

c. ✓ 正确。考试口径明确规定：代理行内凡是在招揽保险、接收投保申请、洽谈或促成保险、转递申请或保单、收取保费、制作寿险演示表的雇员，都必须持牌。

d. ✗ 两名高管或董事签字是公司作为投保人申请保单时的常见签字权要求，与代理行前台无牌收保费无关；且管代理人持牌的是《Financial Institutions Act》而非《Insurance Act》。

191 答案 a

a. ✓ 正确。法律没有设定推定丧失同意能力的最高年龄，100岁老人只要能理解条款并明白自己在缔结有约束力的协议，仍被推定具有法定行为能力（Legal capacity）；而在BC省，虽成年年龄为19岁，但依《Insurance Act》s.72，年满16岁者即有能力为自己投保。

b. ✗ 法律无能力上限年龄，代理人不能因客户高龄就默认要求家属签字；且BC省成年年龄（Age of majority）是19岁而非16岁（高龄老人推定无缔约能力陷阱）。

c. ✗ 在BC省，由父母基于可保利益以孩子名义代为投保适用于15岁及以下；年满16岁（含17岁）已具备为自己订立保险合同的法定能力（s.72）。

d. ✗ Arthur神志清醒具备行为能力，Chloe已满16岁具备自行投保能力，两人均无需代表协议（Representation agreement）或公共监护人介入。

191′ 答案 d

a. ✗ 为自己投保的最低法定年龄硬线是16岁（s.72）；15岁及以下未成年人须由具备可保利益（Insurable interest）的父母以孩子名义申请。

b. ✗ BC省的成年年龄是19岁（阿尔伯塔、安大略等六省才是18岁），且满16岁即可为自己投保，15岁及以下可由父母投保（年龄数字互换陷阱）。

c. ✗ BC《Insurance Act》s.72赋予16岁未成年人为自己订立保单的能力明确排除了作为受领身故给付受益人的直接领款权（直接领款并出具收据须满18岁，见s.88(4)）。

d. ✓ 正确。15岁及以下由具备可保利益的父母代为投保；年满16岁依s.72有能力为自己订立保单，但不具备作为受益人直接受领身故给付并出具免责收据的能力（后者需满18岁，未满18岁按s.88由受托人或Public Guardian and Trustee受领）。

192 答案 c

a. ✗ 可保利益（Insurable interest）与被保险人书面同意并非必须同时具备；BC《Insurance Act》s.45(2)明确将「被保险人书面同意」规定为缺乏可保利益时的有效豁免情形。

b. ✗ Insurance Council of BC负责代理人牌照监管，不审批保单可保利益；且被保险人是否成年与s.45(2)成年被保险人本人书面同意豁免无关。

c. ✓ 正确。BC《Insurance Act》s.45(1)原则上使生效时缺乏可保利益（Insurable interest）的合同无效，但s.45(2)明确豁免团体保险以及被保险人本人给予书面同意（Written consent）的情形。

d. ✗ s.52的2年不可抗辩期（Incontestability）针对的是善意未披露或误述（Misrepresentation），不能使一份因既无可保利益又无书面同意而自始无效（Void）的合同变成有效。

192′ 答案 a

a. ✓ 正确。依BC《Insurance Act》s.45(2)与s.45(3)，当投保人对被保险人缺乏可保利益时，可凭被保险人书面同意生效；若被保险人未满16岁，则可由其父母或代行父母职责者（Person standing in the place of a parent）给予书面同意。

b. ✗ 未满16岁的未成年人不具备独立给予s.45(2)书面同意的能力，须由父母或代行父母职责者同意（s.45(3)）。

c. ✗ 雇凶纵火骗保违反公共政策（Public policy）而自始无效，但经父母书面同意为未满16岁未成年人投保是《Insurance Act》s.45(3)明文允许的合法例外。

d. ✗ 15岁未成年人不能通过签署普通授权书（Power of Attorney）来替代父母的s.45(3)书面同意，且BCFSA不负责登记个人保单同意书。

193 答案 d

a. ✗ 「先办再补文件」严重违规；普通授权书（Ordinary Power of Attorney）在授权人丧失心智能力时即告终止，且不能凭复印件受理，更不能任意把受益人改成受托代理人自己（持授权书即可直接改受益人陷阱）。

b. ✗ 代表协议（Representation Agreement）依据《Representation Agreement Act》c.405主要管个人照护、医疗决定与日常财务管理（s.7），并非变更大额寿险受益人的无条件许可，且绝不能跳过保险公司审阅。

c. ✗ 无论是《Power of Attorney Act》s.21还是《Representation Agreement Act》s.19.01，均严禁受托代理人或代表代授权人立遗嘱（Cannot make a will）。

d. ✓ 正确。考试口径要求四步走：先确认是否为失能后仍有效的持续授权书（Enduring Power of Attorney），向公证人取得核证真本（Notarized certified true copy），交保险公司审阅，再判断指示能否执行。考试口径提示BC存在省际例外，而BC现行《Power of Attorney Act》s.20规定受托代理人变更本人已有受益人指定须取得法院授权（Court authorization）。

193′ 答案 b

a. ✗ 普通授权书（Ordinary PoA）在授权人丧失心智能力时即告终止，只有写明失能后继续存续的持续授权书（Enduring PoA）才继续有效（普通授权书当持续授权书陷阱）。

b. ✓ 正确。普通授权书在授权人丧失心智能力后即终止；而考试口径解释限制受托代理人变更受益人的核心制度目的，正是防止受托代理人只要把钱从一家金融机构转到另一家，就能变相撤销（Indirectly revoke）授权人原本作出的指定。（注：考试口径仅提BC例外，BC现行《Power of Attorney Act》s.20要求变更既有指定须法院授权，续办类似文书可依条件沿用原指定，另建新文书限指定本人遗产。）

c. ✗ 普通授权书失能即终止，绝不会自动转化为遗嘱，且受托代理人被法律严禁代立遗嘱（s.21）。

d. ✗ 考试口径明确警告代理人应避免接受客户受托代理人、遗嘱执行人或受托人等职务以免产生利益冲突（Conflict of interest），且E&O职业责任险未必覆盖此类活动。

194 答案 a

a. ✓ 正确。依BC《Insurance Act》s.59与s.61，后作出的有效受益人指定优先于先指定；分居协议只约束David本人而不直接约束未收件的保险公司。依s.77，保险公司在其主要办事处收到影响权利的书面文件前，按现有记录向新配偶付款即可免责（Discharged），前妻只能依分居协议起诉David的遗产。

b. ✗ 不可撤销受益人指定（Irrevocable designation, s.60）必须按法定方式作出并在被保险人在世时送达保险人总部或主要办事处；私下签署的分居协议不会自动转化为s.60不可撤销指定（分居协议自动锁死保单受益人陷阱）。

c. ✗ 《Wills, Estates and Succession Act》s.10的五日生存规则（Five-day survival rule）处理的是继承人同时死亡问题（且s.11将适用保险法条款的保险金排除在外），与前后两任配偶争夺受益权无关。

d. ✗ 只要保单有效指定了受益人（此处为新配偶），身故保险金依BC《Insurance Act》s.65依然免受投保人债权人追偿（Exempt from claims of creditors）。

194′ 答案 c

a. ✗ 未签署的便条不构成有效的不可撤销指定，且存在争议时保险公司是申请将款项付入法院（s.82），而非交给BCFSA。

b. ✗ 《Canada Health Act》管公共医疗保险标准，与寿险受益人锁定及理赔争议毫无关系。

c. ✓ 正确。依BC《Insurance Act》s.60(1)，不可撤销受益人指定（Irrevocable beneficiary designation）须在被保险人在世时送达保险人在加拿大的总部或主要办事处，此后未经该受益人同意不得变更或撤销；若保险人承认赔偿责任但面临互相争夺的索赔人，可依s.82申请把款项付入法院（Payment into court）。

d. ✗ 代理人锁存纸质保单并不能阻止投保人通过书面声明或线上系统向保险公司变更可撤销受益人，6年则是身故后的诉讼时效（s.76）。

195 答案 b

a. ✗ 两笔$9,000落在连续24小时窗口内累计达$18,000，触发$10,000的24小时合并报告规则；且BC已通过实质相似的省隐私法PIPA，省内商业活动优先适用PIPA而非PIPEDA。

b. ✓ 正确。在《犯罪所得（洗钱）与恐怖融资法》（PCMLTFA）下，大额现金交易报告门槛为$10,000并适用24小时合并规则（24-hour rule），连续24小时内两笔$9,000累计$18,000必须向FINTRAC报告，且报告义务压在代理人本人身上；隐私方面，BC省内商业活动适用实质相似的省法PIPA（跨省跨境或联邦企业才走PIPEDA）。

c. ✗ 考试口径强调：在PCMLTFA下，报告可疑交易与涉恐财产等反洗钱义务是每一个保险代理人本人的法定责任，未报告者面临严厉的个人处罚乃至监禁。

d. ✗ 虽然宪法将保险合同法划归省管，但反洗钱（PCMLTFA）与跨省/联邦隐私（PIPEDA）等外围法律明确由联邦深度介入并直接约束代理人（省管保险等于联邦无关陷阱）。

