

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Long-term care insurance policy information
Inquiry Sub-Category	Coverage details
Description	Customers inquire about the specifics of their long-term care insurance policy, including what is covered, coverage limits, and any exclusions or waiting periods.
Data Size	5,033 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

_____ is the _____ amount per _____ that _____ through _____ LTCI Plan?

Can _____ tell _____ I _____ claim within _____ day, week, month, _____?

Can _____ about _____ claims limit?

You must tell _____ of _____ highest daily, weekly or _____.

Is there _____ maximum _____ can _____ per day?

_____ tell me about the _____ daily/weekly/monthly/yearly _____ available?

Can you _____ what the _____ are _____ per day in _____?

Is _____ a limit _____ what I _____ in _____ day, a week _____ year _____ plan?

_____ the _____ payouts _____ day for claims submitted through _____?

_____ you tell me _____ daily _____ I can _____ in _____?

_____ is the _____ amount _____ day _____ this _____?

_____ limit to how _____ claim _____ single day, week, month or _____?

_____ there a limit on _____ of _____ can _____ claimed by _____ care _____?

_____ amount _____ day, week, _____ be claimed through the _____?

Can _____ me _____ maximum amount _____ can _____ a day?

Is there a _____ for _____ within this _____?

What _____ the most _____ one _____ claim under this _____ insurance plan?

_____ much can _____ claimed _____ day through _____?

Is _____ any _____ claims limit?

_____ need to know of the highest daily, weekly _____.

_____ is _____ max _____ of days, weeks, _____ long-term care _____ to have?

_____ you let _____ the _____ limit available _____ me _____ plan?

_____ you _____ me about the _____ or monthly _____?

_____ want to _____ what _____ highest _____ limit is under _____.

How much _____ allowed to be _____ month, or _____?

What _____ the _____ week, month, _____ annual basis, with _____ plan?

_____ claiming _____ plan, what _____ for each day, _____ and month?

Can you tell me the _____ on any _____ month?

_____ can _____ claim per _____ month, and year?

Is _____ to what I can _____ one _____ week, _____ and year?

_____ that you _____ me the highest _____ or _____ available _____ this _____.

Is _____ weekly or _____ limit _____ under _____ term care policy?

Is _____ a limit to _____ I _____ claim in _____ week, or _____?

_____ the _____ of money _____ can claim _____ a day _____ this long term _____ plan?

When _____ comes _____ what is the most _____ claim _____ day?

_____ would like _____ the _____ possible _____ and yearly claims that could _____ this plan.

_____ is the most one _____ day, _____ or year?

_____ can claim under this particular _____ insurance plan?

_____ you give _____ the _____ of money that _____ through this long term _____?

Is there _____ threshold on reimburseable _____ for _____ in the _____?

_____ me what the highest _____ limit _____ available?

_____ me the highest daily/weekly/monthly/yearly _____ available _____ plan?

_____ the _____ amount of _____ one can claim _____ or _____ with _____ care insurance _____?

Can you tell _____ the Max _____?

_____ know the _____ daily/weekly/Monthly _____ I can get _____ plan.

Can you _____ me _____ amount can _____ this plan?

How _____ you _____ sum is per day?

_____ is _____ claim _____ per _____ this plan?

Can you _____ of money that can be _____ through the _____ insurance plan?

_____ the _____ per day for claims _____ through _____?

How _____ can _____ claim every _____ through _____?

_____ a _____ per _____ can be claimed through _____ plan?

What _____ most _____ can claim daily _____ the _____?

The _____ day, week, month, and _____ be _____ the ltci

Can _____ the maximum _____ can be _____ this plan?

What amount _____ allowed to be claimed _____ daily, _____ or _____?

How much _____ I _____ day, _____ week, or _____ year _____ plan?

What is _____ daily/weekly/yearly _____ limit _____?

_____ how much can _____ claimed each day using _____?

_____ the _____ claim limit?

_____ you _____ me _____ daily limit _____ the plan?

_____ me _____ top daily/weekly/monthly _____ I _____ get under the _____?

_____ the maximum claimable _____ each day, week, and _____?

_____ you _____ give me the _____ limit available _____ this _____?

_____ most one can _____ on _____ and monthly basis?

_____ it _____ to _____ me the _____ claims _____?

_____ insurance plan has _____ on what _____ can claim per _____.

_____ there a limit _____ I can claim in _____ day, _____ week or _____ entire _____?

_____ the maximum _____ day _____ included _____ this plan?

How much _____ I claim _____ daily, or _____ LTCI _____?

Can _____ confirm _____ amount for each _____ of the _____?

Can you _____ can be claimed _____?

Can you _____ the highest _____?

_____ the _____ amount _____ money _____ claim _____ or monthly _____ this long-term _____ insurance plan.

_____ you _____ the highest daily/weekly/ _____ can get?

_____ the highest daily limit _____ available under this?

_____ is _____ amount per day, _____ month, or _____ this policy?

I want _____ maximum _____ per day in _____ plan.

_____ maximum allowed per day _____ claims _____ plan was _____.

_____ you state _____ amount _____ can be claimed _____?

_____ you tell _____ claimable _____ every _____ day of the year?

maximum _____ day payouts _____ submitted via _____ plan _____ not _____

_____ you tell _____ about the _____ daily/weekly/monthly/yearly _____ available?

_____ maximum allowed per day for _____ submitted through _____?

What _____ the maximum _____ day, week, month, _____ can _____ claimed through _____?

How much _____ on a daily, _____ and yearly _____ my _____?

What is _____ maximum amount _____ month, and _____ can _____ claimed _____ it?

_____ a maximum daily _____ that _____ be claimed _____ plan?

How much _____ a day, _____ or year?

Is the limit _____ what _____ can _____ a week, _____ entire year with the _____?

_____ you tell me _____ the _____ limit is available _____?

What is the _____ this plan?

_____ would like _____ know the _____ and _____ that's offered.

What _____ maximum amount of _____ week, month _____ year that _____ entitled _____ this _____?

Please tell _____ I can get under _____ plan.

_____ know _____ maximum _____ that can _____ claimed each _____ using _____ plan?

Can you clarify the maximum _____ that _____?

What about the _____?

How _____ can I _____ per day, week, _____ using _____?

_____ to how much can be _____ in a _____ month _____ year?

_____ is the maximum _____ for _____ when _____ plan?

Do you know _____ absolute limit _____ this _____?

_____ is the maximum amount _____ day, _____ year that _____ be _____ the _____?

_____ is _____ coverage for _____ day, _____ month and _____ this plan?

How much _____ be _____ a _____ weekly, _____ or _____ basis?

_____ is _____ upper ceiling for _____ under this _____?

How much can _____?

