

[Demo] NLP Dataset for Customer Service Automation

Company Type	Life Insurance Companies
Inquiry Category	Information on riders and supplemental coverage
Inquiry Sub-Category	Coverage options for critical illness
Description	Customers inquire about coverage for specific critical illnesses such as cancer, heart attack, or stroke, seeking information on the benefits and terms of these supplemental coverage options.
Data Size	5,198 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

Masked sample paraphrases of one "Life Insurance Company" customer inquiry. (Purchased data will not be masked.)

Tell me _____ the specific critical illnesses _____ supplemental _____.

Can you tell _____ more about the _____ the _____?

What are _____ covered _____ supplemental _____?

_____ me the names of _____ critical _____ in the _____.

I _____ like _____ know if _____ have any _____ illnesses _____ the _____ plan.

Please say what _____ are _____.

Can _____ information regarding _____ critical _____ covered _____ this _____ plan?

_____ tell _____ the particular _____ sicknesses that fall within the scope _____.

_____ me _____ you _____ anything about _____ illnesses covered _____ the supplemental _____.

Let _____ you have any _____ that are _____ the supplemental _____.

Let me know if _____ on _____ covered _____ the supplemental _____.

_____ you tell me what _____ are _____ the _____?

_____ types _____ critical diseases _____ this add-on plan?

I _____ to know _____ about the _____ addressed _____ your _____.

_____ you tell me what _____ illnesses _____ this _____?

Please _____ major _____ in the _____ supplemental _____.

_____ you say which _____ this supplemental policy?

I _____ to _____ illnesses _____ in this plan.

_____ know _____ details _____ critical illnesses addressed in your plan.

_____ me if you _____ any _____ the important illnesses _____ the _____.

_____ be grateful _____ me the names _____ the _____ illnesses covered _____ supplemental plan.

Let me _____ if _____ about important illnesses covered _____ supplemental _____.

_____ the exact diseases _____ supplemental policy _____?

_____ would _____ to hear about _____ illnesses _____ plan.

Can _____ about the different _____ insured _____?

_____ you _____ more about _____ critical illnesses _____ plan _____?

You could _____ me the names of the _____ illnesses _____.

_____ know _____ know about Critical Illnesses _____ supplemental plan.

Please ____ the ____ covered by ____.

____ if ____ have any ____ the ____ illnesses in the ____ plan.

____ an ____ how ____ health issues are covered by ____.

____ you tell ____ illnesses in ____ plan?

____ us ____ about the critical illnesses covered in ____?

Please ____ me ____ the ____ illnesses that ____ covered by ____.

I wish ____ hear more about ____ plan.

____ afflictions' inclusion ____ on ____ care

____ coverage ____ the add-on plan?

____ you tell us ____ critical illnesses covered ____ the ____?

I ____ to ____ the ____ the ____ illnesses covered in the ____

What ____ associated with the add-on ____?

____ me know ____ you know ____ about ____ illnesses covered ____ plan.

____ discuss ____ key sicknesses insured ____?

Can you tell ____ the ____ in ____?

Information on ____ can ____ given ____ this ____.

Give me ____ sickening ailments ____ come ____ the deal.

____ the ____ diseases associated ____ plan.

I'd be ____ if ____ give ____ names ____ the ____ by ____ supplemental plan.

You should ____ the names ____ critical ____ in the ____.

What ____ the ____ that are ____ in ____ policy?

____ like ____ learn ____ about ____ illnesses covered in ____ supplemental ____.

Can you ____ more about ____ critical ____ by this ____?

____ illnesses are ____ as part ____ the ____ policy?

____ more about which critical ____ are included?

I ____ like ____ more ____ critical ____ in the ____ plan

____ know ____ have ____ info regarding ____ illnesses covered ____ supplemental plan.

Can you ____ information ____ ailments included?

____ do the supplemental ____ give coverage ____?

Discuss ____ policy includes grave ____.

____ grateful ____ you gave me ____ names ____ the critical illnesses ____ the ____.

Let ____ which ____ count ____ this insurance.

Which critical ____ in the ____?

____ are ____ illnesses ____ supplemental plan.

____ there any ____ critical ____ associated ____ this ____ plan?

____ you tell me ____ diseases ____ this plan?

Let me know ____ information on Critical ____ covered in ____.

Tell me about ____ critical ____ by ____ supplemental ____.

____ critical ____ are ____ in this ____.

I ____ appreciate ____ you ____ me ____ names ____ the ____ illnesses covered in ____ supplemental ____.

____ diseases ____ by ____ more info, please.

____ diseases may be ____ supplemental ____.

There are ____ the ____ coverage.

Please share ____ specific ____ included ____.

I ____ like ____ hear more about critical illnesses ____.

I'd ____ grateful ____ would ____ me ____ the critical illnesses covered in ____.

____ you ____ information ____ critical ailments ____?

Which ____ illness ____ supplement plan ____ you against?

There ____ specific ____ that are ____ the ____ coverage.

I'd be grateful ____ you ____ tell ____ the ____ illnesses ____ by the supplemental plan.

Discuss _____ the _____ health issues.
_____ diseases _____ be _____ under Supplement _____.
_____ you _____ tell _____ about the Critical Illnesses _____ the supplemental _____.
_____ me know _____ know _____ about the _____ by _____ supplemental plan.
Which critical illnesses _____ supplemental _____?
Can _____ more _____ about _____ critical illnesses in _____ plan?
_____ know if _____ about the illnesses covered by _____.
Can you _____ more light _____ ailments _____?
_____ major _____ on supplemental care.
_____ if _____ me the _____ of the critical _____ the supplemental plan.
_____ what _____ illnesses are _____.
I would _____ tell _____ the names of critical _____ covered in _____ supplemental _____.
Specific _____ are protected _____ a _____.
Can _____ me _____ the critical illnesses _____ in your _____?
_____ afflictions, _____ supplemental care.
Let me _____ you about the sickening _____ supplemental deal.
Mention _____ critical _____ included.
_____ critical illness _____ has _____ supplement _____ against?
_____ illnesses _____ in the _____ plan.
_____ critical ailments insured by _____ need _____ shed _____ on.
What _____ illness _____ does _____ supplement plan _____ against?
_____ know if _____ have any info on Critical _____ the _____.
_____ us about the critical _____ covered _____ the _____.
Share _____ of what _____ are _____.
Can you _____ us more _____ illnesses _____ covered _____ this supplemental plan?
_____ afflicts, _____ on supplemental care.
I would _____ names _____ critical illnesses that are covered _____ supplemental _____.
I would appreciate knowing _____ the _____ by the supplemental _____.
_____ would be grateful if _____ tell _____ the _____ critical _____ the supplemental plan
Tell me _____ diseases associated with the _____.
_____ you tell _____ more about _____ illnesses in this _____?
What _____ illnesses _____ the supplemental _____?
Which _____ illness _____ do _____ supplement _____?
_____ are the types _____ severe _____ the _____ plan?
_____ like to _____ included in the policy.
Let _____ you have any _____ on _____ illnesses covered _____ the _____ plan.
_____ grievous ailments receive _____ this _____ plan?
Can you _____ us _____ about _____ critical _____ covered _____ plan?
Mention the _____ critical _____ by _____.
Which _____ illness _____ protection under _____ supplement _____?
Can _____ learn more _____ the illness _____ outlined _____?
_____ know if you _____ any information _____ important illnesses _____ plan.
Please _____ me _____ sicknesses _____ within _____ of this _____ plan.
Let me _____ if you _____ information on _____ covered by _____.
_____ could _____ about _____ critical diseases _____ with _____ plan.
_____ tell _____ more about the _____ are _____ this supplemental plan?
Please _____ afflictions' inclusion, _____ upon _____.
_____ the specific ailments that _____ the _____
_____ critical _____ do _____ plan provide coverage _____?
_____ me the _____ of _____ that are _____ this _____ plan.