195′ 答案 d

a. ✗ 反洗钱报告义务直接压在代理人本人身上，并非只由公司合规官承担；且《Representation Agreement Act》管个人照护与日常财务代表协议，不管隐私。

b. ✗ 可疑交易报告（Suspicious transaction report）不以达到某个固定金额为前提（大额现金门槛也是$10,000而非CPP上限$74,600）；s.42管保单必备条款不管隐私。

c. ✗ 反洗钱向FINTRAC报告的主体是代理人本人而非客户向BCFSA自首（10个营业日是CASL/CRTC退订期限）；且跨省/跨境信息流受联邦PIPEDA管辖。

d. ✓ 正确。PCMLTFA将报告可疑交易与涉恐财产的责任直接压在代理人本人身上，未报告面临严厉个人处罚乃至监禁；而在隐私法下，虽然BC省内商业活动走省法PIPA，但个人信息跨省或跨境流动仍受联邦PIPEDA管辖。

196 答案 c

a. ✗ 自雇者（Self-employed）不符合常规就业保险（EI）资格；且OAS与GIS均由政府一般税收（General tax revenues）供款而非雇主缴费，其中OAS应税、只有GIS免税。

b. ✗ 工伤补偿（Workers' compensation）是由雇主强制缴款、保障工人的省级无过错制度，而CPP是强制缴费型且应税。

c. ✓ 正确。就业保险（Employment Insurance, EI）要求具备最低可保工作小时数，自雇者不符合常规EI资格（这在做伤残险需求分析时至关重要）；而老年保障金（OAS）是非缴费型、由政府税收供款且对领取人应税，保证收入补充金（GIS）则是发给低收入OAS领取者的免税（Non-taxable）补充金。

d. ✗ BC省医保保费已于2020年1月1日取消（此前家庭每年最多$1,800），且省医保覆盖医疗必需的医生服务，不覆盖常规处方药、常规牙科及19至64岁常规验光。

196′ 答案 a

a. ✓ 正确。工伤补偿（Workers' compensation）是省管、无过错、雇主强制缴款的制度，代价是工人放弃起诉雇主的权利（BC 工资损失给付大致为计算所得净收入的 90%）；给付协调（Coordination of benefits）确保夫妻各有团体计划时同一笔费用先由一方赔付、另一方只补余额，不重复赔付。

b. ✗ CPP是由雇员与雇主等额缴费供款的强制缴费型计划而非一般税收供款；且工伤补偿的核心交换条件就是工人放弃起诉雇主的权利。

c. ✗ 考试口径专门澄清车险「无过错」（No-fault）不等于不判定谁造成事故，而是被保险人向自己的保险公司索赔医疗与收入替代给付；且给付协调禁止同一笔牙科账单双倍赔付。

d. ✗ 最长26周、按收入55%计（每周上限$729）是就业保险（EI）病假给付；CPP伤残给付要求符合缴费条件且伤残「严重且长期」（Severe and prolonged，2026年月度最高$1,741.20）。

第 29 章答案与解析

197 答案 b

a. ✗ 错误。陷阱：误把单一节点当生效日。虽然无条件按原申请条件签发时交给代理人可视为交付（s.48(2)），但本案中保险公司更改了承保条件（加费并加除外），且首期保费尚未缴纳、客户尚未接受反要约，周一合同并未成立。

b. ✓ 正确。核保后签发的保单若与原申请不一致（加费、除外、降额），在法律上构成反要约（counter-offer），不再是原要约的承诺；必须等客户重新接受（周五签署接受确认书），结合已交付、已付首期保费且可保性未变，合同才正式成立生效。

c. ✗ 错误。陷阱：少走一步。如果保单是按原申请条件签发的，周三完成交付、缴费且可保性未变即可生效（s.48）；但因为保司修改了条件，该保单属于反要约，周三客户尚未签署接受确认，合同尚未成立。

d. ✗ 错误。申请书只是要约（offer），且申请时未随附首期保费，也没有临时保险（interim insurance），事后缴费与接受反要约不会让保障自动追溯到申请日生效。

197′ 答案 d

a. ✗ 错误。陷阱：误把核保通过或缴费当成唯一条件。未随申请预缴保费时，生效必须同时满足交付、缴付首期保费以及申请至交付期间可保性（insurability）未发生变化（s.48）。

b. ✗ 错误。保险公司不会自动附加2年除外使保单直接生效；当可保性发生变化时，代理人不能直接完成交付，必须退回由保险公司重新核保。

c. ✗ 错误。交付前确认健康状况未变（通常签署 statement of good health）是代理人的法定义务而非礼貌；明知可保性已变仍违规交付是高频追责点。

d. ✓ 正确。根据合同生效的四个法定条件（s.48），从申请到交付并缴纳首期保费期间，客户的可保性（insurability）必须未发生变化；查出结节并被建议活检改变了可保性，在保险公司重新核保评估前保单不能按原件交付生效。

198 答案 c

a. ✗ 错误。陷阱：混淆年龄误报与健康误述，误把两项合并成「都按比例调整」。只有误报年龄（misstatement of age）才按真实年龄调整保额；吸烟状态会影响承保决定本身，不适用比例调保额。

b. ✗ 错误。两项规则完全说反了：真实年龄未超承保上限时，误报年龄（s.54）绝不会使合同无效，而是调整保额；而每周抽雪茄却勾选非吸烟属于重大误述，在2年可抗辩期内即使非欺诈也可撤单。

c. ✓ 正确。年龄与吸烟走两条完全独立的法律轨道：误报年龄（misstatement of age，s.54）在未超承保年龄上限时不撤单，仅按同样保费在真实年龄下可购得的保额下调给付；而吸烟状态是核保的实质性事实（material misrepresentation，s.51、s.52），保单生效不足2年仍在可抗辩期内，保险公司有权撤销合同并退还保费。

d. ✗ 错误。披露义务（s.51）看的是该事实在投保时对保险公司的核保定价与承保决定是否有实质影响（material to the insurance），不需要证明出险死因与未披露事项之间存在直接因果关系。

198′ 答案 a

a. ✓ 正确。根据误报年龄条款（misstatement of age，s.54），年龄是可精确换算的定价变量，只要真实年龄未超过承保上限，不论在2年内还是2年后发现，保险公司都不会撤单，而是按已缴保费在真实年龄下本可购得的保额调整给付。

b. ✗ 错误。陷阱：把2年不可抗辩期套用到误报年龄上。不可抗辩期（s.52）解决的是能否撤销合同，而误报年龄由专门的 s.54 规范，满2年后依然要按真实年龄调整保额。

c. ✗ 错误。只要真实年龄未超出保单承保年龄上限（s.54(3) 例外），误报年龄不走撤单轨道，而是按比例调整保额。

d. ✗ 错误。误报年龄的法定处理机制是调整保险金额（按同样保费在真实年龄下可买的保额给付），而不是维持原保额再补扣保费差额（补扣未缴保费是宽限期内出险的处理方式）。

199 答案 a

a. ✓ 正确。不可抗辩期（incontestability period，s.52）仅保护保单在被保险人在世期间生效满2年后的善意误述（innocent/non-fraudulent misrepresentation）；主观故意隐瞒（deliberately omit）构成欺诈（fraud），欺诈破坏了合同赖以成立的诚信基础，不受2年不可抗辩期保护。

b. ✗ 错误。陷阱：误认不可抗辩期保护欺诈。看到「已经过了3年」就以为不可抗辩期是万能护身符，忽略了题干中「故意隐瞒（deliberately omitted）」这一指向欺诈的关键信号。

c. ✗ 错误。陷阱：混淆年龄误报与健康欺诈。按费率比例调整保额只适用于误报年龄（s.54），故意隐瞒重大疾病属于欺诈性误述，后果是合同可被撤销而非调保额。

d. ✗ 错误。「发现后60天内、生效后5年内」是超出承保年龄上限时误报年龄撤单的特殊时限（s.54(3)），与欺诈不受2年不可抗辩期保护无关。

199′ 答案 c

a. ✗ 错误。这忽略了2年不可抗辩期（incontestability period，s.52）的保护作用：为了防止保司在被保险人死后翻找多年前的无心疏漏，生效满2年后非欺诈误述不再使合同可撤销。

b. ✗ 错误。健康信息遗漏不适用误报年龄的保额调整规则（s.54）。

c. ✓ 正确。根据不可抗辩条款（incontestability period，s.52），合同在被保险人在世期间已生效满2年的，非欺诈性的未披露或误述（善意疏忽）不再使合同可撤销，保险公司须正常给付。

d. ✗ 错误。生效满2年后，符合 s.52 条件的非欺诈误述直接不再使保险可撤销，而不是把全部举证责任转嫁给受益人。

200 答案 d

a. ✗ 错误。陷阱：误以为离婚自动解除不可撤销指定。离婚本身不会自动解除不可撤销受益人（irrevocable beneficiary）地位。

b. ✗ 错误。陷阱：以为离婚协议里的笼统放弃条款对保险公司直接生效。离婚协议是夫妻双方之间的文件，保险公司不是当事方，且未收到向保司总部作出的专门书面同意或释放文件（s.60(1)、s.77）。

c. ✗ 错误。不可撤销指定一经生效，退保、保单贷款、提取现金价值等会减少或危及保险金权益的操作，同样必须取得不可撤销受益人的书面同意（s.66(1)；Regulation s.9.1(5) 不放行此类操作）。

d. ✓ 正确。不可撤销受益人（irrevocable beneficiary，s.60(1)）一经送达保司总部生效，变更受益人以及申请会减少保险金权益的保单贷款（s.66(1)）均须该受益人书面同意；离婚协议不自动解除该指定，必须由 Sofia 另行签署同意/释放文件并送达保司总部。