_____ the highest _____ limit _____ under _____?

_____ much _____ the _____ sum each _____?

Can you _____ me _____ daily/weekly _____ that is _____?

Can you _____ amount _____ can _____ each day?

_____ is _____ that you _____ get through this plan?

_____ you give me _____ amount of money allowed for _____?

What _____ the _____ sum per day, _____ or _____?

Is there _____ amount _____ day, _____ month, and year that _____?

_____ maximum _____ payouts for _____ submitted _____ this _____ are _____ known.

_____ would _____ to _____ information _____ highest possible daily, weekly, _____ claims eligible under _____ plan.

_____ you _____ how much _____ be _____ each day using _____?

_____ tell me _____ daily/weekly/annual limit available _____ the _____?

_____ you tell me the maximum _____ be _____ plan?

_____ amount _____ I claim _____ daily, weekly or _____ with my _____?

What is _____ limit _____ day _____ this _____?

_____ tell _____ highest daily limit in the _____?

Please _____ me the highest _____ or _____ under _____ plan.

How _____ can be _____ this _____?

_____ request that _____ me the _____ and yearly limit _____ plan.

_____ is the maximum _____ day, _____ that _____ be found _____ this plan?

Can _____ me the _____ daily/weekly/monthly limit _____ can get _____?

Can _____ me _____ limit _____ I can take under the _____?

What's the max _____ amount _____ day, week, _____ policy?

_____ this plan _____ to claim _____ maximum _____ per _____?

What is _____ amount per _____ year _____ can _____ had _____ this plan?

Can _____ tell me _____ limit I _____ this plan?

_____ a limit _____ what _____ can _____ in _____ day, week _____ year _____ plan?

What _____ the _____ per day, _____ year for _____ plan?

Is _____ to how much _____ can claim _____ a _____ or _____ with this plan?

_____ are the _____ limits?

_____ tell me _____ maximum amount _____ claimed each _____ this plan?

I _____ know _____ highest possible daily, _____ monthly and _____ that _____ under this _____.

_____ possible to get _____ max _____ from this _____ day/week/month/year?

_____ is _____ maximum claim per _____ for _____?

_____ there _____ amount of money _____ this long-term care insurance _____?

_____ know how _____ can _____ claimed _____?

_____ can _____ claim on _____ daily _____ yearly basis _____ my _____ plan?

_____ maximum _____ per _____ week, month, and year that the plan _____?

_____ you tell me the _____ amount per _____ and _____?

_____ let me _____ the highest _____ under _____ plan.

Can _____ the highest daily _____ is _____ plan?

_____ know _____ maximum entitlement for each period within the _____?

_____ much _____ I claim _____ week, _____ year using this _____?

What _____ maximum _____ per day _____ that plan?

maximum _____ per day, week, _____ and _____ claimed through the _____

_____ give me the max _____ day, week, _____ or _____?

_____ you tell _____ highest daily/weekly/monthly/yearly _____ plan has?

_____ maximum daily _____ claims submitted _____ this plan?

_____ much can I _____ daily, or yearly with _____?

_____ the maximum coverage for _____ week, month, and _____ with _____?

What _____ the maximum limit _____ per specified _____ period _____ this _____?

Can you _____ the _____ I _____ get under _____ plan?

Is there a _____ I _____ claim in _____ day, _____ week _____ an entire _____?

I request that you tell _____ the highest _____ and _____ that _____.

What is _____ maximum _____ per _____ for _____?

Is _____ claims _____ day, _____ month or year?

_____ is _____ coverage for _____ day, _____ and _____ basis with this _____?

How _____ for a daily, _____ monthly or _____?

Can you _____ the highest _____ for _____ plan?

_____ request _____ you _____ daily or weekly _____ that is _____ this plan.

Is _____ allowable _____ day for _____ through this plan?

_____ upper ceiling on _____ daily/weekly/monthly/yearly?

_____ you tell _____ claimable _____ for every _____ and month?

Can _____ tell me the _____ that _____ claimed each _____ under _____?

_____ you _____ highest daily or weekly _____ available _____ this _____?

Can you _____ me _____ the highest _____ daily, weekly, _____ and yearly _____?

_____ give me _____ of money that is _____ through _____ term care _____?

_____ me _____ the highest daily limit for _____?

_____ highest _____ claim limit _____ by the _____ Plan?

_____ need to know the _____ yearly limit _____ plan.

_____ that one _____ claim daily, weekly, _____ monthly?

_____ you tell me _____ this plan has?

Can _____ know the upper _____ of _____?

_____ request _____ you _____ the _____ and _____ limit _____ under this plan.

_____ am I _____ claim each _____ week, and yearly under _____?

What's _____ max coverage _____ every day, _____ basis with this _____?

_____ each _____ week, month and annual _____ is with this _____?

_____ per day, week, _____ and year _____ to get through _____ plan.

Can _____ tell me _____ maximum amount _____ be claim _____?

_____ you give _____ the maximum _____ that _____ allowed _____ daily, _____ monthly cap?

Do you know _____ highest _____ limit _____ under _____?

What _____ the _____ amount per day _____ policy?

What _____ allowed _____ claimed _____ a _____ weekly, _____ or yearly basis?

_____ much per _____ month, and _____ can _____ get through _____?

_____ max claim _____ for the plan per _____?

How _____ per _____ is _____ most I can _____ plan?

_____ a limit to how much _____ can _____ in a day, _____ month, or _____?

What _____ the _____ amount _____ be claimed per _____ or year _____ this _____ care insurance _____?

_____ a _____ that can _____ claimed _____ day using the _____?

_____ would like _____ highest _____ limit _____ to me in _____ plan.

Is there _____ to _____ I can claim in _____ day, a _____ or a _____?

Can you _____ highest _____ that this _____ offers?

What is _____ for every _____ yearly with this plan?

I need _____ daily/weekly/monthly/yearly limit that is _____ this _____.

_____ could claim _____ maximum amount per day, _____ month _____.

_____ of _____ highest daily/weekly/annual limit available?

_____ maximum amount _____ I _____ get under this plan?

_____ the maximum allowed per _____ submitted _____ plan?

For _____ long-term care _____ plan, what is _____ one _____ claim _____?

What _____ the _____ each _____ month and _____ that _____ be claimed _____ plan?

_____ there a _____ from the _____ per _____?

_____ it _____ to _____ can _____ in _____ a week, _____ an entire year with _____ plan?

Can you _____ maximum _____ that _____ claimed under _____ plan?

Can you _____ claimable amount _____ each _____?

Do _____ know _____ can _____ per day?

_____ you _____ me _____ maximum _____ that _____ be claimed _____ day?

How _____ to _____ a daily, _____ monthly, and yearly basis?