Can you _____ critical illnesses included _____ the _____?

Specific _____ of _____ supplemental coverage?

_____ would like to _____ details about the _____ covers.

_____ would like to _____ if _____ have _____ on the critical _____ by _____.

Tell me which critical _____ covered _____.

I would like to hear _____ Critical _____.

You _____ tell _____ the _____ of _____ critical _____ that are _____ supplemental plan.

_____ to know _____ about _____ in the supplemental _____.

Let me _____ if _____ any information about _____ critical _____ included _____ supplemental _____.

_____ grave health _____ are _____ with this supplementary _____.

_____ know _____ you have any _____ illnesses _____ by the supplemental _____

_____ you _____ more information _____ the critical illnesses _____ in the _____?

_____ know a list _____ heartbreaking _____ insured _____ this _____ plan?

I would like _____ critical illnesses _____ covers.

Which _____ does the supplement _____?

Can you talk more about _____ important _____?

_____ know the names _____ the critical _____ in the _____.

_____ the coverage's _____.

_____ if _____ any information _____ the important _____ covered in the _____ plan.

I would appreciate _____ me _____ the critical illnesses _____ in the supplemental _____.

I _____ like _____ about the critical _____ covered _____ plan.

Let _____ specific ailments included _____ coverage.

_____ more you _____ talk about the _____ sicknesses _____ here?

_____ would like to know _____ this plan _____.

_____ tell _____ more about _____ critical illnesses _____ are covered _____ the _____?

_____ please give _____ more information on _____ illnesses addressed _____ plan?

_____ appreciate it _____ you gave me the _____ of _____ critical illnesses _____ plan.

Discuss the severe _____ fall within _____ scope of _____.

_____ tell us about _____ diseases associated _____ the _____ plan?

_____ tell me more about _____ sicknesses _____ here?

_____ want to know _____ critical _____ that _____ addressed in _____ supplemental _____.

Let us _____ which _____ included.

_____ under supplement plans _____ info please.

_____ to hear about Critical illnesses _____ the _____.

Which _____ receive coverage _____ plan?

_____ critical diseases included in this _____.

What specific critical _____ covered _____ the _____?

What about _____ associated _____ this _____?

_____ know _____ have any information _____ Illnesses included in the _____.

Can _____ more details about the _____ in _____ supplemental _____?

I _____ details _____ addressed in your supplemental plan.

I would like _____ hear _____ about _____ covered _____ plan.

There is coverage _____ distinct _____ illnesses under _____.

_____ tell _____ what _____ are covered by the _____?

Can you give more _____ the _____ in _____?

_____ are the critical _____ plan provides _____ for?

_____ be _____ if _____ tell _____ about _____ critical _____ covered in _____ supplemental _____.

Let me know _____ have information _____ the _____ in _____ supplemental _____.

_____ what _____ severe ailments are that fall _____ this _____.

_____ specific critical illnesses covered by _____ plan.

Let me know _____ have _____ on _____ illnesses in the _____
_____ diseases _____ are _____ supplement plans, _____.

Is there _____ me about _____ different crucial sicknesses _____?

What _____ illnesses _____ by _____ supplemental _____?

_____ issues are covered _____ this supplementary policy

_____ me _____ names _____ critical illnesses _____ in _____ supplemental plan.

I would _____ to _____ the names _____ illnesses _____ in _____ plan.

_____ serious illnesses _____ be protected in _____.

_____ me information _____ the critical _____ in this _____?

_____ me what _____ included in this supplementary _____.

_____ provide _____ information _____ the illnesses _____ this plan?

Mention the _____ fall _____ the scope of the _____.

Let _____ if you have information _____ illnesses covered _____ plan.

_____ give me _____ the critical illnesses in _____ supplemental _____?

I'd be grateful _____ tell me the name of _____ covered _____ the _____.

This _____ policy covers _____ health _____ give _____ overview.

Can you _____ me _____ information _____ critical _____ supplemental plan?

_____ would _____ me the name of the critical illnesses _____ the _____ plan.

_____ that _____ supplemental coverage?

_____ the _____ sicknesses that fall within the _____ of _____.

Could _____ tell me more about which _____ included _____ policy?

_____ you give more _____ about _____ critical illnesses _____ the _____?

I _____ if you could tell _____ about _____ covered _____ supplemental plan.

_____ included in _____ supplemental policy?

Let _____ the _____ on _____ ailments that _____ under this _____.

_____ want _____ know _____ life _____ are _____ in this policy.

Talk _____ specific _____ in _____ coverage.

Can _____ us more _____ the _____ were included?

Let me _____ you _____ about _____ covered by _____ supplemental _____.

_____ cases does this _____ plan _____ protection against?

_____ know _____ you _____ the Critical _____ covered in _____ plan.

_____ you _____ more details on _____ critical _____?

_____ critical _____ insured by this.

_____ grievous _____ coverage _____ this _____ plan?

Tell me _____ are covered _____ the supplementary _____.

Which _____ illnesses _____ this supplemental _____?

_____ grateful if you'd _____ the _____ illnesses _____ by the supplemental _____.

_____ are _____ diseases that are _____ for supplemental _____?

_____ want to _____ which _____ are part _____ policy.

_____ know _____ you have _____ concerning the critical illnesses _____ by the _____.

_____ you _____ us more _____ the critical _____ add-on plan?

_____ me know if _____ information _____ the important _____ are covered _____ supplemental plan.

_____ to _____ the critical illnesses covered _____ the supplemental plan.

This supplemental plan _____ coverage _____.

What critical illnesses _____ in _____?

_____ covered in this supplemental _____.

If you _____ any _____ the important _____ covered in _____ supplemental _____ please _____.

I _____ like to know about _____ associated _____ this _____.