200′ 答案 b

a. ✗ 错误。无论按全国考试口径还是 BC s.60(1)，不可撤销受益人指定都必须在被保险人在世期间送达保险公司的加拿大总部或主要办事处才生效。

b. ✓ 正确。根据不可撤销受益人生效要件（s.60(1) 及全国考试口径），不可撤销指定必须以书面申报在被保险人在世期间送达保险公司总部（head office / principal office）方生效；未送达总部的仍视为可撤销（revocable），Maya 可无需姐姐同意直接变更。

c. ✗ 错误。首先兄弟姐妹并不属于保护类（家庭类）受益人（仅限配偶、子女、孙辈、父母，s.65(2)）；其次即使是保护类受益人，若为可撤销指定，投保人仍可单方变更，不会自动锁死变更权。

d. ✗ 错误。投保人可以指定除自己以外的任何人为不可撤销受益人，本案不需要同意的真正原因是该不可撤销声明从未送达保险公司总部。

201 答案 b

a. ✗ 错误。陷阱十：忽视复效后限制期重新起算，以为复效是把时钟拨回6年前。复效会使不可抗辩期与自杀限制期从复效日重新起算。

b. ✓ 正确。复效（reinstatement，s.57）不是把时钟拨回原处，而是重新起跑：不可抗辩期的2年与自杀条款（suicide clause，考试口径常见为2年，BC s.56(2) 规定按合同限制期从最近复效日起重算）均从复效日重新起算；复效后仅1年自杀身故，处于重算后的2年限制期内，不予赔付身故保额。

c. ✗ 错误。自杀条款不按时间比例折算保额；在限制期内自杀不赔付保险金额。

d. ✗ 错误。陷阱三：把自杀条款写成「永久排除」的绝对化措辞。自杀限制期在复效后只是重算2年（或合同约定期限），并非永久排除。

201′ 答案 a

a. ✓ 正确。根据宽限期规则（grace period，s.50），保费逾期后享有至少30天（工业险28天）的缓冲期，期内保单依然完全有效；被保险人在宽限期内身故的，保险公司照常理赔，仅从给付金额中扣除未缴保费。

b. ✗ 错误。常见误区是把宽限期说成「保单已暂停或失效」；宽限期内保障持续有效，直到30天宽限期届满仍未缴费时保单才会失效（lapse）。

c. ✗ 错误。宽限期只是给予缴费缓冲并维持保障有效，并非免除该期保费，保险公司给付时会从身故保险金中扣除该笔逾期未缴保费。

d. ✗ 错误。提交可保性证明是保单失效（lapse）后办理复效（reinstatement，s.57）的要求，而在到期日后第15天保单仍处于30天宽限期内，根本没有失效。

202 答案 c

a. ✗ 错误。无论在考试口径还是实务中，未经不可撤销受益人同意，银行都不可能排在不可撤销受益人之前优先受偿身故保险金。

b. ✗ 错误。银行贷款要求的是担保转让（collateral assignment）而非绝对转让（absolute assignment），且投保人更不能通过单方绝对转让来消灭不可撤销受益人的权利。

c. ✓ 正确。按全国考试口径通则，保单存在不可撤销受益人（irrevocable beneficiary）时，办理担保转让（collateral assignment）须取得该不可撤销受益人的书面同意并送达保司，身故时银行方可优先受偿未偿贷款余额（如尚欠 $120,000 则先付银行 $120,000，余下 $380,000 归母亲）。（注：BC 现行法 Regulation s.9.1(4)(e) 与 s.66(3) 允许不经同意作出转让本身，但未获同意时银行权益排在不可撤销受益人之后，因此要让银行优先受偿仍须母亲书面同意。）

d. ✗ 错误。不可撤销指定并非永久禁止保单质押，只要不可撤销受益人签署书面同意并送达保险公司，即可正常办理担保转让。

202′ 答案 d

a. ✗ 错误。把担保转让（collateral assignment）混同于绝对转让（absolute assignment）；担保转让中银行只享有在未偿贷款余额范围内优先受偿的有限权益。

b. ✗ 错误。银行在身故时优先取回的是「身故时未偿还的贷款余额」（$120,000），而不是最初放款时的本金总额（$180,000）。

c. ✗ 错误。由于不可撤销受益人已经签署了书面同意并办妥担保转让，银行的担保权益优先于受益人受偿。

d. ✓ 正确。在经不可撤销受益人书面同意的担保转让（collateral assignment）中，被保险人身故时，保险公司先向贷款银行支付未偿贷款余额 $120,000，剩余的 $380,000 归受益人领取。

203 答案 a

a. ✓ 正确。指定配偶（属于配偶、子女、孙辈、父母组成的保护类受益人，preferred / family class beneficiary，s.65(2)）原本享有在世保单免于扣押及身故保险金免于债权人追偿（s.65(1)）的两层保护；一旦改为「我的遗产（estate）」，等同于自愿放弃这两层豁免，身故保险金将流入遗产走遗嘱认证程序、计缴认证费，并完全暴露在 Arthur 债权人的追偿之下。

b. ✗ 错误。陷阱七：指定「遗产」却以为保护还在。只要保险金的受益人写成 estate 而非直接在保险合同或书面声明中指定具体受益人，钱一旦进入遗产就会先暴露给遗产债权人，遗嘱最后分给谁无法挽回保险法的债权人豁免。

c. ✗ 错误。法律并不禁止投保人将受益人改为自己的遗产（或撤回原指定使保险金归入遗产），但这会导致丧失债权人豁免并产生遗嘱认证成本，代理人有义务事先讲清这三大代价。

d. ✗ 错误。只有指定了具体受益人（而非 estate）时，保险金才能绕开遗产和遗嘱认证（probate）；指定给 estate 的保险金必须进入遗产并纳入遗嘱认证资产计费。

203′ 答案 b

a. ✗ 错误。投保人给自己指定自己（如公司作为投保人指定自己收款），在法律定义上根本不构成「受益人（beneficiary）」，不享有受益人债权人豁免；且在世期间的保单扣押豁免仅限指定保护类（家庭类）受益人。

b. ✓ 正确。女儿属于被保险人的保护类（家庭类）受益人（preferred / family class beneficiary：配偶、子女、孙辈、父母，s.65(2)），可使保单在投保人在世期间免于债权人执行与扣押（前提是非为逃债而临时恶意指定）；而公司保单中公司以投保人（policyholder）身份收款，法定定义下的 beneficiary 不包括投保人本人，因此不享有免于债权人追偿的保护。

c. ✗ 错误。恰恰相反，商业保单中投保人指定自己收款属于以投保人身份而非受益人身份领款，完全不享有 s.65 的债权人豁免。

d. ✗ 错误。在世期间免于扣押的保护（s.65(2)）既适用于不可撤销受益人，也适用于可撤销的保护类（家庭类：配偶、子女、孙辈、父母）受益人。

第 30 章答案与解析

204 答案 b

a. ✗ 陷入「以为保险人有义务主动通知受益人」及「起算点混淆」陷阱：考试口径明言保险人收到死亡通知后无义务主动通知受益人（通常会联系逝者的代理人）；且 30 天付款时钟（s.73）从收到四项充分证据 [proof of claim] 之日起算，而非死亡日起算。

b. ✓ 保险人收到死亡通知后登记、停收保费、等待索赔，无主动通知受益人的义务；当 s.73 要求的四项充分证据 [proof of claim] 交齐后，保护客户的 30 天付款时钟启动；同时保护保险人的起诉时效 [limitation period]（s.76）为证据提交后 2 年与死亡后 6 年取较早者。

c. ✗ 这是张冠李戴陷阱：30 天书面通知与 90 天提交证明是个人意外与疾病险（A&S）的法定条件，人寿保险无此独立法定通知与证明天数。

d. ✗ 陷入「把索赔没有时限读成随时都能告」陷阱：虽然提交索赔本身无固定法定天数，但就保险金起诉保险人的诉讼时效 [limitation period] 是硬性的（交证后 2 年与死亡后 6 年取较早者，s.76）。