_____ me the _____ daily/weekly/yearly limit that is _____?

_____ that _____ tell _____ daily, weekly _____ yearly limit under the _____.

_____ me the maximum _____ for a _____ or week?

_____ is the max claimable _____?

_____ maximum _____ day, week, month, _____ year can _____ claimed through _____

Can you _____ the maximum _____ each _____ on _____?

What _____ maximum amount _____ day, week, _____ is _____ this plan?

Is there a _____ to _____ claim in _____ single day, a week or _____ the _____?

What is the most _____ per day _____ this _____ insurance _____?

_____ much can I _____ per day, _____ or yearly _____?

Is there _____ to _____ a day, _____ month or year?

Can you _____ me _____ maximum amount _____ under _____ plan?

_____ like _____ know _____ highest _____ monthly _____ can _____ under the plan.

What are _____ most _____ can _____ with _____ plan?

What is ____ maximum ____ per ____ or year in ____ long-term ____ policy?

How much ____ claim per ____ month, year ____ this particular ____ insurance ____?

Is ____ what I can claim ____ day, week, ____ and ____?

What ____ most one ____ particular long-term care plan?

There is a maximum ____ week, month ____ year ____ through the ____.

____ know ____ maximum amount ____ can ____ claimed each day ____?

____ the most one can claim ____ in ____?

The ____ per ____ year could ____ through the ltc.

____ much ____ claim in a ____ a ____ or a year ____ this ____?

What's ____ most ____ and every day ____ this plan?

____ much ____ one claim ____ via ____?

Please ____ the highest ____ limit ____ under this ____.

____ that ____ me the ____ weekly, ____ yearly limit available under this ____.

Can you ____ me the ____ claimable ____?

What ____ highest daily/weekly/month/yearly limit available ____?

What are ____ highest possible daily, weekly, ____ claims eligible ____?

Do you know the highest ____ limit ____?

____ is the highest ____ claim ____?

What is the ____ one can ____ under this ____ long-term care ____ plan?

____ you ____ how ____ be claimed ____ under this plan?

I would like to ____ the maximum ____ day, ____ month and ____ plan.

____ tell me ____ amount for each ____ of ____ plan?

What ____ the ____ claimable ____ per ____ month, ____ in this long-term care ____?

How much ____ on a ____ daily or ____ with your ____?

Can ____ the max reimbursement ____ this ____ day?

How ____ could ____ claimed ____ each day, ____ month, ____ year?

I ____ to ____ daily/weekly/monthly ____ that's available to me under ____.

____ claim per ____ week or yearly with ____ plan?

What amount ____ each ____ the policy?

What ____ most one can claim ____?

Does this ____ a limit ____ claim ____ one day, week, month or ____?

The ____ that ____ be claimed ____ policy is not known.

____ there a maximum ____ that can be ____?

____ you tell me the ____ under this Plan?

Can you tell ____ of ____ available under the ____?

____ the maximum ____ day used for claims submitted ____?

____ the ____ daily/weekly/monthly/yearly reimbursement under this plan?

____ maximum amount per day, week, month and ____ the ____.

Is there a cap per ____ that ____ be ____?

How ____ limit?

____ you ____ highest daily/weekly/monthly ____ available to me?

You ____ the ____ daily, weekly, ____ yearly ____ under the plan.

Can ____ tell ____ maximum ____ be claimed each ____?

____ you ____ tell me ____ highest daily/weekly/monthly limit ____?

What ____ sum ____ week and year?

____ you tell me about the ____ weekly, monthly, and ____ are eligible ____ this ____?

Can you ____ the highest daily/weekly/monthly ____ can ____ under the ____?

Is ____ to ____ the ____ per day ____ this ____ long-term care ____?

Can ____ please tell me the ____ daily/weekly/monthly ____ available ____ under ____ plan?

____ maximum ____ per ____ for claims for ____ the plan?

_____ you please _____ me the _____ that's available?
 _____ much can _____ claim on _____ weekly, _____ yearly _____ my _____ term _____ insurance plan?
 What is _____ maximum _____ day, week and _____ could _____ claimed _____ plan?
 What are the _____ claim _____ with _____ Plan?
 _____ be _____ the _____ every day, week, _____ and year?
 What _____ the _____ per _____ week, month, and year _____ is _____ plan?
 _____ you _____ maximum _____ that can be claimed _____ the _____?
 Can _____ please tell _____ the maximum _____ limit _____ can _____ plan?
 What _____ the maximum _____ per _____ or year _____ can be _____ this _____?
 Can _____ know the highest daily/weekly/monthly _____ the plan?
 The maximum _____ allowed for claims _____ this _____ known.
 _____ there a maximum amount _____ be _____ plan?
 Can _____ claimable amount every day of the _____?
 Is there _____ maximum _____ day _____ that can _____?
 _____ can _____ claim on _____ daily, weekly, _____ annual _____ my plan?
 Is _____ to what I _____ single _____ week or year with _____ plan?
 _____ maximum _____ can be claimed in a _____?
 Can you _____ the maximum amount that can be _____?
 Is _____ upper ceiling _____ reimbursement _____ this plan?
 Can you _____ the highest _____ that is _____?
 What _____ max coverage _____ will be _____ every _____ and Annual _____ this plan?
 Is _____ to _____ I _____ day, week or _____ with the plan?
 Can _____ the _____ amount _____ that _____ be used through _____ long term care insurance _____?
 How much can _____ claimed _____?
 Can you tell _____ the capped benefit available _____ in an _____?
 _____ am I allowed _____ using the plan?
 Can _____ tell _____ the highest daily/weekly/month limit _____ I _____ get _____?
 How much _____ max claimable amount _____ day, _____ month, _____?
 How much of _____ claim _____ make on a _____ or _____?
 What _____ maximum amount _____ that is _____ to achieve _____ this _____?
 Does the _____ care insurance _____ allow _____ on monetary _____ day?
 Do you know _____ day with the plan?
 Can _____ me _____ the _____ amount _____ claimed each day?
 _____ there _____ limit to what I _____ a day, _____ or _____?
 It _____ possible to have a _____ amount _____ month, _____ this plan.
 _____ limit _____ day _____ this plan?
 _____ the highest daily limit available for this _____?
 How _____ is _____ to be claimed _____ a _____ yearly basis?
 _____ you give _____ maximum amount _____ receive _____ this plan?
 How much can _____ claimed through _____?
 _____ the maximum allowable _____ for claims submitted _____ plan?
 _____ is _____ maximum amount per _____ week, month, _____ by this plan?
 Please tell me _____ highest _____ limit _____ can _____ plan.
 _____ long-term _____ plan have a limit _____ number _____ monetary claims _____ day?
 _____ is _____ can claim _____ under _____ particular _____ care insurance plan?
 How much is the most _____ each _____ plan?
 The maximum amount _____ month, and _____ be _____ this plan.
 Is _____ maximum amount _____ day, _____ year _____ can be claimed?
 _____ know _____ absolute limit per day/week/month/year _____ plan?
 _____ be claimed a day, week, month _____?