_____ me _____ if _____ any _____ important illnesses that _____ covered in _____ plan.

Let _____ if you _____ about _____ illnesses covered by _____ supplemental _____

On ____ critical illnesses ____ included ____ policy?
____ are the ____ illnesses that this ____ ?
Let ____ know ____ have any information ____ Illnesses in ____ .
____ light can ____ specific critical ____ insured by this.
What ____ the critical ____ this ____ coverage?
____ grateful ____ tell ____ about the critical illnesses ____ supplemental plan.
____ you have ____ information about ____ covered in the ____ please ____ know.
Tell ____ type ____ ailments ____ under this supplementary plan.
Let ____ know which ____ are ____ by the ____ .
____ information on ____ diseases.
____ ailments ____ in this add on ____ ?
I'd ____ glad ____ know ____ critical illnesses covered ____ supplemental plan.
____ ailment insured ____ this, shed some ____ on ____ .
Which ____ cases ____ this supplement plans ____ against?
What types of serious illnesses ____ in ____ ?
____ covered in the ____ plan.
____ me know ____ you ____ any ____ about ____ in the supplemental ____ .
____ would ____ to ____ the names ____ critical ____ in the supplemental ____ .
What ____ the ____ illnesses covered ____ this ____ plan?
____ if you have any information ____ coverage in the ____ .
Let me know ____ you ____ information about ____ Critical ____ by ____ supplemental ____ .
____ to hear ____ about ____ covered in the supplemental plan.
Discuss how ____ supplementary ____ health ____ .
Which ____ illness ____ does the supplement plan ____ ?
____ the illnesses ____ are ____ under this plan?
What are ____ critical ____ supplemental plan specifically ____ ?
____ would like you ____ tell me ____ the ____ the supplemental plan.
____ grievous ____ get ____ on ____ plan?
____ me ____ are included ____ this ____ plan.
Specific diseases ____ need more ____ .
____ you ____ us more about the ____ illnesses ____ this ____ ?
I ____ like ____ more ____ critical illnesses addressed in ____ plan.
____ specific ____ covered ____ the supplemental ____ ?
Let ____ there is a ____ covered in ____ plan.
I would like to ____ covered by ____ .
____ diseases covered ____ supplemental coverage?
Which ____ do ____ plan help protect against?
Discuss the specific illnesses ____ .
____ illnesses ____ under ____ supplemental plan.
____ illnesses ____ covered under ____ plan?
____ me more ____ illnesses covered ____ this plan.
____ explain major afflictions' ____ supplemental ____ .
If ____ any information ____ critical illnesses covered ____ the ____ plan, ____ know.
Let me know ____ illnesses covered ____ the ____ plan.
What are the critical ____ that ____ ?
I want ____ about ____ are covered in ____ supplemental ____ .
Which ____ illnesses do ____ protection against?
Can you give me additional ____ addressed in ____ supplemental ____ ?
____ you ____ me about the critical ____ addressed ____ supplemental ____ ?
____ which critical illnesses are ____ in this ____ ?

_____ tell _____ the critical illnesses of _____ plan?

_____ in the supplemental plan

List _____ life-threatening conditions you _____.

Please explain _____ afflicts, _____ upon _____.

_____ you _____ more about _____ illnesses covered _____ the _____?

Which _____ illnesses _____ contained _____ the _____?

_____ me know if you have _____ in the supplemental plan.

_____ the ailments included _____ coverage.

_____ diseases that are _____ plans _____ more info, _____.

_____ if you have _____ regarding _____ critical illnesses _____ supplemental plan.

_____ type of serious illnesses _____ in the _____?

If _____ about the important illnesses covered _____ the _____ please _____ me _____.

Can _____ tell us more _____ critical _____ included?

_____ have _____ insurance, _____ more information on which critical _____.

I _____ happy if _____ would tell _____ the _____ the critical _____ covered by the _____.

_____ are sickening ailments _____ under this _____ deal, give me _____.

_____ information on _____ Illnesses covered in the supplemental _____ please _____ know.

The _____ the critical _____ covered by _____ be appreciated.

_____ grateful _____ you'd give _____ of _____ critical _____ covered _____ the supplemental plan.

What _____ considered for _____?

How about the specific _____ associated _____ this _____?

Let me know _____ there _____ any _____ covered _____ the _____ plan.

Mention _____ specific _____ this _____.

_____ me _____ have _____ information about _____ illnesses _____ by the supplemental plan

Let _____ if you _____ anything about the _____ in _____ supplemental _____.

_____ me about the _____ that are _____ by the _____?

_____ need to know _____ the critical _____ by _____.

_____ about _____ illnesses covered in the supplemental _____.

_____ critical illness _____ do the _____ have protection _____?

Specific diseases _____ be _____ under _____.

_____ major afflictions _____ supplemental care.

Can _____ me _____ critical illnesses this _____?

_____ would be grateful if _____ tell _____ the names _____ illnesses _____ are _____ by _____ supplemental plan.

_____ threatening conditions you have additional _____.

_____ more about _____ illnesses covered _____ supplemental plan.

_____ love _____ the names of the critical _____ that _____ covered _____ the _____.

Which grievous _____ coverage _____ add-on _____?

_____ critical diseases _____ with _____ plan?

_____ know _____ the critical _____ in the _____ plan.

_____ diseases are included _____.

I'd like _____ about _____ illnesses that are _____ the supplemental _____.

_____ would like _____ hear about _____ in _____ supplemental plan.

_____ how _____ issues _____ covered _____ the policy.

Let me know _____ have information _____ the _____ included in _____.

_____ ailments included in _____ coverage

Tell _____ the _____ illnesses covered in _____ plan.

_____ policy handles _____ health issues.

_____ can _____ me _____ names _____ critical illnesses in _____ supplemental _____.

Tell me what _____ by _____ supplementary _____.

Specific _____ may be _____ supplemental _____.

I ____ appreciate having ____ names ____ illnesses ____ by the ____ plan.
 ____ diseases ____ have ____ coverage?
 I'd like ____ know ____ names ____ illnesses ____ are ____ supplemental plan.
 Is there any detail ____ critical ____ with ____ plan?
 What are the ____ supplemental ____?
 Please tell us about ____ illnesses _____.
 ____ would ____ to ____ the names of ____ critical ____ the ____ plan
 Can you give more ____ the critical illnesses ____?
 ____ you ____ tell ____ the names of ____ critical ____ covered in the supplemental ____.
 Let ____ know ____ have ____ information ____ critical illnesses covered ____ the _____.
 I want ____ know ____ critical ____ addressed ____ your supplemental plan.
 There are Critical ____ that ____ covered in _____.
 Can ____ expand ____ the ____ ailments ____ by ____ plan?
 ____ you ____ information about the ____ covered by ____ plan?
 I'd love ____ names ____ the critical illnesses ____ the supplemental ____.
 ____ critical ____ are ____ supplement plan?
 Can ____ tell ____ about the critical ____ covered by ____?
 ____ want ____ critical ____ covered in the ____ plan.
 ____ will ____ through supplemental insurance?
 ____ to ____ details about the critical ____ in the _____.
 ____ you ____ us ____ information about ____ illnesses ____ the ____ plan?
 ____ you add which ____ are included ____ supplemental ____?
 ____ you give ____ information ____ the critical illnesses that ____ covered ____ the ____?
 ____ critical ____ are covered in ____?
 ____ about critical ____ by the supplemental plan.
 ____ illnesses ____ in this ____ policy?
 ____ about ____ diseases ____ with ____ plan?
 I ____ like ____ know more about ____ illnesses ____ covered in _____.
 Which ____ critical ____ supplement plan offer ____ against?
 Mention ____ issues are ____ by this supplementary ____.
 Which critical ____ the supplement ____ protection ____?
 Which ____ ailments ____ coverage for this ____?
 ____ critical ____ cases ____ this supplement plan offer ____?
 Specific ____ included ____ the supplemental ____.
 ____ would ____ you could ____ the ____ by the supplemental plan.
 ____ about critical ____ be given ____ supplemental.
 ____ know ____ critical illnesses ____ by this ____ plan.
 Discuss the ____ severe ____ that ____ the scope ____ plan.
 Which critical ____ supplemental ____ cover?
 ____ you ____ about ____ different ____ sicknesses ____ are insured ____?
 Can ____ us more about ____ critical ____ this ____ plan.
 ____ you provide ____ about ____ illnesses in ____ supplemental ____?
 ____ me ____ kind ____ illnesses ____ under this ____ plan.
 Can you ____ critical ____ associated ____ plan?
 ____ state ____ sicknesses that ____ the ____ of the ____ plan.
 Let ____ you have ____ on ____ covered by the supplemental ____
 ____ tell ____ about the critical illnesses ____ in ____ supplemental ____.
 ____ me ____ you ____ information ____ Critical ____ in the supplemental plan.
 ____ give us more ____ about ____ critical illnesses in ____?
 ____ would like to learn more about ____ illnesses _____.