204′ 答案 d

a. ✗ 以为交了死亡证明就算证据齐了是常见误区：BC《Insurance Act》s.73 要求四项证据（事件发生、被保险人年龄、索赔人受领权、受益人姓名与年龄）全部充分齐备，尤其定期寿险必须核实年龄是否已过终止年龄。

b. ✗ 寿险付款期限是四项证据齐备后 30 天（s.73）而非 60 天；且诉讼时效 [limitation period] 是证据提交后 2 年与死亡后 6 年取较早者（s.76），不是交证后 6 年。

c. ✗ 付入法院 [payment into court]（s.82）适用于存在相争索赔人等情形，缺材料只需通知补件或必要时走 s.78 证据充分性宣告，且 15 天是 A&S 提供表格的时限。

d. ✓ s.73 的四道举证门 [proof of claim]（给付事件已发生、被保险人年龄、索赔人受领权、受益人姓名与年龄）缺一不可，全部交齐后才启动 30 天付款时钟；起诉时效则受 s.76 的「交证后 2 年与死亡后 6 年取较早者」约束。

205 答案 c

a. ✗ 陷入「失踪七年门槛与保单失效陷阱」：有充分间接证据（如空难）时无需等待 7 年；且失踪不会自动冻结保费义务，停缴会导致保单失效 [lapse]。

b. ✗ 2 年是不可抗辩期（s.52）或推定死亡宣告后的起诉时效（s.76(2)），不是失踪等待期；且推定死亡命令只解决「是否已死亡」，不会自动复效已因欠费失效的保单。

c. ✓ 考试口径通则为失踪满 7 年可申请推定死亡 [presumption of death]，但有空难等充分间接证据时法院可直接认定死亡日而无需等待；同时必须继续缴费维持保单有效（否则须证明推定死亡日落在失效前）。（注：考试口径写失踪满 7 年，而 BC 现行《Presumption of Death Act》s.3 按三要件判断且无固定年限门槛；考场按考试口径通则作答。）

d. ✗ 6 年是死亡日起算的诉讼时效上限（s.76），并非推定死亡的申请期；报警失踪也不会触发保费豁免。

205′ 答案 a

a. ✓ 无论考试口径还是 BC 成文法，当存在空难登机记录等充分间接证据时，法院均可直接裁定推定死亡 [presumption of death] 而不必等满 7 年；依 s.76(2)，推定死亡宣告作出后，起诉时效自宣告之日起另算 2 年。（注：考试口径以 7 年为失踪通则，而 BC《Presumption of Death Act》s.3 本就无固定年限。）

b. ✗ 空难有充分间接证据证明死亡，考试口径明确将其作为无需等待 7 年的典型例子；且 s.76(2) 规定推定死亡宣告后的起诉时效为 2 年而非 6 年。

c. ✗ 法院依《Presumption of Death Act》作出的推定死亡命令本身即为死亡的法定证明（且法院可依《Insurance Act》s.79 就保险金支付作出命令），保险人不得再要求等满 7 年。

d. ✗ 15 天是个人 A&S 保险人提供理赔表格的期限，寿险付款期为 30 天（s.73）；且推定死亡宣告后有明确的 2 年诉讼时效（s.76(2)）。

206 答案 a

a. ✓ 代理人在明知存在相争索赔人 [adverse claimants] 时，必须如实告知保险人并协助申领，不替任何一方站队或预判结果；保险人承认付款责任但面对相争索赔人时，满足 s.82 条件，可申请将款项付入法院 [payment into court] 并免责。

b. ✗ 陷入「付入法院当作拒赔手段」陷阱：s.82 付入法院的前提是保险人已经承认付款责任（不争责任、只争归属），绝非拒赔或撤销保单的手段。

c. ✗ BC 允许在遗嘱中指定或变更受益人（s.61），后指定可优先于先指定；代理人既不能给出错误法律结论，更不能劝一方放弃索赔。

d. ✗ 混淆了 s.77 记录免责的时间边界：s.77 仅保护保险人在其加拿大总部或主要办事处「收到」影响受领权的文件或法院令「之前」按原记录作出的付款；既然付款前已收到冲突主张，就不能再强行付给前配偶。

206′ 答案 c

a. ✗ 保险人最怕赔错人后再赔一次，为此 s.77 专门设立了记录免责保护，将未及时送达变更文件的风险分配给客户一侧，保险人无需二次赔付。

b. ✗ s.78 证据充分性宣告 [declaration as to sufficiency of proof] 处理的是付款前对证据够不够格的争议，而非付款完成后的记录免责。

c. ✓ 依 BC《Insurance Act》s.77（记录免责），在保险人的加拿大总部或主要办事处收到影响保险金受领权的文件或法院令之前，保险人按现有记录付款即在已付金额（$250,000）范围内免责。

d. ✗ 保险人并无搜查逝者住所的义务，且省监管机构（Insurance Council of BC）负责监管代理人行为而非对保险人依法按记录付款进行处罚。

207 答案 d

a. ✗ 考试口径与 BC 成文法均明确否定机械套用「年轻者晚死/年长者先死」的旧观念，无法证明先后时按法定推定（视受益人先死）处理。

b. ✗ 陷入「同时死亡套用五日生存规则」陷阱：WESA s.11 明文规定五日生存规则 [five-day survival rule] 不适用于《Insurance Act》s.83 涵盖的保险金，且也不会在两个遗产间平分。

c. ✗ 把推定方向彻底记反了：同时死亡或先后不明时，法定推定是「受益人先于被保险人死亡」，而非被保险人先死。

d. ✓ 在同时死亡 [simultaneous deaths] 或先后不明且合同无相反约定时，依 s.83 视受益人先于被保险人死亡；因无其他在世受益人或或有受益人，依 s.63 保险金归投保人/被保险人的遗产代表人；且 WESA s.11 明文将保险金排除在五日生存规则之外。

207′ 答案 b

a. ✗ 先死的受益人 [predeceased beneficiary] 在给付事件发生时已不在世，除合同或声明另有规定外，其份额不会进入该先死受益人的遗产。

b. ✓ 根据考试口径通则与 BC《Insurance Act》s.63，除合同或声明另有规定外，先死受益人 [predeceased beneficiary] 的份额归在世受益人，在世受益人有多人时按均等份额分配（只有在无任何在世受益人时才归投保人或其遗产代表人）。

c. ✗ 只要还有其他在世受益人，先死受益人的份额就由在世受益人均分（s.63），不会把该三分之一单独退回投保人遗产。

d. ✗ 其中一名受益人先死属于 s.63 有明确法定分配顺位的常规情形，不会使整个指定失效，也不构成需要付入法院（s.82）的相争索赔。

208 答案 b

a. ✗ 把三个法定天数顺序全记混了：15 天是保险人收到通知后给表格的期限，30 天是书面通知期，90 天（而非 60 天）是提交证明期。

b. ✓ 个人 A&S 法定条件（s.101）规定：30 天内书面通知 [notice of claim]、保险人 15 天内提供表格、90 天内提交证明；付款时限上，考试口径通则写个人 A&S 为 60 天，而 BC 法定条件将非误工给付定为 60 天，误工给付 [loss of time benefit] 首笔定为收到证明后 30 天、此后每个不超过 60 天的期间给付一次。（注：题干问考试口径通则时答 60 天，指明 BC 误工给付时答首笔 30 天。）

c. ✗ 陷入「A&S付款时限一刀切60天」及混淆团险陷阱：保险人提供表格是 15 天而非 30 天；团体 A&S 的付款时限依团体合同约定（法律未规定），且 BC 个人 A&S 误工首笔为 30 天。

d. ✗ 把寿险「无独立法定通知/证明天数」错套到了个人 A&S 上；且伤残理赔是持续给付、持续审核，给付期间保险人有权反复要求更新主治医生声明 [Attending physician's statement (APS)] 及医学检查。

208′ 答案 a

a. ✓ 伤残（误工）理赔不是一次结清，而是持续给付、持续审核，保险人在给付期间有权要求医学检查并反复更新主治医生声明 [Attending physician's statement (APS)]；团体 A&S 的付款时限依团体合同约定，法定条件针对的是个人合同。

b. ✗ 2 年不可抗辩期（s.52）管的是投保时善意未披露能否撤销合同，并不禁止保险人在伤残给付期间持续核查伤残状态并要求更新 APS。

c. ✗ 团体 A&S 付款时限由团体合同约定，法律未作统一规定；15 天是个人 A&S 中保险人收到通知后提供理赔表格的期限。

d. ✗ 根据 BC《Insurance Act》s.104(3)，非身故类 A&S 给付的诉讼时效是自知道或应当知道之日起 2 年（身故给付才是 2 年/6 年取较早，s.104(1)）。