Please ____ me ____ highest daily, weekly ____ limit ____ under ____ plan.

What ____ allowed per day for claims ____ through ____?

____ this ____ what's ____ max claimable amount per day, week, month, ____?

____ highest ____ of money ____ can claim per day ____ month ____ long ____ care ____ plan?

____ give me ____ amount of ____ that can be appropriated ____ long term ____ insurance ____?

____ per day ____ claims submitted on this plan ____.

____ know the maximum amount ____ be ____ daily ____ plan?

____ maximum allowed ____ for claims submitted through ____?

Is ____ a limit ____ much I ____ within a ____ week, ____ year?

What is ____ amount ____ week, month, or year ____ this long-term ____?

The maximum amount per ____ week, ____ be accomplished ____ this ____.

What are the ____ I can ____ plan?

____ it a limit to what ____ claim ____ a single ____ week, or an ____ the ____?

____ the max ____ this ____ be per ____?

____ you ____ me the ____ limit available under ____?

The maximum ____ for claims submitted through ____ plan ____.

Can ____ tell ____ the highest ____ that ____ plan ____?

Do you know ____ highest daily/weekly/monthly/yearly ____?

Do ____ know ____ maximum ____ day ____ through the plan?

____ like to ____ the highest ____ under ____ plan.

Can you ____ the ____ claim ____?

____ is the ____ amount ____ day, week, month and ____ be ____ for in ____?

Can you ____ the maximum ____ day on this ____?

Which is ____ highest ____ claim ____ allowed ____ plan?

How ____ can ____ per day/week/month/year ____ this ____?

Is there ____ daily or ____ allowed ____ long-term care ____?

____ know what the highest ____ is under ____.

____ me about ____ highest daily ____ available ____ the plan?

What is ____ most ____ day, week, month, ____ year?

Do you know ____ amount that ____ can ____?

Can ____ tell ____ the maximum ____ that ____ claimed per ____ this ____?

____ day ____ for claims submitted through ____ plan ____ known.

____ long-term care insurance plan have ____ monetary claims ____?

I want to ____ that's available under this ____.

Does this ____ care insurance ____ have ____ set limit ____ claims ____?

____ to know the ____ daily/weekly/ ____ limit ____ this plan.

____ me ____ amount ____ can be ____ under this plan?

____ much ____ allowed to ____ each day ____ plan?

Is the max reimbursement ____ or weeks?

Does ____ care ____ a limit on ____ per day, ____ month ____ year?

Can ____ tell ____ the ____ per day ____ can be ____?

I'd ____ to know ____ limit I can ____ plan.

____ me the ____ possible daily, ____ monthly, ____ yearly ____ that are eligible under ____?

What is ____ highest ____ allowed ____ the plan?

____ per day per ____ for ____ through the plan?

Is ____ limit ____ can claim in ____ day, ____ week, ____ an entire year ____ plan.

____ term care ____ plan allow a set limit ____ claims per day, ____ month ____?

Can ____ tell ____ the ____ amount ____ claim each day?

____ know ____ daily/weekly/ monthly ____ I can ____ under the ____.

Is there ____ regarding the highest ____ monthly, and yearly ____ this ____?

_____ you tell _____ the _____ amount _____ can claim each _____?

_____ you tell _____ daily/weekly/monthly limit I can get _____ under _____?

What is _____ max claimable amount _____ day, week, _____ or _____ in _____?

Is there _____ limit _____ how _____ claim _____ a _____ day, week, _____ or _____?

_____ inform _____ of _____ daily limit _____ under this _____.

_____ this particular long-term _____ insurance _____ is _____ you _____ claim?

_____ maximum amount for each day, _____ and month _____?

I want _____ know _____ the _____ yearly _____ the plan.

Is a limit to _____ can _____ or entire _____ with _____ plan?

Is the _____ allowed _____ day _____ claims _____ plan?

_____ know _____ much I can _____ per _____ using _____ plan.

_____ you _____ much can be claimed _____ using _____ plan?

_____ I know _____ upper _____ under the plan?

_____ or year can one claim under _____ long-term care insurance _____?

_____ tell _____ the _____ that's available to me under the _____?

What is the _____ amount _____ paid _____ per _____ for _____ submitted _____ this _____?

_____ tell _____ the daily/weekly/monthly claim _____?

_____ maximum per _____ payouts _____ claims submitted through this _____.

_____ what the maximum _____ is _____ week, month and annual _____?

_____ is _____ limit _____ day on _____?

_____ want _____ know _____ the _____ daily, weekly, or yearly _____ is under _____.

_____ me the _____ amount that is allowed for the _____?

_____ tell me _____ claimable on _____ given day _____ month?

Can _____ maximum amount _____ can claim per _____?

How _____ is _____ daily _____ this _____ care insurance _____?

Do _____ know how _____ claimed _____ under this _____?

What is _____ maximum _____ paid _____ for claims submitted _____ this _____?

_____ much _____ I claim per _____ policy?

I _____ to _____ highest _____ I am _____ the plan.

In the _____ the _____ claim _____ per day?

_____ the maximum _____ per day, _____ and _____ this plan is _____ of?

Do you _____ on the _____ monthly _____ limit?

How _____ claimed _____ according to _____ plan?

Can you tell me _____ highest _____ available _____ this?

Is there a maximum _____ specific time period _____?

Can _____ tell _____ the highest daily/weekly/monthly _____ available _____?

_____ the maximum _____ of days, _____ or _____ long-term _____ policy _____ you _____ have?

_____ there a maximum allowed _____ submitted through _____?

_____ want _____ know the _____ daily, weekly, or _____ the _____.

What _____ limit per _____ plan?

_____ you clarify the maximum _____ that can _____ the _____?

Can _____ me the highest _____ yearly _____ is _____?

_____ to _____ the highest daily/weekly/annual limit _____ this _____.

_____ tell _____ maximum daily claim _____ under _____ plan.

_____ you _____ the highest daily/weekly/yearly limit _____ plan?

_____ max amount _____ day, _____ month and _____ that could _____ through the _____?

How _____ can I _____ my _____ weekly, monthly or _____?

_____ you clarify _____ amount that can _____ claimed _____ this _____?

I'd like _____ details _____ possible daily, _____ and yearly _____ eligible _____ this plan.

_____ wish _____ know the highest _____ or _____ limit _____ under _____.

_____ like _____ know the _____ daily/weekly, monthly _____ yearly _____ that _____ offered.

_____ you _____ me _____ on _____ claims limit?

Is this plan _____ limit to what I _____ a _____ or _____?

Can _____ what the limits are _____ reimbursement _____?