Tell ____ about the critical ____ supplemental plan.

____ would ____ you have ____ information ____ the ____ in the supplemental plan.

____ want to know ____ have ____ about ____ the supplemental plan.

____ the ____ sicknesses that fall under the ____ supplementary ____.

Which ____ illnesses ____ supplemental plan?

____ like to hear ____ illnesses ____ are ____ the supplemental ____.

____ could talk ____ crucial sicknesses insured ____.

Let ____ know ____ have any knowledge about ____ covered ____ supplemental ____.

Can ____ more information ____ critical illnesses in ____ plan?

Certain ____ diseases ____ for ____ coverage.

I ____ like to ____ the ____ of ____ critical ____ by ____ plan.

Please explain ____ based ____ supplemental ____.

____ tell me what ____ are addressed ____ your supplemental ____?

How about ____ critical illnesses covered ____?

Please explain the critical ____.

Let ____ you know the ____ illnesses ____ the ____ plan.

____ the specific sicknesses that ____ within ____ scope ____.

Can ____ expand on the coverage ____ illnesses ____ supplemental ____?

____ me know what ____ covered by the supplemental plan.

Can you ____ which critical ____ the ____ policy?

____ would ____ which life-threatening illnesses ____ part ____ this policy.

Please ____ me ____ severe sicknesses ____ fall within ____ this supplementary ____.

Mention ____ sicknesses ____ fall ____ the scope ____ this supplementary ____.

____ be grateful ____ you ____ tell me the ____ the critical ____ the ____ plan.

____ critical illness ____ does the ____ plan give ____?

Can ____ tell ____ which illnesses ____ covered ____ the ____?

Let me ____ if ____ know anything about ____ illnesses ____ the ____.

Were you ____ critical ____ associated ____ this add-on plan?

Tell ____ what critical illnesses ____ by ____.

____ illness ____ does the supplement ____ protect ____?

I ____ to know ____ have ____ information regarding ____ covered ____ the supplemental ____.

____ if you ____ information ____ the important illnesses in ____ supplemental ____.

Let me ____ if ____ any ____ about ____ illnesses covered in ____.

____ be grateful ____ you'd ____ critical illnesses ____ in ____ supplemental plan.

I need to ____ know anything ____ the ____ covered by the ____.

I'd ____ told me ____ names ____ the critical illnesses covered by ____.

Please ____ me know if you ____ about the ____ illnesses ____ the ____.

____ want to know more ____ are covered by ____.

____ me ____ there's any ____ illnesses covered by ____ supplemental plan.

____ how ____ are ____ in this additional policy.

____ the ____ covered by ____ plan.

Please tell ____ about the ____ illnesses ____ supplemental ____.

Share ____ illnesses are ____.

Specific critical ____ shed ____ on them.

Let ____ know ____ ailments are ____ in ____ plan.

Let me ____ the ____ illnesses in the supplemental ____.

____ discuss the ____ sicknesses ____ here?

I would ____ to ____ which ____ part of ____ policy.

You can ____ the names ____ critical ____ covered ____ supplemental plan.

Tell me ____ are ____ this ____ plan.

_____ disease _____ plans is more _____ please.

Let _____ know if there _____ information about _____ illnesses _____ the supplemental _____.
_____ the _____ diseases _____ the add-on _____.

_____ want _____ know which life-threatening _____ of the _____.

Can you tell _____ the _____ illnesses _____ in _____ plan?

Let me _____ if you _____ in _____ supplemental plan.

_____ you _____ me _____ are included _____ this plan?

_____ would _____ know if you have _____ information about _____ illnesses _____ by _____.

_____ tell me about the specific _____ sicknesses _____ scope _____ this _____ plan.

_____ provide more _____ about _____ covered in _____ supplemental plan?

Specific _____ are _____ coverage.

_____ to know details _____ in this plan.

Let _____ know _____ there's _____ information _____ critical _____ by _____ supplemental plan.

Specific diseases _____ coverage?

Let _____ know _____ any _____ illnesses covered by the _____.

_____ us _____ included _____ this coverage.

_____ would like to know more about the _____ plan.

Please tell _____ severe _____ fall _____ of this _____ plan.

Let me know _____ there is any _____ covered in _____ supplemental _____.

_____ illnesses _____ by _____ supplementary scheme.

_____ you _____ information about _____ critical illnesses included?

_____ received coverage _____ add-on plan?

Explain major _____ their _____ supplemental _____.

_____ know _____ have _____ the important illnesses _____ the supplemental plan.

_____ want _____ the life threatening sicknesses _____ part _____ this _____.

What _____ illnesses _____ be included in _____?

What _____ you _____ us about the _____ covered _____ plan?

_____ learn _____ Critical illnesses in _____ supplemental plan.

_____ me know _____ you _____ on _____ illnesses covered _____ supplemental plan.

_____ illnesses that _____ supplemental plan provides _____ for?

Which critical _____ can _____ considered _____?

I would _____ more _____ the _____ illnesses addressed in _____.

Explain _____ grave _____ are covered _____ the _____.

Which _____ ailments _____ coverage _____ this _____?

_____ up _____ the _____ ailments _____ are insured.

_____ are included _____ this supplementary plan.

_____ discuss the _____ ailments _____ coverage.

_____ critical _____ covered by _____ plan.

I would _____ grateful _____ name _____ critical illnesses _____ in _____ supplemental _____.

I want _____ you _____ sickening ailments _____ come under _____ supplemental _____.

Specific _____ are protected _____ the _____ plans.

_____ need more info _____ in your supplemental plan.

_____ life threatening _____ covered by _____ insurance.

I'd _____ shared the names _____ the critical illnesses _____ by _____ plan.

I want to hear _____ covered _____ the _____.

What specific diseases _____ coverage?

I wish _____ know _____ included in this policy.

Explain the severe sicknesses _____ the _____ of _____ plan.

_____ to know _____ details on _____ illnesses _____ in your supplemental _____.

Let me know _____ you _____ relating _____ the _____ illnesses _____ supplemental plan.

Explain _____ covered _____ the plan

Which critical _____ in _____ supplement _____?

_____ you give me _____ about _____ covered by _____ plan?

Is there more _____ the _____ covered _____ the _____ plan?

_____ health issues _____ covered by _____ policy.

_____ you _____ me about _____ critical illnesses _____ plan?

_____ know if you _____ any _____ on Critical Illnesses _____ supplemental _____.

_____ severe ailments are in this _____.

What _____ that _____ covered in this supplemental _____?

_____ let me know _____ any information _____ Critical _____ covered in _____ plan.

_____ you _____ us what _____ illnesses are covered _____?

_____ protected under the _____ plan.

Which _____ illnesses are _____ plan?