209 答案 a

a. ✓ 违反公共秩序的给付 [payment contrary to public order] 规则极为严格：受益人违法致被保险人死亡触发公共政策失权时，不问其是否有获利动机、也不问其事先是否知道自己是受益人，均不得受领；但该规则只挡住这名致死受益人，合同本身并未失效，其余在世受益人或遗产仍按指定与法律受领。

b. ✗ 陷入「不知情受益人免于公序失权」陷阱：考场上凡是把「他不知道自己是受益人」或「无骗保动机」当作应予给付理由的选项均为错项，因为普通法原则不允许任何人从自己的不法行为中获益。

c. ✗ 混淆了受益人失权与合同无效：致死受益人失权只挡住该名受益人本人，保单合同本身依然有效，不能连坐剥夺其他无辜受益人或遗产的权利。

d. ✗ 2 年不可抗辩期 [incontestability period]（s.52）仅针对投保时的善意未披露或误述，绝不保护违反公共秩序的犯罪致死行为。

209′ 答案 d

a. ✗ BC《Insurance Act》s.56 明确确认保单关于自杀不赔的约定合法且可执行；且 s.52 的 2 年不可抗辩期明文规定欺诈（fraud）不适用该保护。

b. ✗ 保单通常约定「生效或复效后 2 年内」自杀不赔（s.56 确认合法有效），复效后未满 2 年仍在复效后的 2 年自杀限制期内。

c. ✗ 把不可抗辩期 [incontestability period]（s.52）的保护对象彻底颠倒了：生效满 2 年后，善意未披露不再使合同可撤销，而欺诈在任何时候都可作为撤销/拒赔理由。

d. ✓ s.56 确认约定生效或复效后 2 年内自杀不赔合法有效（复效后未满 2 年自杀在除外期内）；s.52 的 2 年不可抗辩期 [incontestability period] 保护生效满 2 年后的善意误述/未披露，但欺诈（fraud）不受 2 年期保护，任何时候均可抗辩。

210 答案 c

a. ✗ 以为未成年受益人的保险金直接付给孩子的父母是典型误解：若父母未被正式指定为该笔保险金的受托人或财产监护人，保险人不能直接把钱交给父母个人。

b. ✗ 依 BC《Insurance Act》s.88(4)，年满 18 岁的受益人在领款与出具收据时即视同成年人，可直接受领并出具有效收据，更不会被保险人没收。

c. ✓ 这是考试口径通则与 BC 成文法的双口径考点：考试口径提某些省可能要求付入法院以保护未成年人资金，而在 BC 走的是 s.88 信托通道——有指定受托人付给受托人，无受托人则付给公共监护与受托人办公室 [Public Guardian and Trustee]；同时 s.88(4) 明文规定年满 18 岁的受益人领款与出具收据时视同成年人，由保险人直接付给本人。（注：一句话区分考场通则「某些省付入法院」与 BC s.88「受托人或公共监护与受托人办公室及 18 岁视同成年」。）

d. ✗ 未成年人完全可以被指定为保单受益人，只是在满 18 岁前无法自己出具有效免责收据，需通过受托人或公共监护与受托人办公室代为受领管理。

210′ 答案 b

a. ✗ 普通人寿保险按保单上的受益人指定给付（除非债权人凭抚养费法院令等特定情形主张），并无配偶自动推翻具名受益人的法定优先顺位。

b. ✓ 普通人寿保险的身故给付归具名受益人（成年弟弟）；而退休金类/锁定资金 [locked-in funds] 另有法定顺序：合资格配偶优先于指定受益人，无合资格配偶才轮到指定受益人，再无则归遗产。

c. ✗ 退休金类资金受适用养老金法约束，合资格配偶享有法定优先权，且锁定资金 [locked-in funds] 的给付方式与解锁例外须按养老金法核查，不能由普通受益人指定强行推翻。

d. ✗ 公共监护与受托人办公室 [Public Guardian and Trustee]（s.88）仅在受益人为未满 18 岁的未成年人且无指定受托人时介入，与成年弟弟或配偶顺位无关。

第 31 章答案与解析

211 答案 a

a. ✓ 正确。「联邦管钱、省管人」是本章最核心的分工：金融机构监管局（OSFI [Office of the Superintendent of Financial Institutions]）依《Insurance Companies Act》负责判断联邦注册寿险公司的财务稳健性（financial soundness），而 BC 省内代理人的发牌、执业监督与违规纪律处分则归 BC 保险理事会（Insurance Council of British Columbia）。

b. ✗ 错误（陷阱：联邦与省级监管错位）。考试口径专门强调 OSFI 不负责保险代理人执业的持牌、规范与监督（does not licence or regulate insurance agents）；代理人造假诱导替换属于省级市场行为与纪律范畴。

c. ✗ 错误（陷阱：把 BC 两个机构互换且混淆 Assuris 职责）。在 BC 省，对个人代理人行使日常发牌与纪律处分权的是 Insurance Council of BC 而非 BCFSA；Assuris 是破产保障基金，日常资本充足率与偿付能力监管归 OSFI。

d. ✗ 错误（陷阱：投诉调解与跨省协调机构越权）。人寿健康险监察服务（OLHI）是独立争议处理组织，无权吊销牌照；加拿大保险监管者理事会（CCIR）是跨辖区协调协会，不做联邦偿付能力审计。

211′ 答案 c

a. ✗ 错误（陷阱：联邦与省级监管错位）。金融机构监管局（OSFI）只管联邦注册保险公司的财务稳健性（financial soundness），无权介入省级代理人的持牌与纪律听证。

b. ✗ 错误（陷阱：省级机构职责全面错位）。Insurance Council of BC 不管联邦保险公司的资本准备金，且吊销个人代理人牌照的是 Insurance Council of BC 而非 BCFSA。

c. ✓ 正确。偿付能力与资本充足率是全国性的，由联邦 OSFI 依《Insurance Companies Act》监管；代理人伪造签名属于本地个人执业违规，由省级发牌与纪律机构 Insurance Council of British Columbia 查处。

d. ✗ 错误（陷阱：协调组织与投诉组织越权）。CISRO 是中介标准协调组织，不管保险公司资本；OLHI 是独立投诉调解组织，无权对代理人处以罚款。

212 答案 b

a. ✗ 错误（陷阱：BC 保险法与金融机构法张冠李戴）。考试口径明确指出 BC 省的《保险法》（Insurance Act）中没有专门规范代理人的一章（There is no specific Chapter regarding agents in the Insurance Act）；《Insurance Act》管的是保险合同本身（如受益人指定、不可抗辩期）。

b. ✓ 正确。在 BC 省，规范保险代理人的实体法条写在《金融机构法》（Financial Institutions Act [FIA]）中，考试口径直接点明了具体条号：s.79（保费回佣 premium rebating）、s.94（强制搭售 tied selling）、ss.168–180（保险代理人持牌）以及 s.252–253.1（罪行与罚则）。

c. ✗ 错误（陷阱：混淆联邦公司法与省级代理人法）。联邦《保险公司法》（Insurance Companies Act）规范的是联邦注册保险公司的设立与偿付能力，不规范各省代理人的佣金回扣与持牌。

d. ✗ 错误（陷阱：混淆隐私法与金融机构法）。BC 省的《个人信息保护法》（PIPA）管的是私营部门个人信息的收集、使用与披露，不管保费回佣、搭售或代理人发牌。

212′ 答案 a

a. ✓ 正确。在 BC 省，《保险法》（Insurance Act）管合同法层面的规则，没有专门管代理人的一章；规范代理人发牌（ss.168–180）、禁止回佣（s.79）、禁止强制搭售（s.94）及行政罚款（s.253.1）的实体条文全部在《金融机构法》（Financial Institutions Act [FIA]）中。

b. ✗ 错误（陷阱：BC 保险法与金融机构法完全颠倒）。受益人指定与不可抗辩期属于合同法范畴，归《Insurance Act》；代理人发牌与禁止回佣归《Financial Institutions Act》。

c. ✗ 错误（陷阱：误以为一部保险法包揽合同与代理人）。考试口径特地提醒考生，BC 的《Insurance Act》里没有专门管代理人的一章，代理人规则必须查《Financial Institutions Act》及配套的 Council Rules 和 Code of Conduct。

d. ✗ 错误（陷阱：混淆反洗钱法与省级代理人监管法）。《犯罪所得（洗钱）与恐怖融资法》（PCMLTFA）是联邦反洗钱立法，不管省级代理人发牌与保费回佣。

213 答案 b

a. ✗ 错误（陷阱：Assuris 保障上限算反且顺位颠倒）。清算人（liquidator）首先尝试把保单转移给其他有偿付能力的保险公司，而非立刻注销保单退现金；且 Assuris 规则是固定门槛与比例「取高者（whichever is higher）」，不是取低者。

b. ✓ 正确。公司资不抵债后，清算人（liquidator）首先尝试将保单整体转移给其他保险公司；若必须削减给付，按考试口径（2022 TABLE 4.1）死亡给付受保护额为「$200,000 或承诺给付的 85% 取高者」，即 max($200,000, 85% × $500,000) = $425,000。（注：考试口径 2022 表为 $200,000 或 85% 即 $425,000，而 Assuris 2026 现行标准已上调为 $1,000,000 或 90% 取高者，在现行规则下该 $500,000 保单获全额 $500,000 保护。）

c. ✗ 错误（陷阱：误以为需申请缴费且算成缺口金额）。联邦受监管保险人与多数省监管公司必须加入 Assuris，保单持有人自动获得保障，无需申请或额外交费；$75,000 是考试口径下 15% 的未受保缺口而非受保护金额。

d. ✗ 错误（陷阱：把「取高者」算成「两者之和」）。Assuris 的规则是固定保底（$200,000）与比例（$425,000）两者取较高者且不超过原保额，绝不会把两者相加。