_____ the _____ allowed per day _____ submitted _____ this _____?

_____ tell me the _____ limit I can _____ under _____.

_____ much is _____ amount per day, week, month, _____ year in _____ care _____?

Is there a daily, _____ or _____ for _____ care _____?

_____ maximum allowed per day for claims submitted _____?

Can you _____ me the highest _____ available?

_____ there a limit _____ monetary claims _____ made by this _____ care _____?

What is _____ amount _____ plan?

_____ are the _____ I can claim each _____?

Can you _____ the max _____ amount per _____ week, _____ year in _____?

_____ tell us the _____ amount _____ can _____ claimed _____ day?

Can you tell _____ the maximum _____ day _____ this _____?

Is _____ a _____ for _____ submitted through the _____?

What is _____ claims _____ day?

I would _____ to _____ about _____ possible daily, weekly, monthly, _____ eligible for _____.

_____ I _____ the upper ceiling for _____ weekly, _____?

What is the _____ amount of days, week, _____ that _____ entitled _____ in _____?

_____ you _____ the _____ that _____ be _____ under this plan?

_____ is _____ maximum _____ amount _____ under this plan?

The _____ care insurance _____ may have _____ on _____ per day, _____ or _____.

Is the _____ day for claims _____ through _____?

What _____ max amount of days, _____ month or year _____ policy?

_____ request that _____ highest _____ yearly limit _____ under this plan.

Can _____ tell _____ the _____ daily, weekly, and _____ I can _____ the _____?

Can you let _____ know _____ highest _____ the _____ has?

_____ is the _____ amount per _____ you _____ the plan?

_____ want to _____ how _____ I can _____ day _____ my _____.

The maximum _____ per _____ week, month _____ can _____ this plan.

_____ need _____ the _____ yearly limit under the plan.

Is _____ limit to _____ can _____ a day, _____ or _____ entire year?

_____ is _____ highest daily/weekly/monthly/yearly _____ by this plan?

Is _____ a _____ to _____ I can _____ day, _____ or a year?

I _____ know _____ the _____ I can claim _____ this plan.

Do you _____ maximum claim _____ per day _____?

_____ you _____ maximum amount _____ each _____ on _____ plan?

Is _____ limit _____ I can _____ in one _____ or entire year with _____?

Is the _____ daily/weekly/monthly limit _____?

What _____ the _____ daily or weekly _____ limit _____ plan?

Can you tell _____ the highest daily/weekly/monthly/yearly _____?

I _____ curious _____ the _____ limit _____ under this _____.

Can _____ please tell me _____ is available under _____?

_____ need _____ highest _____ limit available in _____ plan.

What _____ the maximum _____ that can be claimed _____?

_____ you tell me _____ I can get _____ my plan?

_____ much can _____ claim _____ a _____ yearly basis with my _____?

How much can be claimed _____?

_____ me the _____ that can _____ claimed daily, weekly _____ monthly?
 _____ maximum limit _____ in this _____?
 _____ per _____ week, month, and year _____ you can achieve _____ this _____?
 What _____ highest amount _____ one _____ per _____ with _____ care insurance plan?
 _____ you _____ the _____ daily _____ that _____ can _____ under the plan?
 Can _____ the highest daily/weekly/yearly limit _____ under this _____?
 _____ the max coverage _____ day, _____ month _____ annual _____ the plan?
 _____ me the highest _____ limit that the _____?
 _____ is the _____ or weekly claim _____?
 _____ I _____ to _____ a daily, _____ monthly or yearly basis?
 How much _____ be _____ for in _____ week, _____ and _____?
 Can _____ max _____ that I can _____ this plan?
 _____ much am _____ per day, week, month and _____?
 Can you _____ me _____ amount _____ day, _____ month, _____ year?
 _____ the _____ per _____ for claims submitted _____ plan
 _____ you _____ me _____ maximum _____ available to _____ the plan?
 _____ me the _____ limit I can _____ under _____ plan?
 Can _____ please _____ the highest daily/weekly/yearly limit _____ is _____ this _____?
 _____ you _____ maximum limit for _____ time frame?
 _____ the _____ for _____ the plan?
 How much can I _____ on _____ daily, weekly, _____?
 I would _____ know about _____ highest _____ daily, _____ and yearly claims eligible _____.
 _____ is the _____ claim per day _____ particular long-term _____ insurance plan?
 Do _____ have _____ details _____ the _____ limit?
 Can you _____ me the maximum _____ of _____ be _____ this _____ care insurance plan?
 Can _____ give me _____ highest daily/weekly/ _____ I can _____ the _____?
 Is _____ allowed _____ for claims submitted _____ plan?
 What _____ the most one _____ day, week, month, _____?
 I want _____ know _____ the _____ daily/weekly/monthly _____ is under _____.
 Can you tell me _____ the daily, _____ monthly _____?
 The _____ per _____ allowed _____ submitted via the plan are _____.
 Is _____ limit to what I _____ the _____?
 Can _____ the maximum _____ which _____ be claimed _____ plan?
 _____ maximum _____ each day, week, month, and _____ is _____ with this _____?
 _____ a limit _____ I _____ single day, week, _____ year _____ this plan?
 _____ is _____ week, _____ and year that can be _____ by this _____?
 Can you give me _____ money _____ in this long _____ care insurance plan?
 _____ the _____ one _____ claim _____ month and year?
 _____ you please _____ the top _____ limit _____ under the plan?
 _____ clarify the maximum _____ claimed _____?
 _____ you _____ me know _____ highest _____ can get?
 Does _____ how _____ I _____ each day?
 What's the _____ allowed _____ for _____ through _____ plan?
 Is _____ permissible per _____ for claims submitted _____?
 I would like to _____ highest daily or _____ limit _____ me _____.
 _____ you _____ to _____ me _____ highest _____ I _____ get _____ the plan?
 I would _____ to _____ highest possible daily, _____ monthly, _____ claims eligible _____.
 Can anyone _____ me _____ much can _____?
 Can _____ me _____ highest daily/weekly/monthly _____ is available _____ this _____?
 Can you _____ can be claimed _____ the plan?

Can _____ amount _____ daily, weekly, or monthly basis?
 _____ need _____ highest daily/weekly/month/yearly _____ available _____ this plan.

Can you _____ me _____ of money that _____ out _____ this long _____ care insurance _____?

Can _____ me the _____ for a day/week/month/year?
 _____ there a _____ limit for claims _____ time _____ plan?
 _____ tell _____ highest daily _____ available under this?

What can _____ under this _____ long-term _____ plan?
 _____ tell _____ the daily/weekly/monthly/yearly claims limit?
 _____ is _____ max _____ amount _____ day _____ this policy?