_____ me know if _____ have _____ information _____ that _____ the supplemental plan.

_____ tell us _____ the important _____ insured here?

I _____ like to _____ of _____ critical _____ that _____ covered _____ the _____ plan.

Can you tell me _____ this policy?

_____ please _____ me _____ about the critical illnesses included in _____?

Explain _____ the severe _____ that fall _____ of this supplementary _____.

Let _____ what _____ illnesses are _____ under _____ supplemental _____.

_____ are _____ serious illnesses that _____ included _____ this _____?

I'd like to know the name _____ illnesses _____ supplemental _____.

Can you _____ me what illnesses _____ plan?

I _____ know more about the critical _____ by _____.

_____ more _____ the critical diseases associated with _____ plan?

_____ me know _____ you _____ information about the important _____ by the _____.

_____ covered in _____ coverage.

_____ me what diseases _____ covered _____ supplemental _____.

Please _____ of the critical illnesses that are covered _____.

_____ the life threatening _____ you _____ for.

_____ me _____ there is any information on the Critical _____ the _____.

Specific _____ covered under the _____?

_____ would like _____ which _____ threatening sicknesses are included _____.

I _____ to _____ which _____ threatening _____ are in this _____.

_____ to _____ more about critical _____ in the supplemental _____.

Can _____ provide _____ information _____ the critical _____ in the _____?

What _____ the _____ of severe ailments that fall _____?

_____ be _____ you _____ illnesses covered _____ the supplemental plan.

I _____ like to hear more about Critical _____.

Specific diseases _____ be covered _____.

_____ state the _____ sicknesses _____ within this _____ plan.

_____ you tell me _____ about the critical illnesses _____?

_____ want _____ tell _____ the names of the critical _____ in the _____.

Can you tell us _____ the _____ illnesses _____ supplemental _____?

_____ health issues are covered _____ a _____ policy.

The _____ plan _____ critical _____.

There _____ coverage _____ the supplemental scheme.

Which critical _____ this supplement _____ provide _____ against?

_____ me know the Critical _____ covered in _____.

_____ what critical _____ this plan covers.

Which _____ cases _____ plan protect against?

_____ like _____ know the _____ of _____ illnesses in _____ plan.

_____ to know _____ about the _____ this supplemental plan.

Can _____ me _____ the _____ illnesses _____ in your supplemental plan?

_____ you provide me _____ more information _____ the critical illnesses _____?

_____ need _____ know the _____ of _____ illnesses _____ by _____ plan.

Mention _____ that _____ included.

_____ critical _____ considered _____ supplemental coverage.

_____ would _____ know more about _____ illnesses covered _____ supplemental _____.

_____ Critical _____ are Considered _____ Supplemental _____?

_____ state the _____ severe sicknesses _____ the scope of the _____.

_____ diseases are included _____.

I would like _____ know if you _____ about _____ critical _____ covered _____ plan.

_____ know _____ critical illnesses _____ covered in the supplemental _____.

Tell _____ about the _____ sicknesses that _____ of this supplementary _____.

I'd be _____ tell me _____ illnesses _____ the supplemental plan.

_____ illnesses are included in _____?

_____ describe _____ sicknesses _____ fall within the _____ of _____ supplementary _____.

Let _____ you know any _____ Critical Illnesses _____ the _____ plan.

_____ any information _____ associated with the _____ plan?

I would _____ the critical illnesses _____ in _____ supplemental _____.

_____ grievous _____ coverage _____ the add-on plan?

_____ have _____ the critical _____ associated with this _____ plan?

_____ under supplement plans should _____ info.

_____ want _____ names of the critical _____ in the _____.

I'm grateful _____ names of the critical _____ covered in _____ plan.

_____ us what critical _____ are covered by _____.

_____ the critical illnesses that are included _____?

Tell me _____ critical _____ covered _____ plan.

_____ me _____ you know _____ about Critical _____ covered _____ the _____ plan.

Let _____ you know _____ on the _____ by the supplemental plan.

Specific critical illnesses _____ some light _____ them.

_____ me know if you can _____ the important _____ the _____ plan.

_____ critical _____ cases does _____ supplement _____ offer protection _____?

_____ diseases are _____ for _____ coverage?

_____ are certain _____ in the supplemental _____.

I'd like to know _____ life _____ are _____.

Discuss _____ are included in _____.

_____ tell me what critical _____ covered by _____?

_____ provide _____ information _____ the critical illnesses covered _____ plan?

_____ the ailments _____ included _____ this coverage.

Specific _____ covered _____ supplemental coverage.

_____ critical illnesses _____ plan specifically _____?

_____ tell me the specific _____ in _____.

_____ give _____ information about the _____ illnesses covered _____ plan?

Discuss what ailments _____ coverage.

What _____ diseases _____ are included in supplemental _____?

_____ diseases _____ be _____ under the _____.

Let me know _____ information _____ critical _____ the supplemental plan.

Can you tell me _____ are included in _____?

Specific _____ diseases _____ in supplemental _____.

_____ you give me more information _____ in _____ supplemental _____?

_____ the _____ illnesses that are covered _____ plan.

Please _____ in the coverage.

This _____ coverage for critical _____.

Please _____ about _____ in the _____.

Is there _____ that _____ the _____ crucial sicknesses _____ here?

_____ want to _____ life-threatening sicknesses _____ part of _____ policy.

_____ us more about _____ critical _____ with _____ add-on plan?

_____ that _____ covered by supplemental _____?

_____ know if _____ have _____ illnesses covered by the supplemental plan.

_____ it _____ you could tell _____ the _____ of _____ critical _____ in the _____ plan.

_____ tell me what critical _____ this add-on plan?

_____ Illnesses _____ are covered in the _____ plan.

_____ know _____ you know anything about _____ are covered _____ supplemental plan.

Is there _____ information _____ the _____ covered in _____ supplemental _____?

_____ you _____ give _____ the critical illnesses in your _____?

_____ you let us _____ more _____ critical ailments _____?

_____ the _____ illnesses _____ this plan.

I _____ to know _____ of _____ threatening _____ of the policy.

_____ me know if you _____ any _____ illnesses _____ by _____ plan.

_____ me _____ severe ailments are _____ in this _____.

_____ like to hear _____ covered in the _____ plan.

_____ me know if _____ have _____ on Critical _____ the supplemental _____

_____ tell _____ illnesses covered in the plan?

_____ diseases that _____ supplemental policy _____ against?

_____ information about _____ critical _____ are _____.

What illnesses do the _____?

There _____ certain critical diseases _____ this _____.

I _____ to know _____ which _____ are _____ this plan.

_____ serious _____ are protected _____ supplementary _____.

_____ describe _____ severe _____ that fall _____ the _____ this supplementary _____.

_____ grateful _____ you _____ the critical illnesses _____ the supplemental plan.

_____ be _____ you _____ tell _____ the _____ of _____ illnesses covered by _____ supplemental _____.

I'd like to _____ of the critical _____ the supplemental _____.

I would _____ to _____ life- threatening sicknesses _____ this _____.

_____ me know _____ covered by the _____ plan.

_____ covered by the _____ plan.

_____ know _____ there _____ any information _____ Illnesses covered _____ the _____ plan.

What _____ critical illnesses _____ this _____ specifically covers?

_____ information _____ critical illnesses _____ in the supplemental plan?

_____ critical illness _____ this supplement plan offer _____?

I _____ to _____ more about _____ illnesses _____ the _____.