213′ 答案 d

a. ✗ 错误（陷阱：张冠李戴各档金额且把「取高者」写成「取低者」）。在考试口径（2022 TABLE 4.1）中，$200,000 是死亡给付保底额，$100,000 是累积价值（accumulated value）上限，且规则是「取高者（whichever is higher）」而非取低者。

b. ✗ 错误（陷阱：混淆考试口径 2022 表与 2026 现行值且编造申请要求）。$5,000/月、$250,000 与 $100,000 是 Assuris 在 2023 年上调后的 2026 现行保底数字（配 90% 比例），不是考试口径 TABLE 4.1 的数字；且 Assuris 保护自动生效，无需申请。

c. ✗ 错误（陷阱：误以为客户需要申请或加购才能获得 Assuris 保护）。虽然三项数字与考试口径 TABLE 4.1 一致，但所有联邦受监管保险人与多数省监管公司必须加入 Assuris，客户自动受保，无需另交保费。

d. ✓ 正确。按考试口径（2022 TABLE 4.1），Assuris 对月收入（monthly income）、健康费用（health expense）和现金价值（cash value）的保障分别为 $2,000/月、$60,000 和 $60,000（或承诺给付的 85%，取高者），且保护自动生效无需申请。（注：2026 现行标准已上调为月收入 $5,000/月、健康费用 $250,000、现金价值 $100,000，或承诺利益的 90% 取高者。）

214 答案 c

a. ✗ 错误（陷阱：忽略 24 小时合并窗口规则）。大额现金交易报告（LCTR [Large Cash Transaction Report]）的 $10,000 门槛不仅看单笔，还适用连续 24 小时合并规则（24-hour rule）：把一笔 $18,000 拆成两次 $9,000 只要落在同一个 24 小时窗口内，合计达 $10,000 以上即须报告。

b. ✗ 错误（陷阱：FINTRAC 24小时触发窗口与报告时限混淆）。「连续 24 小时」是判断多笔交易是否合并触发 $10,000 门槛的窗口，不是提交报告的时限；LCTR 的提交时限是收到现金起 15 个日历日（15 calendar days）内。

c. ✓ 正确。两笔 $9,000 现金（合计 $18,000）发生在连续 24 小时窗口内且指向同一客户与合同，触发 $10,000 的大额现金交易报告（LCTR）门槛；LCTR 的法定提交时限为自收到现金之日起 15 个日历日（15 calendar days）内。

d. ✗ 错误（陷阱：混淆 STR 与 LCTR 及 LVCTR 的 5 工作日时限）。题干明确说明无合理怀疑洗钱的理由，故触发的是客观金额门槛的 LCTR 而非可疑交易报告（STR [Suspicious Transaction Report]）；且 STR 的时限是「合理可行的最早时间（as soon as practicable）」，5 个工作日是大额虚拟货币交易报告（LVCTR）的时限。

214′ 答案 b

a. ✗ 错误（陷阱：把 LCTR 的 $10,000 现金门槛套用到 STR 上）。可疑交易报告（STR [Suspicious Transaction Report]）没有最低金额门槛，也不限于现金；只要确立合理怀疑理由即须报告。

b. ✓ 正确。当作为报告实体（reporting entity）的代理人完成确立合理怀疑（reasonable grounds to suspect）的措施后，无论金额大小均触发可疑交易报告（STR），且提交时限没有固定天数，标准是「合理可行的最早时间（as soon as practicable）」。

c. ✗ 错误（陷阱：把 LCTR 的 15 个日历日时限套用到 STR 上）。15 个日历日（15 calendar days）是大额现金交易报告（LCTR）的提交时限，STR 要求在合理可行的最早时间（as soon as practicable）优先处理并提交。

d. ✗ 错误（陷阱：混淆报告类型、接收机构与时限）。反洗钱报告提交给联邦 FINTRAC 而非 Insurance Council of BC；且电汇报告（EFTR）仅适用于符合金融实体定义的国际 $10,000 以上电汇业务（时限为 5 个营业日）。

215 答案 a

a. ✓ 正确。「不服找 Ombuds，违规找监管」：客户已走完保险公司内部投诉程序并取得最终立场信（final position letter），符合向人寿健康险监察服务（OLHI [OmbudService for Life and Health Insurance]）申请独立审查的前置条件；而代理人未披露利益冲突违反执业规则，属于纪律链，由 BC 保险理事会（Insurance Council of British Columbia）查处。

b. ✗ 错误（陷阱：投诉调解与纪律处分越权）。OLHI 是独立投诉处理组织，不发牌、不吊牌、不罚款；对代理人暂停或吊销牌照的纪律权专属于省级监管机构（在 BC 为 Insurance Council of BC）。

c. ✗ 错误（陷阱：以为 Insurance Council 替客户裁决合同争议赔付）。Insurance Council of BC 管的是代理人的持牌与纪律处分，不负责替客户裁决保险公司内部合同履行争议。

d. ✗ 错误（陷阱：混淆 FCAC 与 CISRO 的职权）。FCAC 监督联邦监管银行等机构的合规，不替个人裁决寿险合同争议；CISRO 只挂跨省纪律处分数据库并做跨省协调，不能直接吊销代理人牌照。

215′ 答案 c

a. ✗ 错误（陷阱：编造 OSFI 转介前置条件）。客户向 OLHI 申诉不需要经由 OSFI 转介，前置条件是走完保险公司自身的内部投诉处理程序。

b. ✗ 错误（陷阱：混淆寿险投诉组织与财险破产基金）。OLHI 专门处理人寿与健康险（life and health insurance）投诉；财产与意外险赔偿公司（PACICC）是财险侧的破产保障基金。

c. ✓ 正确。投诉链的第一站永远是保险公司内部投诉处理程序，客户必须先取得保险公司的最终立场信（final position letter）才能向 OLHI 申诉；同时 OLHI 是独立争议处理组织而非监管执法机构，无权对保险公司或代理人处以罚款。

d. ✗ 错误（陷阱：误把 OLHI 审查目标天数当成法定等待期且赋予其罚款权）。OLHI 绝无罚款权，且 120 天（升级调查阶段 45 天）是 OLHI 自定的正式审查服务目标天数，不是成文法定的前置等待期。

216 答案 d

a. ✗ 错误（陷阱：忽略 BC 省实质相似隐私法 PIPA）。BC、AB、QC 三省均拥有被认定为与联邦《个人信息保护及电子文件法》（PIPEDA [Personal Information Protection and Electronic Documents Act]）实质相似（substantially similar）的省级私营部门隐私法，BC 的现行法为 PIPA（SBC 2003, c 63）。

b. ✗ 错误（陷阱：混淆公部门隐私法 FOIPPA 与私营部门隐私法 PIPA）。FOIPPA 规范的是公共部门（政府机构），私营部门寿险代理机构在省内适用的是 PIPA，且监督执法机构是 OIPC BC 而非 Insurance Council of BC。

c. ✗ 错误（陷阱：轻信隐私法已废止传言）。联邦隐私改革法案（Bill C-36）尚处于议会二读阶段，未获御准生效；PIPEDA 与 BC 省的 PIPA 目前均为现行有效法律。

d. ✓ 正确。BC 省拥有与联邦实质相似的私营部门隐私法《个人信息保护法》（PIPA [Personal Information Protection Act]），因此 BC 省内的日常商业活动通常适用 PIPA（由 OIPC BC 监督）；但当商业个人信息发生跨省或跨境流动（inter-provincial or international flows）时，联邦 PIPEDA 仍可能适用。