Can _____ tell me the _____ available to _____ plan?
 What's _____ most one _____ day, week, _____ year?
 _____ am _____ in knowing _____ highest possible daily, _____ eligible under this _____.
 _____ you _____ the daily, weekly _____ monthly limit?

What's the maximum _____ per day, _____ that _____ be achieved through _____?
 _____ maximum amount _____ can be _____ per _____ under this _____?

How _____ can _____ claim _____ a weekly, daily _____ basis _____ my _____?

Is _____ plan a limit _____ what _____ in _____ day, a _____ a _____?
 _____ the limit _____ day, _____ and year on this _____?

You _____ know the highest daily/weekly/monthly _____ can _____ the plan.

Can _____ tell me _____ daily/weekly/monthly/yearly limit _____ is _____?
 _____ to have the maximum _____ per _____ week, month, and _____.

What is _____ amount _____ week, month _____ year _____ can claim through _____?
 _____ the _____ amount _____ can be _____ each _____ through this _____?
 _____ could _____ claimed _____ the plan per _____ week, _____ and _____?
 _____ much is _____ claimable _____ day and week?

What _____ the maximum _____ per _____ that _____ be _____ the _____.

I _____ know the _____ is available in this _____.
 _____ you know _____ max _____ amount _____ plan?
 _____ highest daily/weekly/monthly/yearly limit _____ the _____?

How _____ I _____ a week, _____ yearly with my _____?
 _____ the max claimable _____ day, _____ or _____ in this policy?

Can _____ maximum amount _____ the _____ weekly, _____ monthly cap?

I would _____ know the _____ daily/weekly/monthly/yearly _____ of _____.
 _____ to _____ the _____ possible _____ weekly, monthly, _____ claims eligible _____ the plan.

Can you _____ me how _____ claimed _____ under _____ plan?
 _____ much _____ the max _____ amount per _____ month _____ in _____ long-term _____ insurance policy?

I wish to _____ the _____ me _____ the plan.

What are _____ daily/weekly/monthly/yearly _____ limit?

Can you _____ me _____ highest daily/weekly/ _____ to me?
 _____ the maximum _____ day, week, _____ and _____ possible with this _____?

Is _____ a limit _____ what I _____ a _____ or an entire year with _____ plan?
 _____ highest daily/weekly/monthly limit that I _____ get under _____.

_____ there a limit _____ how _____ I can _____ in _____ or _____?

I _____ that you tell _____ the _____ and _____ that is currently _____

I _____ highest daily/weekly/month/yearly limit available _____ plan.

How much _____ it _____ on _____ daily, _____ or yearly basis?

What is the _____ amount of _____ months _____ long-term care _____ will _____ you _____?

How _____ be _____ per _____ week, _____ and year?

How much _____ maximum _____ per day, _____ or _____ in _____ policy?

What are the _____ I can _____ every _____?

Please _____ daily/weekly/monthly limit _____ to me under the _____.

Can _____ tell me _____ highest _____ is for this _____?

The highest _____ limit _____ get _____ plan?

_____ if the highest daily/weekly/monthly _____ available under this?

_____ to _____ the _____ daily, _____ and yearly _____ under _____ plan.

Can you _____ tell me _____ limit that's _____?

Can you _____ the _____ amount _____ day _____ the year?

_____ I claim on _____ daily, weekly, monthly _____ annually _____?

_____ much is the _____ amount per day, _____ month, _____ year _____ this long _____ policy?

_____ much is _____ claim amount for _____ plan _____?

_____ the maximum _____ can be claimed _____ through this _____?

_____ there a limit to how much money _____ week, _____ year?

_____ the _____ day _____ claims submitted through this _____.

_____ limit to _____ I _____ in one _____ a _____ an _____ year with the plan.

Do _____ the _____ daily/weekly/ _____ I _____ under the plan?

How much _____ day, weekly, _____ or _____ under my _____?

_____ claim each day with this _____?

_____ the highest _____ to me under the plan?

_____ long-term care _____ policy have a max _____?

_____ is the highest daily _____ limit _____ by _____?

_____ you _____ me _____ highest _____ available for this _____?

_____ the _____ claimable amount _____ day?

Are _____ to tell _____ highest daily/weekly/monthly limit that _____ can _____ plan?

Is there _____ limit _____ much _____ can _____ in _____ day, _____ month or _____?

Can you _____ for every day on _____ plan?

Is _____ maximum allowed _____ claims _____ in _____ plan?

What is the maximum _____ every _____ month, _____ is _____ this plan?

Can _____ me _____ highest _____ limit _____?

What is the _____ of money one _____ claim _____ a particular period, _____ or monthly _____ care _____?

_____ tell _____ the max claimable _____ per day, _____ month, or _____ policy?

_____ there _____ entitlement _____ each day in _____ plan?

_____ a _____ day cap _____ be claimed under this _____?

I request _____ what the _____ daily limit _____ under this _____.

_____ you tell me _____ amount _____ can _____ this plan?

_____ maximum amount per day, week, _____ year may be _____.

_____ would like to know the _____ that _____ available to me _____.

Can you tell _____ how much _____ be _____ daily, _____?

_____ me the maximum _____ you can _____ day?

_____ the highest amount of _____ one can _____ single day _____ month with _____ term _____ insurance _____?

_____ you tell me _____ maximum _____ days, weeks, _____ months _____ care _____ will _____?

Is _____ day cap that _____ be claimed?

Let _____ daily/weekly/monthly _____ is available to me _____ the plan.

What _____ the daily/weekly/monthly/yearly _____?

The ltc _____ per day, _____ and year.

_____ you tell _____ the highest _____ is available to _____ the _____?

_____ a limit _____ I _____ in _____ day, _____ or an entire year _____ the plan?

_____ is _____ most _____ per day with this _____?

I _____ highest daily, weekly _____ yearly _____ under the plan.

Can _____ tell _____ the _____ daily/weekly/weekly _____ I can _____ under _____?

Can you _____ limit that _____ available?

Is _____ a limit _____ what _____ claim _____ one _____ week, month _____?

According _____ the most one _____ claim daily?

Can you specify _____ amount _____ day?

_____ the _____ allowed per _____ paid through _____ plan?

_____ maximum amount per _____ month, _____ year that is _____ get _____ this plan

_____ please tell _____ the highest daily/weekly/monthly _____ under the plan?

What _____ per day _____ for claims submitted _____ plan?

_____ maximum amount _____ day that _____ be claimed _____ the plan?

_____ can _____ day by this plan?

_____ maximum _____ limit per day _____ the plan?

What is the _____ day that _____ possible to _____ this _____?

Are you _____ daily _____ available in the plan?

What _____ can _____ claimed for _____ and week?

_____ it possible _____ get _____ from _____ per day?

Is _____ allowed per _____ per _____ through the _____?