Can you _____ me _____ illnesses covered _____ plan?

_____ like to hear _____ illnesses _____ supplemental plan.

Can you _____ more _____ what critical _____ in the _____ plan?

_____ if _____ have information on _____ illnesses _____ the supplemental _____.

Please _____ me _____ if _____ information regarding critical _____ by the supplemental _____.

Is it possible _____ the _____ critical _____ with _____ plan?

_____ insurance, give more _____ on which _____ illnesses _____.

_____ know if you are _____ Critical _____ covered in the _____.

_____ if _____ tell me the _____ the critical illnesses _____ by the supplemental plan.

_____ if you have any information about critical _____ covered _____.

I want to _____ which illnesses are _____ plan.

_____ of _____ critical illnesses covered by this _____.

_____ cases do this supplement _____ offer protection _____?

What _____ under this supplemental _____?

I _____ more _____ Critical illnesses in the _____.

I'm grateful _____ you'd tell _____ the _____ critical illnesses _____ the _____ plan.

_____ major _____ inclusion, _____ upon _____ care.

Which _____ illnesses _____ included in the _____?

Can you _____ which _____ are included _____ this _____?

I would like to _____ more _____ critical _____ addressed _____ your supplemental _____.

_____ to _____ you _____ information _____ Critical Illnesses _____ in the supplemental _____.

_____ diseases that _____ covered _____ coverage?

_____ plan covers critical _____.

Specific diseases _____ under supplement plans, _____ more _____.

_____ like _____ hear about the Critical _____ covered _____ supplemental _____.

_____ me know _____ any information on _____ that _____ plan covers.

What _____ the _____ illnesses included _____ plan?

Please _____ sicknesses _____ within _____ of the supplementary plan.

Discuss _____ specific _____ that _____ the coverage.

Please _____ if severe _____ are included _____ plan.

Please tell _____ about _____ critical _____ covered by _____.

Can you _____ illnesses _____ included in this _____?

Let me know _____ have _____ Critical Illnesses covered in _____.

_____ you provide _____ about the critical _____ the _____ plan?

_____ like to know more about _____ covered _____ supplemental _____.

I would _____ tell me the _____ of _____ critical _____ that _____ covered by the _____.

_____ on supplemental care.

_____ me _____ information about the _____ in the _____ plan?

_____ you have information about critical _____ by the supplemental _____.

_____ the _____ that fall _____ of the supplementary plan.

If _____ tell _____ the _____ of the _____ the supplemental plan, _____ would be grateful.

Which _____ illness _____ do this _____ protection against?

_____ know if you _____ any _____ about the _____ the supplemental plan.

Tell us more _____ the _____ supplemental plan.

Let me know _____ about illnesses _____ the _____ plan.

I _____ to _____ the life _____ part of this policy.

_____ me _____ about _____ illnesses _____ in the plan?

Can _____ give _____ the critical illnesses included?

What are _____ the _____ coverage?

Specific diseases _____ planning.

I want to _____ about the _____ included _____.

_____ want to hear _____ about _____ in _____ plan.

_____ about the critical illnesses _____ plan covers?

_____ illnesses _____ details in this _____.

_____ you would tell me _____ names of _____ illnesses covered _____ the _____.

Specific _____ covered in the _____?

Let me know if _____ information _____ Critical _____ the _____ plan.

_____ tell me about _____ included in _____.

Which diseases _____ by _____ coverage?

_____ illnesses are covered _____ the _____.

_____ be _____ for the _____ the critical illnesses covered _____ plan.

Which _____ illnesses are _____ supplement _____.

_____ you _____ us more _____ included in this plan?

The specific critical _____ insured by _____ be _____ light _____.

Explain _____ severe _____ that fall _____ the scope _____ this _____.

Please _____ the ailments in _____.

_____ you _____ about the critical _____ with the add-on _____?

_____ me what diseases are _____ under _____.

_____ have any information on the _____ the supplemental _____?

Can _____ tell _____ more _____ the critical _____ the supplemental _____?

_____ major afflictions, _____ upon supplemental _____.

Specific critical _____ are _____ coverage

I'd _____ the names _____ the critical illnesses covered _____ plan.

Which critical _____ are _____ supplemental _____?

_____ info about critical _____ plan?

The supplemental _____ specific _____.

I _____ be grateful if _____ could _____ the names of critical _____ in _____.

_____ you will tell _____ the _____ the _____ illnesses in _____ supplemental plan.

Critical illnesses _____ covered _____ the _____.

_____ diseases qualify for _____?

_____ tell _____ about _____ critical _____ associated _____ the add-on plan?

Let me _____ covered _____ the supplemental plan.

_____ do this supplemental _____ protect _____?

_____ me _____ you _____ illnesses _____ covered in the supplemental plan.

_____ you tell us _____ about _____ crucial _____ here?

Specific _____ may _____ protected _____ the _____ scheme.

What _____ illnesses are protected by the _____?

Let _____ know _____ you _____ information _____ important _____ covered in the _____.

Let me know _____ you _____ about _____ covered in _____ supplemental _____.

_____ to know _____ life- threatening _____ part _____ this policy.

_____ you describe the critical diseases _____ this _____?

_____ ailments _____ in this add-on _____?

Explain _____ afflictions' _____ supplemental care.

_____ know if you have _____ information on what critical _____ covered _____.

What can _____ the _____ illnesses covered in this _____?

_____ be grateful if you would _____ me _____ critical illnesses _____ in _____ plan.

_____ grievous ailments _____ coverage _____ this _____?

I want to _____ are covered _____ the _____.

Please _____ covered _____ the plan.

I would _____ to _____ which _____ sicknesses are _____.

_____ like to _____ the names of _____ critical _____ the _____ plan.

_____ would _____ grateful if you _____ the names _____ the critical illnesses _____.

Discuss the _____ sicknesses _____ scope of the supplementary _____.

Which _____ illnesses _____ supplement _____ against?

I need information regarding _____ by _____ plan.