216′ 答案 a

a. ✓ 正确。联邦 PIPEDA 规定，在拥有「实质相似（substantially similar）」省级隐私法的省份（BC、AB、QC），省内私营部门商业活动通常让位于该省隐私法；BC 省对应的现行法律即为 PIPA，由 OIPC BC 独立监督执法。

b. ✗ 错误（陷阱：绝对化排除 PIPEDA 适用性）。在没有实质相似省级私营部门隐私法的省份，或者涉及跨省/跨境商业信息流动时，PIPEDA 仍然适用于保险中介与保险交易。

c. ✗ 错误（陷阱：混淆省级隐私法与联邦反洗钱机构）。PIPA 是 BC 省级成文法（SBC 2003, c 63），由省信息与隐私专员公署（OIPC BC）执行，与联邦 FINTRAC 无关。

d. ✗ 错误（陷阱：将毫无关联的历史事件拼接）。2019 年 BCFSA 取代 FICOM 是 BC 省金融监管机构重组，联邦 PIPEDA 从未被废止，至今仍是现行联邦法。

217 答案 c

a. ✗ 错误（陷阱：记错 E&O 与 CE 数字且混淆 Assuris 职责）。BC 省 E&O 最低限额不是 $500,000，年度 CE 学时也不是 24 credits（24 是新代理人的标准监管月数）；且 Assuris 仅管保险公司破产，不管代理人失保或违规。

b. ✗ 错误（陷阱：单次与累计保额颠倒且赋予 OLHI 纪律处分权）。$2,000,000 是累计（aggregate）最低限额而非单次索赔限额；CE 要求是每牌照周期 15 credits 而非 5 credits（5 是记录留存周期数及 E&O 失保通报营业日数）；且 OLHI 无权对代理人做纪律罚款。

c. ✓ 正确。按 Insurance Council of BC 现行规则，代理人必须维持最低单次索赔 $1,000,000 / 累计 $2,000,000 的职业责任保险（E&O [errors and omissions insurance]），且在失保时须于 5 个营业日内通报 Council；每牌照周期（6 月 1 日至次年 5 月 31 日）须完成 15 个继续教育（CE [continuing education]）学时并留存记录 5 个周期；E&O 失保未报及虚假申报 CE 均由 Insurance Council 依纪律程序查处。

d. ✗ 错误（陷阱：混淆联邦 OSFI 职权与 CE 周期）。$1,000,000 是单次索赔限额而非累计限额，15 个 CE 学时是每个年度牌照周期的要求（两年一次是 FINTRAC 合规计划有效性复查的周期），且 OSFI 不管代理人牌照吊销。

217′ 答案 b

a. ✗ 错误（陷阱：误以为 E&O 保故意欺诈且缩短 CE 留存期）。职业责任保险（E&O）仅覆盖执业中的过失、错误与遗漏（negligence, errors, and omissions），绝不覆盖故意行为与欺诈（intentional acts or fraud）；且 CE 记录须留存 5 个牌照周期。

b. ✓ 正确。延续期覆盖（run-off coverage）用于在代理人退休或离职后，继续保障其过去持牌执业年度的行为所引发的过失索赔；同时按 Insurance Council of BC 规则，持牌人每周期须完成 15 credits 的 CE 并将记录留存 5 个牌照周期（5 licence periods）。

c. ✗ 错误（陷阱：混淆 Assuris 破产保护与代理人职业责任险）。Assuris 仅在保险公司破产且给付被削减时保护保单持有人，不承担代理人个人的执业过失责任。

d. ✗ 错误（陷阱：混淆 CISRO 与 Insurance Council 职责）。CISRO 是跨省协调组织，不售卖或管理 E&O 保险，也不负责审计 BC 代理人的 CE 记录（CE 由 Insurance Council of BC 依据 Rule 7(5) 与 Rule 4(4) 管理）。

第 32 章答案与解析

218 答案 a

a. ✓ 正确：FINTRAC 身份核实（know your client / KYC）的 $10,000 门槛按保单或年金「整个存续期预计收款」累计计算，不按单笔计算。每年 $2,000 存续 15 年累计已超过 $10,000，因此须在相关 information record 建档后 30 天内，使用政府签发的有效带照片证件等五种法定方法之一完成核验。

b. ✗ 掉入「把 $10,000 核验门槛当成单笔金额」陷阱：只要预计保单存续期内可能支付达到 $10,000，从建档那天起 30 天内就必须完成身份核实，不能拖到第 5 年累计交够了那天才去做。

c. ✗ 掉入「用金融工具代替法定证件」陷阱：讲义明确强调，五种法定核验方法里没有一种是「信用卡或银行支票」，见面核验金融工具不能替代法定证件或可靠双来源文件。

d. ✗ 混淆触发节点陷阱：非豁免保单累计达 $10,000 必须在建档后 30 天内核实投保客户身份；而向受益人预计累计支付达 $10,000 的身份核实节点是在「首次汇出资金或虚拟货币之前」，不是所有保单签署日。

218′ 答案 c

a. ✗ 证件级别错误陷阱：政府带照片证件须由加拿大联邦、省或地区政府（或外国等同政府）签发，市政府签发的证件不可用于 FINTRAC 身份核验。

b. ✗ 混淆豁免范围陷阱：豁免身份核验的是注册类年金（如 RRSP/RRIF/TFSA 等）、豁免类人寿保单及无现金价值的意外与疾病险合同，非注册年金不在豁免之列。

c. ✓ 正确：非注册年金预计存续期收款累计超过 $10,000（每季 $2,000 存 3 年），触发建档后 30 天内的客户身份核实义务（KYC），且市政府签发的证件无效，必须改用联邦/省级照片证件、当场查询满 3 年信用记录或双重来源等法定方法。

d. ✗ 核验方式违规陷阱：单独使用信用记录核验法时，必须在核验当时当场查询加拿大征信机构记录，不接受客户提供的复印件，也不能用此前已获取的旧记录。

219 答案 b

a. ✗ 违规替代法定表格陷阱：具体必须交付的替换文件依现行《人寿保险替换声明》（LIRD）要求办理，不能以一封一般说明信替代，更不能先签空白表格。

b. ✓ 正确：替换披露（disclosure about replacement）是法定义务而非可选项。代理人必须完成 LIRD 及包含保单差异、替换合理性、固有风险、旧保单现金价值与不利税务后果的书面比较说明，当面逐条讲清楚，并把副本留给客户和保险公司各一份，客户赶时间不能作为跳过该链条的理由。

c. ✗ 掉入「把升级保额当成非替换」陷阱：讲义明确指出，哪怕看起来是「增加保额、升级保障」，只要用新保单替代旧保单（或动用旧保单现金价值买新单），就属于替换（replacement），必须触发 LIRD 流程。

d. ✗ 掉入「怕吓跑客户而省略讨论」陷阱：讲义专门以「客户赶着出发度假、代理人担心多解释几句会吓跑客户」作为典型反例，强调隐瞒固有风险和税务后果违反替换披露义务。

219′ 答案 d

a. ✗ 缩小适用范围陷阱：讲义明确说明，当交易涉及替换（replacement）已有的人寿保单时——「不管是同一家保险公司内部换、还是转到另一家」——都必须完成统一格式的 LIRD 与书面比较说明。

b. ✗ 掉入「拿客户信任省掉书面披露」陷阱：正如讲义中 Wing 与 Priya 的案例所示，客户信任与代理人的主观动机不改变必须完成书面比较说明并各留副本的法定义务。

c. ✗ 掉入「套用已撤回的 G19」陷阱：CLHIA G19 从未全面生效且已被整体撤回，且佣金披露不能替代保单替换的 LIRD 义务。

d. ✓ 正确：无论是在同一家保险公司内部换单还是跨公司换单，只要构成替换（包括用旧保单现金价值买新保单），都必须完成《人寿保险替换声明》（LIRD）及书面比较说明，与客户当面讨论并留存副本。

220 答案 c

a. ✗ 双重错误陷阱：第一，跳过事实调查且没有书面记录即使产品客观合适也已违反需求导向销售原则；第二，交付前发现可保性发生实质变化（change in insurability）绝不能照常交付保单。

b. ✗ 混淆流程陷阱：客户主动点名产品不能免除代理人的需求分析（needs analysis）与书面记录义务；且健康状况发生实质变化时必须暂停交付保单，而不是交单后记入投诉登记簿。

c. ✓ 正确：讲义明确指出两条规则：第一，跳过事实调查直接推荐、未留书面记录（reason-why letter / 书面说明），即使产品本身没问题也已违反以客户需求为导向的原则（needs-based sales practices）；第二，签约到交付之间可保性发生实质变化，代理人不能交付保单，须暂停按原条件交付并交保险人重新评估。

d. ✗ 掉入「把 E&O 当万能盾牌」陷阱：E&O 保险是代理人的职业责任险，不是用来替寿险公司承保客户新增心脏病风险的工具。

220′ 答案 a

a. ✓ 正确：最佳实践六步顺序（先向客户披露、了解客户期望、事实调查、需求评估、给出推荐与建议、说明产品信息）不能跳过中间任何一步直接到推荐；跳过事实调查与评估，代理人手上就没有能证明自己理解了客户需求的合规材料，已构成违反适当性原则。

b. ✗ 误解文件性质陷阱：讲义特别提醒，理由信（reason-why letter）不是保单已核保的证明，只是代理人尽到分析与说明义务的证据，且不能替代事实调查。

c. ✗ 双口径混淆陷阱：伦理模块并未单独命名 reason-why letter 这个名词（该词来自分离基金模块），伦理模块要求的是需求分析、收集事实、推荐说明与书面记录的完整动作。

d. ✗ 混淆 KYC 与适当性门槛陷阱：$10,000 是 FINTRAC 反洗钱身份核实的累计门槛，而需求分析（needs analysis）与适当性判断适用于每一笔保险推荐，无金额门槛。