How _____ is allowed to _____ claimed _____ a _____ weekly, _____ yearly _____?

Is _____ a limit on _____ I can _____ plan?

_____ a max amount _____ plan per _____?

_____ amount per _____ week, month, and _____ can _____ with this plan?

What _____ the _____ can get _____ day _____ this _____?

_____ you _____ most _____ limit I _____ get under the _____?

How much _____ claim with _____ plan on _____ and _____ basis?

_____ particular long-term care _____ plan, what _____ most _____ can _____?

Is _____ a maximum _____ limit _____ in _____ plan?

_____ claim _____ day, a week, or _____ year with this _____?

How _____ get _____ this _____ per day, week, month, _____ year?

_____ you tell me what _____ limit _____?

Can you let me _____ the _____ limit that _____?

How _____ claim per _____ under this _____?

Will there be _____ this plan _____ day?

I _____ know of _____ highest daily, weekly or _____ limit _____.

How _____ through _____ every day, week, month, and _____?

Can you give me details _____?

Can you _____ sum per day/week/month?

_____ there _____ limit to _____ much I _____ in _____ day, _____ year?

_____ a _____ to _____ I _____ claim in one day, _____ week _____ this plan?

What _____ the _____ per _____ and year that can _____ reached _____ plan?

What is _____ maximum _____ of money _____ can claim _____ a _____ this _____ insurance _____?

What is the _____ per _____ month, _____ year _____ the _____ care _____ policy?

How _____ I claim on _____ weekly, _____ yearly basis _____ the _____?

_____ be _____ the _____ per day, _____ month and year.

Can _____ me the _____ daily _____ available _____ plan?

_____ much _____ I _____ in one day, week, _____ year with _____?

What _____ the max amount per _____ week, month, and year _____ to _____?

I want _____ the _____ daily, weekly _____ yearly limit _____ this _____.

_____ the max claimable _____ each _____?

I want _____ the highest _____ limit _____ get under the _____.

Do you _____ details _____ the _____?

What _____ max _____ every day, week, month and _____ basis _____?

What's the _____ claim each _____ with this _____?

_____ tell me the _____ daily/weekly/monthly _____ that is _____ me?

How much can be _____ per _____?

Can you _____ the maximum _____ day?

_____ is _____ paid out _____ day for _____ this plan?

_____ how much I can _____ in _____ week, or year?

_____ the maximum allowed _____ claims to be _____?

_____ would _____ to know what _____ coverage is _____ daily, _____ and _____ basis.

Can _____ highest daily _____ available in the plan?

The _____ each day, week, month _____ year _____ through _____ ltc.

_____ care insurance plan _____ monetary _____ per day, week, month _____ year?

_____ is _____ for a _____ month and _____ that _____ be claimed?

Is there _____ limit?

Can _____ give me _____ limit available to _____ under _____?

_____ like to _____ what the capped benefit is for a _____ or _____ policy.

_____ you _____ amount that _____ claimed _____ day using this plan?

_____ much is _____ per day?

_____ you say how _____ can be claimed _____?

_____ want _____ highest _____ limit available _____ this plan.

Can _____ me the maximum amount _____ be claimed _____?

I _____ to know of _____ daily, weekly or yearly _____.

_____ want _____ the highest _____ limit _____ this plan.

_____ me _____ the _____ claims limit.

_____ me _____ maximum _____ amount _____ day, week, or month?

Can we _____ reimbursement from _____ per day?

Is _____ a _____ on the _____ of _____ long-term care insurance _____?

Can you please let _____ know _____ limit _____ to _____?

_____ the maximum _____ day allowed for claims _____ through _____?

How _____ plan every day, week, month _____ year?

What maximum amount _____ be _____ in _____ plan?

Can _____ please tell me _____ highest _____ under the _____?

_____ tell _____ the _____ amount that can be claimed _____?

What _____ the _____ can claim _____ day/week/month/year with _____?

Does _____ term _____ plan _____ a _____ claims per _____ week, month or year?

Is _____ a _____ to _____ claim in _____ day, _____ or entire _____?

Can _____ confirm _____ maximum claimable _____ each day _____ plan?

Can _____ say _____ amount for each _____?

_____ the _____ per _____ for claims submitted through _____?

How _____ claim on a _____ daily _____ yearly _____ my _____ plan?

_____ the _____ daily _____ limit allowed _____ Plan?

_____ request that _____ tell _____ highest daily/weekly, _____ and _____ is available

How _____ can I claim _____ week, _____ using the _____?

Can you _____ the _____ claim limit?

_____ you tell _____ the _____ amount I can _____ under _____?

I _____ know _____ maximum coverage is _____ a _____ weekly, month _____ basis.

Can you tell me _____ daily/weekly/monthly limit _____?

I _____ like to know _____ highest _____ for _____ plan.

_____ the _____ one _____ claim per day under this long-term _____?

Please _____ the _____ claim amount

_____ maximum _____ day _____ can _____ claimed through the ltc?

What _____ the maximum _____ day, week, month, _____ that _____ with this _____?

_____ say _____ the maximum claimable _____ for each _____?
 _____ is the maximum amount per _____ that can _____?
 _____ daily claim amount under this plan.
 How _____ I _____ per _____ the plan?
 Is _____ a limit _____ I _____ claim _____ a _____ week, _____ or a year?
 What _____ the _____ day for _____ submitted _____ this plan?
 Is there _____ maximum _____ per _____ can be _____ plan?
 _____ the upper _____ on reimbursement _____ a _____ basis?
 _____ can _____ claimed in a day in _____?
 Can you _____ the _____ of money that can be _____ term _____ insurance plan?
 _____ wish _____ highest _____ weekly, _____ yearly limit under _____ plan.
 _____ is _____ highest _____ claim limit _____?
 I _____ like _____ how _____ I _____ claim _____ day, _____ and yearly _____ plan.
 _____ would _____ to know _____ highest daily/weekly, monthly _____ limit _____ through.
 Is there a limit _____ much _____ can _____ a _____ a _____ month, or a _____?
 What _____ money one _____ a day or month with this long-term _____ insurance _____?
 _____ the long-term care _____ have _____ limit _____ claims _____ day, week, _____ year?
 _____ would like _____ know _____ much I _____ day, _____ and _____ under my _____.
 How much is _____ per day/week/month _____ plan?
 _____ insurance _____ what _____ the most one can claim?
 _____ let _____ highest daily/weekly/monthly _____ is available in this _____.
 _____ you tell me the _____ amount _____ that _____ can take out _____ term _____ plan?
 _____ you _____ how _____ can be claimed _____ plan?
 _____ me the highest daily/weekly limit _____ can get _____ the _____?
 Can _____ give _____ highest possible daily, _____ monthly, _____ claims _____ eligible under this _____?
 Can you _____ me know _____ daily/weekly/yearly limit _____?
 Does _____ have _____ limit on _____ much _____ per day?
 Is _____ a _____ that _____ be _____ by this plan?
 I _____ you _____ me the highest _____ and _____ under _____ plan.
 _____ aware _____ the _____ daily limit _____ in _____ plan?
 I _____ that you _____ me _____ highest _____ under the _____
 _____ me about _____ daily/weekly/annual _____ limit?
 Is there a limit _____ by _____ care insurance plan?
 What amount _____ allowed _____ on _____ monthly and yearly basis?
 _____ maximum _____ day _____ claims that _____ submitted via this _____ known.
 I request that you tell _____ highest _____ limit _____ under _____ plan.
 What is _____ max coverage _____ every _____ week, _____ basis _____ plan?
 Will _____ the maximum amount that _____ be claimed _____?
 Is there _____ how much can be claimed within _____?
 The _____ amount _____ day, _____ month, _____ be claimed in _____ plan.
 _____ can be _____ day _____ this policy?
 Can _____ please _____ me _____ the highest _____ limit _____ can get _____ the _____?
 Is _____ day for _____ claims submitted _____ this plan?
 _____ can I _____ per _____ monthly, and yearly?
 _____ me _____ the _____ daily/weekly/yearly _____ available under this _____.
 _____ a maximum _____ cap that _____ through the plan?
 _____ there a maximum _____ amount _____ day, week, _____?
 _____ want to _____ the highest daily/weekly/ _____ can get _____ plan.
 _____ you _____ much I can _____ a _____ month, or year?
 Can _____ tell me _____ the _____ daily/weekly/monthly _____?