_____ the severe _____ that _____ the supplementary plan.

_____ you _____ information _____ critical illnesses this _____ covers?

Can _____ me details _____ the _____ in your _____ plan?
_____ critical illnesses that are covered _____ the _____?
Specific diseases _____ the _____ coverage
I would like to _____ are covered _____.
Specific _____ protected _____ plans can _____ info.
_____ you _____ information _____ critical illnesses _____ the _____ plan?
_____ want _____ know _____ life _____ diseases are _____ in _____ policy.
_____ illnesses are included _____ supplemental _____?
_____ the _____ afflictions that _____ in the _____ care.
_____ under supplementary _____?
_____ you talk more about _____ crucial _____?
_____ are _____ in _____ supplementary scheme.
_____ you describe the _____ associated with _____ add-on _____?
_____ specific critical illnesses _____ are _____ supplemental plan.
I _____ to _____ Critical _____ in _____ supplemental plan.
How about the specific _____ in the _____?
You _____ discuss _____ specific ailments _____ coverage.
_____ me _____ if you _____ critical illnesses covered in _____ supplemental plan.
Specific _____ supplemental coverage?
_____ you provide me with more _____ on _____ critical illnesses _____?
_____ me _____ about _____ were addressed in your supplemental plan?
I _____ be grateful _____ named _____ illnesses _____ in _____ supplemental plan.
_____ me know _____ information _____ critical _____ by the supplemental plan
What specific _____ do _____ supplement _____ protect against?
Can _____ us _____ about the critical _____ in _____ supplemental _____?
Specific illnesses are _____ supplementary _____.
_____ me _____ the critical illnesses covered _____ supplemental _____.
Which _____ illnesses _____ this supplement _____?
_____ critical _____ are _____ the supplemental _____?
_____ specific diseases are _____ coverage?
_____ you _____ about _____ diseases associated with _____ plan?
_____ critical _____ are _____ in _____ supplemental _____.
Let me _____ have any _____ illnesses covered _____ the supplemental _____.
_____ know if you know anything _____ Critical _____ covered in _____.
_____ the grave health issues _____ policy.
_____ get coverage under _____ plan?
What specific _____ are included _____ supplemental _____?
The _____ associated with this _____?
Can you _____ the _____ covered in this plan?
Please _____ the particular _____ that fall within the scope _____.
_____ there _____ information you can _____ critical _____ covered in the supplemental _____?
Tell _____ the critical diseases _____ with _____ plan.
_____ illnesses are _____ within the _____?
_____ illness _____ does the supplement _____ against?
_____ tell me _____ the critical illnesses _____ your supplemental _____?
_____ some light on _____ insured by this.
Let _____ are covered under this plan.
_____ illnesses can be included _____ supplemental _____?
Specific diseases _____ under _____ coverage.
_____ talk about _____ ailments _____ the _____.

I _____ if _____ would tell _____ names _____ critical _____ in the supplemental plan.
 I'd like _____ know _____ the _____ sicknesses _____ here.
 _____ you tell _____ which specific _____ covered _____ this _____?
 _____ are critical _____ that _____ covered in _____ plan.
 Tell _____ are _____ the supplementary plan.
 _____ would like _____ know the _____ are part _____ policy.
 Discuss _____ grave _____ covered in _____ supplementary policy.
 _____ information regarding _____ illnesses covered by the supplemental _____ let _____ know.
 How about _____ critical _____ add-on plan.
 _____ would like _____ know what _____ illnesses _____ plan _____.
 Can you tell me _____ the critical _____ add-on plan?
 _____ you please tell _____ about the critical _____ supplemental plan?
 _____ give a _____ critical _____ covered by the _____.
 _____ are certain _____ illnesses _____ are included _____ supplemental _____.
 _____ me _____ the _____ sicknesses _____ fall within _____ scope _____ this supplementary _____.
 _____ be _____ tell me _____ names of _____ critical _____ in the _____ plan.
 _____ covered _____ supplemental coverage?
 Can you please tell me _____ critical _____ supplemental _____?
 _____ know if _____ about the _____ illnesses _____ in the supplemental plan.
 Can you tell _____ more about the _____ ailments _____?
 _____ know _____ you have _____ information about the _____ covered by the _____.
 Let _____ you have more information _____ the critical _____ supplemental plan.
 Explain major _____ on supplemental _____.
 _____ should _____ me _____ names _____ critical _____ covered _____ the supplemental _____.
 Explain how _____ issues are covered _____ this _____.
 _____ you _____ more about _____ critical _____ are _____ in this _____ policy?
 _____ about _____ specific _____ included in _____.
 Can _____ give me _____ the critical _____ covered in _____ supplemental _____?
 _____ like _____ which life- threatening sicknesses _____ in _____ policy.
 List the _____ threatening _____ are _____ by _____ extra _____.
 I'd _____ know which _____ sicknesses are part _____ policy.
 Please _____ severe sicknesses that _____ this _____ plan.
 _____ know more _____ which illnesses _____ covered by the _____.
 _____ major _____ as _____ result of supplemental _____.
 I _____ Critical Illnesses covered in _____ supplemental _____.
 _____ supplemental plan provides coverage _____.
 Let me know _____ know any information _____ the _____ supplemental plan.
 _____ be _____ you told _____ names of _____ critical _____ covered by _____ supplemental plan.
 I _____ to know if you _____ information _____ the _____ supplemental _____.
 Can you tell us _____ covered _____ plan?
 There _____ critical _____ in the _____.
 _____ tell us _____ the severe _____ that fall _____ supplementary _____.
 I _____ to _____ the _____ the _____ covered in the supplemental _____.
 _____ me _____ illnesses covered in the supplemental _____.
 _____ be _____ if you named _____ covered in _____ plan.
 Tell _____ the critical illnesses _____ the _____.
 Let _____ if _____ know _____ Critical _____ that _____ in the supplemental _____.
 _____ me know if you _____ any information about _____ critical _____ the _____.
 Specific _____ part of the _____.
 _____ want to know the names _____ the _____ covered _____ plan.

_____ critical _____ in _____ supplemental plan.
_____ you _____ on the _____ covered _____ the _____?
_____ know _____ critical illnesses are _____ the supplemental plan.
Let _____ know if _____ have any _____ about _____ illnesses _____ by _____ supplement _____.
_____ more _____ the critical illnesses addressed in _____ plan.
_____ know which critical _____ with this insurance.
Let me know _____ know _____ about _____ important _____ covered _____ plan.
I _____ you'd _____ the names _____ critical _____ in the supplemental plan.
_____ you _____ out which _____ illnesses are included _____ this _____?
_____ a _____ on the sickening ailments _____ this deal.
I _____ like to know _____ the different _____ insured _____.
_____ what grave _____ are covered in _____ supplementary _____.
What are the _____ that _____ the supplemental _____?
_____ explain _____ ailments that are _____ in _____.
_____ would _____ the names _____ the critical illnesses covered by the _____ plan.
Let _____ have any _____ on the _____ illnesses _____ the supplemental plan.
I need _____ details _____ critical illnesses _____ your _____.
_____ explain _____ that are _____ by the _____.
_____ know if you _____ the _____ the supplemental plan.
_____ would like to _____ more _____ illnesses _____ the _____ plan.
Let _____ more _____ the critical _____ covered by _____ supplemental _____.
_____ be _____ if you _____ tell me _____ illnesses are covered in _____.
Tell me _____ of _____ that _____ under _____ supplementary _____.
Let _____ if you _____ more information about _____ illnesses _____ by _____.
_____ are included in _____ supplementary plan.
_____ need more information _____ the _____ addressed in _____ plan.
I _____ to _____ more _____ different _____ sicknesses insured.
_____ would like to know _____ are _____ this _____.
There _____ covered _____ the supplemental _____.
_____ critically ill _____ the _____ plan _____ protection against?
_____ are under supplemental _____.
_____ want _____ the _____ of _____ illnesses covered in the supplemental _____.
_____ know _____ information on the _____ illnesses covered _____ the supplemental _____.
_____ cases _____ protection in the _____ plan?
_____ critical _____ within the _____ policy?
_____ which _____ included in _____ supplemental policy?
_____ know _____ you _____ critical illnesses that are covered _____ the supplemental _____.
_____ you tell me _____ the _____ illnesses _____ plan _____?
_____ if you have any information on the _____ plan.
Please tell me _____ are covered _____ this _____.
_____ if _____ have _____ information _____ critical illnesses included _____ the _____ plan.
Could you tell us _____ about _____ with this _____?
_____ more about Critical illnesses in the _____.
_____ the severe sicknesses that are _____ supplementary _____.
Can _____ us _____ details on the critical _____?
_____ to _____ details on critical _____ addressed in your supplemental _____.
I need _____ information on _____ in _____ supplemental plan.
_____ give a _____ of the _____ that _____ the scope of this _____.
Please _____ that fall within the _____ of _____ supplementary _____.
_____ diseases _____ policy protects against?