221 答案 d

a. ✗ 掉入「把 E&O 当万能盾牌及把 30 天当宽限期」双重陷阱：30 日绝不是无保险执业宽限期，且 E&O 不覆盖伪造文件（forgery）等故意犯罪行为。

b. ✗ 混淆两条独立义务陷阱：正如 Rezaei 真实纪律决定所示，失保超 30 个日历日自动停牌是一条规则，而失保后必须在 5 个营业日内主动通报 Council 是另一条独立追责的义务，不能等到 30 天快到了才报告。

c. ✗ 概念错乱陷阱：延续期覆盖（run-off insurance）用于离职或退休后覆盖过往年度的过失索赔，但任何 E&O 保单都不覆盖故意行为、挪用、欺诈或伪造（forgery）。

d. ✓ 正确：依 BC Council Rules Rule 7(11) 及 Rezaei 案纪律决定，E&O 最低限额为每次索赔 $1,000,000、累计 $2,000,000；30 日不是无保执业宽限期（超 30 个日历日牌照自动暂停），失保后须在 5 个营业日内通报 Council；且 E&O 只覆盖过失、错误、遗漏，不覆盖伪造（forgery）、欺诈、挪用等故意行为。

221′ 答案 b

a. ✗ 虚构监管兜底陷阱：Insurance Council of BC 是监管与纪律机构，不会替退休代理人赔付客户的民事过失索赔。

b. ✓ 正确：讲义在「E&O 与建档链」中明确指出，代理人离职或退休时应安排延续期覆盖（run-off insurance），用于覆盖离职前执业年度的行为在日后可能引发的过失、错误或遗漏索赔。

c. ✗ 违规销毁档案陷阱：建档要求留存原始交易、给出的建议及客户接受或拒绝建议的记录，这些正是发生纠纷时证明自己合规操作的第一手材料。

d. ✗ 混淆概念陷阱：30 个日历日是在职持牌人 E&O 失保触发牌照自动暂停的期限，与退休后多年的索赔保障毫无关系。

222 答案 a

a. ✓ 正确：考试口径将回佣（premium rebating）及诱导投保列为全国不公平或欺诈行为，且即便在 BC 本省，FIA s.79 与相关规则虽允许严格低于保费 25% 的回佣，也严禁靠回佣诱导不适合的保险；同时，分佣（commission sharing）只能分给另一位适当持牌人并向客户披露。

b. ✗ 掉入「套用已撤回 G19 及混淆分佣与转介」陷阱：CLHIA G19 已于 2019-05-31 撤回且从未生效；全国考试口径将回佣列为禁止行为（BC 仅允许严格低于保费 25% 的合规回佣）；且分佣绝不能分给未持牌人。

c. ✗ 混淆未持牌转介与持牌分佣陷阱：向未持牌人只能支付转介费（referral fee），且前提是未持牌人未讨论保险需求或产品优劣等保险活动，并在安排交易前书面披露；一旦从事需求分析或讲产品即属违规无牌执业。

d. ✗ 违反监管指引陷阱：讲义明确指出，即使在允许严格低于保费 25% 回佣的 BC 省，Council 2022 指引也明确规定不得靠回佣诱导不适合的保险，也不应承诺未来回佣。

222′ 答案 c

a. ✗ 险类牌照混淆陷阱：讲义明确指出，持有其他险类牌照的人在寿险业务中也按「未持该类牌照」处理，不能按同险类持牌人直接分佣（commission sharing）而不按未持牌转介规则披露。

b. ✗ 掉入「套用已撤回 G19」陷阱：CLHIA G19 已于 2019-05-31 整体撤回，与未持牌人转介费毫无关系。

c. ✓ 正确：BC 允许向未持牌者（含持其他险类牌照者）支付转介费（referral fee），前提是其未讨论保险需求或产品优劣等保险活动，并在安排交易前向客户书面披露该补偿。

d. ✗ 名义规避监管陷阱：讲义明确提醒，不能认为签一个「转介」合同就能从事持牌业务，一旦讨论保险需求或办理 LIRD 即属无牌执业。

223 答案 b

a. ✗ 掉入「混淆同司搅动与跨司搅动」陷阱：同司搅动（churning）发生在同一家保险公司内部，而 Kevin 诱导客户从 Alpha 跨到 Beta 是跨司搅动（twisting）；同时他亲自签单，不涉及冒名代签（fronting）。

b. ✓ 正确：以误导或隐瞒真实成本的方式诱导客户跨不同保险公司（从 Alpha 到 Beta）更换保单以获取新佣金，属于跨司搅动（twisting）；在社交媒体上对保险公司或同业作恶意贬损性的公开评论，属于诽谤（defamation）。

c. ✗ 概念混淆陷阱：搭售（tied selling）是以购买 A 产品为购买 B 产品的强制条件；贩卖保单（trafficking in insurance）是充当保单持有人与买方之间的中介撮合保单转让，均与本案不符。

d. ✗ 双重概念错误陷阱：跨公司诱导换单是 twisting 而非同一公司内部的 churning；贬损同业或保险公司是诽谤（defamation），而不当自我标榜（holding out improperly）是在自身资质、头衔或专长上误导客户。

223′ 答案 a

a. ✓ 正确：在同一家保险公司（Gamma）内部，为不当目的（赚取新佣金）诱导客户进行不必要的保单更换，正是同司搅动（churning）的定义。

b. ✗ 掉入「混淆同司搅动与跨司搅动」陷阱：twisting 特指以误导方式诱导跨保险公司转换保单，同一家保险公司内部的不必要换单是 churning。

c. ✗ 概念混淆陷阱：冒名代签（fronting）是指在没有实际接触客户的情况下让他人业务以自己名义提交，Valerie 是亲自向自己的客户推销不必要的同司换单。

d. ✗ 概念混淆陷阱：搭售（tied selling）是强制客户必须买 A 产品才能买 B 产品，与同一公司内部频繁换单赚佣金无关。

224 答案 c

a. ✗ 掉入「把非刑事违规当成只给警告」陷阱：讲义在 Wu 真实纪律案例中明确展示，哪怕不是伪造、挪用这类刑事犯罪，CE 未达标却虚假申报仍会受到罚款与强制课程等正式纪律处分。

b. ✗ 混淆 E&O 功能陷阱：E&O 保险保的是对客户的执业过失赔偿责任，绝不会替代理人缴纳监管机构的行政罚款或补修 CE 学分。

c. ✓ 正确：对应讲义中 Lili Wu（COM–2025–00389）真实纪律决定：续牌申报确认满足 CE 但稽核发现未达标，违反 Council Rule 7(5)、7(8) 及《行为准则》第 5 节专业胜任力（competence）要求，处分包括罚款 $500、完成两门合规与 CE 课程、补足欠缺的 2 个 CE 学分，且在缴清罚款并完成要求前不受理新牌照申请。

d. ✗ 违反程序正义法条陷阱：讲义在 Wu 案适用规则中明确指出，依《Financial Institutions Act》s.237，Council 采取行动须先给当事人书面通知与陈述机会。

224′ 答案 a

a. ✓ 正确：对应讲义中 Sahar Rezaei（COM–2024–01063）真实纪律决定：未维持 E&O 保险且未在失保后 5 个营业日内通知 Council，依 FIA s.231 与 s.241.1 被处以罚款 $500、调查成本 $950、完成 Council Rules Course 与 E&O 课程，且逾期未履行则牌照自动暂停并限制续牌。

b. ✗ 掉入「低估通报义务」陷阱：失保后 5 个营业日内通知 Council 是独立于 30 天自动停牌之外的法定义务，违反该义务会招致罚款与调查成本追偿。

c. ✗ 混淆行政违规与刑事犯罪陷阱：伪造文件与挪用资金触犯《刑法》，而 E&O 失保未通报属于违反 Council Rules 的纪律处分事项，同时吊销或暂停也不等于永远不可恢复或刑事定罪。

d. ✗ 结果导向免责陷阱：维持不中断的 E&O 覆盖及失保后 5 个营业日内通报是持牌的硬性条件，不论失保期间有无客户索赔，违规事实本身均会被追责。