_____ there any specific _____ diseases _____ with this _____ ?

Which critical _____ this _____ plan protect you _____ ?

_____ want _____ sicknesses _____ are part of the policy.

Tell _____ what _____ fall _____ plan.

_____ of the _____ fall under this supplementary plan?

Mention the _____ in the _____.

Mention the sicknesses that _____ scope of _____.

Explain _____ afflicts' inclusion _____ upon _____.

_____ critical _____ covered in the _____.

Can _____ expand on _____ critical _____ by _____ plan?

Specific _____ can be covered by _____ ?

_____ would _____ know _____ about the critical illnesses _____ your supplementary _____.

_____ diseases are _____ in _____ policy?

Can you _____ details of the _____ ?

What are _____ critical ailments _____ are _____ this?

_____ what _____ included in this supplemental plan.

What are some _____ policy _____ against?

I _____ like to _____ different crucial sicknesses insured _____.

_____ tell me about _____ specific _____ the scope of this _____.

Please _____ me know _____ are protected _____ supplement _____.

Please tell _____ what _____ included _____ this supplementary _____.

_____ provide more _____ about the _____ illnesses in _____ supplemental _____?

_____ illness are _____ the supplement _____?

I _____ like _____ hear _____ Critical illnesses _____ are _____ the _____ plan.

Let me _____ if you _____ any _____ illnesses in _____ plan.

Let me _____ if _____ have _____ of _____ in _____ supplemental plan.

I'd _____ to _____ illnesses _____ covered by the _____ plan.

Can _____ tell _____ the specific _____ with this _____ plan?

_____ if you _____ tell me the names of _____ are covered by _____ supplemental plan.

_____ you _____ tell me the name _____ the critical illnesses _____ by _____.

Specific critical ailments insured _____ can _____ some _____.

Which _____ supplemental plan specifically _____?

I _____ appreciate _____ me the names of the critical _____ covered _____ the _____ plan.

_____ me know _____ have any information about _____ covered _____ plan.

_____ you please give _____ about critical _____ your supplemental _____?

_____ please give _____ more information _____ the _____ your supplemental plan?

I would like to _____ extra scheme.

I want _____ life threatening sicknesses are _____ this _____

_____ me if you have any _____ the _____ Illnesses _____ the _____.

Tell me about _____ illnesses _____ supplemental _____.

There _____ some _____ can be covered by _____ supplementary _____.

_____ please _____ me _____ about the critical _____ addressed _____ supplemental plan?

What _____ are covered _____ this _____ ?

_____ grateful if _____ would _____ me the names _____ critical _____ the supplemental plan.

Can _____ tell me more _____ the _____ plan _____?

You _____ specific ailments _____ coverage.

_____ the _____ severe _____ that fall _____ scope _____ this _____ plan.

_____ diseases _____ in _____ coverage.

_____ illnesses were _____ in _____ supplement _____?

_____ how _____ issues _____ be _____ in this _____ policy.

_____ need _____ know _____ you have any _____ about Critical Illnesses _____ in _____.

_____ you _____ me more _____ the _____ illnesses in _____?

_____ critical _____ included in the _____?

Which grievous _____ add-on plan?

Let _____ know if you _____ any _____ illnesses in _____ plan.

Can _____ us _____ information on _____ critical _____ with this _____ plan?

_____ the _____ that _____ in _____ coverage.

_____ tell _____ the specific _____ in this _____.

_____ you clarify which critical _____ are _____ the _____?

_____ diseases covered _____ supplemental coverage?

_____ like _____ the name _____ critical illnesses covered _____ supplemental plan.

_____ me know which critical illnesses _____ supplemental _____.

What _____ the supplemental plan _____?

_____ you _____ the specific critical ailments that _____ included?

Let _____ know if _____ have any _____ about _____ covered _____ the _____.

I _____ to know more _____ illnesses are covered _____.

Can you discuss _____ in the supplemental _____?

Can _____ me _____ the _____ illnesses _____ plan covers?

Which critical _____ included in _____?

Tell me _____ the severe _____ the _____.

_____ have any _____ the important illnesses _____ the supplemental plan, let _____.

_____ you know _____ critical diseases _____ add-on plan?

If you _____ about _____ covered by _____ supplemental plan, _____ let _____ know.

I _____ to _____ if _____ have _____ about _____ illnesses _____ by the supplemental _____.

_____ describe _____ severe sicknesses that fall _____ scope of this _____.

What are the types _____ that _____ supplementary scheme?

_____ the specific diseases _____ supplemental _____?

Mention the _____ that fall within _____ scope of _____.

_____ about the critical diseases _____ add-on _____?

_____ included in the coverage.

_____ to _____ the _____ of _____ critical illness _____ by _____ supplemental plan.

Please provide _____ the _____ critical _____.

_____ you give _____ more information _____ critical _____ in _____ supplemental _____?

_____ illnesses are included _____ the _____?

_____ know _____ details _____ these protected _____.

_____ provide more information about _____ illnesses covered in _____?

_____ critical ailments _____ this will be _____.

Can you _____ description of _____ critical diseases associated _____?

_____ know if _____ any information about _____ illness _____ the _____ plan.

_____ you _____ information _____ critical illnesses addressed in your supplemental _____?

Please _____ the names _____ covered by the _____ plan.

Let me _____ you _____ Critical _____ in the supplemental _____.

What _____ diseases are _____ policy?

Please _____ about the _____ sicknesses _____ fall _____ supplementary plan.

_____ grateful if _____ name of the _____ illnesses covered in the supplemental plan.

Which critical illness _____ did the _____ against?

Could you _____ us _____ which critical illnesses _____?

_____ of critical _____ included in the _____ policy?

Can _____ on _____ illnesses addressed _____ the supplemental plan?

Mention _____ severe sicknesses _____ this supplementary _____.

_____ grievous ailments _____ the _____ plan?

Which critical illnesses would _____ policy?

_____ give more info _____ the _____ included?

Are _____ critical diseases _____ with _____ plan?

_____ what _____ health issues _____ this supplementary policy.

Which _____ do _____ supplement _____ cover?

_____ you give _____ more details _____ the _____ covered _____ plan?

Can you give me _____ in _____ supplemental plan?

I _____ more _____ critical illnesses _____ in _____ supplemental _____.

Tell _____ about the _____ critical _____ with this _____.

What _____ diseases _____ protected _____ supplemental _____?

_____ illnesses _____ been _____ in _____ supplemental policy?

_____ illness cases do _____ plan _____?

_____ me _____ you're aware of the _____ illnesses _____ by _____ supplemental _____.

_____ the critical illnesses _____ the _____ plan?

Please _____ specific _____ fall within _____ supplementary plan.

I would be grateful if _____ of _____ illnesses _____ by _____ plan.

I _____ grateful _____ you gave me _____ of the _____ in the _____ plan.

Let me _____ you _____ any _____ on critical illnesses that _____ by _____.

Let _____ have any _____ the important illnesses covered in the _____.

_____ to know about the _____ the plan _____.

I'd like to know _____ have any _____ about the _____ supplemental _____.