_____ of each _____ be claimed through this _____?

Can you please tell _____ highest _____ available to _____?

_____ you _____ me _____ maximum _____ of money allowed _____ daily, _____ and monthly?

What _____ maximum _____ for every day, week, _____ and _____ this _____?

_____ a limit _____ what I _____ in _____ week or entire _____ with _____?

I want to _____ highest _____ weekly, or yearly _____ under _____.

Is there a _____ to what I can _____ a _____ a _____ year?

The maximum amount _____ day, week, month _____ claimed through the _____

What _____ the limit _____ daily _____ this policy?

_____ much _____ claimed _____ in this _____?

Can you _____ me the _____ is available?

_____ tell _____ the highest daily _____ on the _____?

How _____ per day/week/month/year using _____ plan?

_____ to _____ the highest _____ limit available _____ this _____.

The _____ per day _____ for claims _____ via _____ plan is _____.

_____ a limit to _____ claim in _____ or _____ year with _____ plan?

Can _____ tell me _____ the highest daily _____ in _____?

_____ you tell _____ maximum amount to _____ this plan?

_____ the _____ day, _____ month, and _____ basis with this plan?

_____ me the highest daily/weekly/monthly limit _____ I _____?

_____ know if _____ weekly, or yearly _____ is available under _____ plan.

Can _____ tell me _____ maximum claimable _____ each _____ on _____?

_____ the _____ claimable _____ each _____?

_____ the maximum limit for claims _____ period?

What is the maximum _____ that can _____ claimed _____?

Can you _____ limit I _____ get under _____ plan?

_____ weekly, _____ and yearly claim limit?

_____ are _____ can _____ daily with this plan?

How _____ be claimed _____ day, week, _____ and _____?

Can you _____ me the _____ limit _____ get _____ your _____?

_____ is _____ max claimable amount per _____ week, _____ this _____ care insurance _____?

Can _____ tell me the _____ limit _____ given _____ period?

_____ be claimed through _____ ltc _____ day, _____ month, _____ year?

Can _____ me _____ maximum claimable _____ every _____ a year?

What is the _____ sum _____ one can _____ period, say daily _____ monthly with this _____ insurance _____?

Will _____ the _____ that _____ claimed each day?

_____ much _____ for _____ daily, _____ or yearly claim?

Can _____ tell me the _____ daily/weekly/month/yearly limit _____?

_____ can be claimed through this _____?

Do _____ have _____ the _____ claims limit?

Could you _____ the _____ possible daily, _____ and _____ claims are?

_____ want to know _____ the _____ or _____ limit is under _____.

What _____ claim per day in _____ plan?

_____ isn't _____ the maximum per day payouts _____ for _____ this _____.

I _____ to know the _____ yearly limits _____ plan.

I want _____ amount that can _____ day under _____ plan.

_____ is _____ one can claim _____ day/week/month/year _____ plan?

_____ give _____ the highest _____ I can _____ under the plan?

Is _____ a _____ to _____ claim in one _____ entire year?

_____ that _____ tell me of the _____ monthly _____ yearly _____ is currently _____

Is _____ claims per _____ in this plan?

_____ would _____ to learn more _____ the _____ daily, _____ and _____ eligible under this plan.

_____ is _____ maximum _____ per _____ week, month, _____ year _____ using this plan?

_____ want to _____ about _____ possible daily, weekly, _____ and _____ claims eligible _____ the _____.

What _____ limit _____ claims per time period in _____?

I would appreciate _____ the _____ limit _____ under _____.

How _____ claim per day _____ the _____?

_____ I _____ on a weekly, _____ and _____ with my LTCI _____?

_____ is _____ maximum amount _____ day, _____ month, _____ that _____ possible with this _____?

Can you _____ each day's _____ on _____ plan?

_____ to have a _____ for _____ period within this _____?

Can _____ what the highest daily/weekly/monthly/yearly _____ is on _____?

_____ you _____ highest _____ limit _____ I can get under my _____?

Please tell _____ the _____ claim _____

Can you _____ me _____ much can _____?

_____ is the _____ amount _____ day, week, month or _____?

_____ the daily/weekly/monthly/yearly claims limit?

_____ maximum claimable _____ per _____ month, or year in the _____?

Is there _____ to what I _____ day, a _____ or _____ the plan?

What is the most _____ claim _____ month _____ year?

I _____ you _____ of the highest _____ yearly limit available

How _____ can _____ day _____ this plan.

Is _____ maximum limit for _____ period _____ this plan?

Is _____ limit _____ how much I _____ claim _____ day or _____?

_____ the highest daily/weekly/monthly limit _____ get under _____ plan?

_____ tell _____ claimable amount for _____ day of _____ year?

Can I know _____ maximum _____ for _____ day, week, _____?

_____ you _____ me the _____ daily/weekly/monthly _____ to me _____ my _____?

_____ you know the _____ the claims _____ day?

_____ can _____ get _____ this _____ per day, week, _____ year?

_____ you tell _____ daily/weekly/monthly/yearly _____ limit?

Is _____ to get _____ for each period within _____?

Do _____ know _____ the maximum coverage is _____ week, _____ and _____?

_____ much _____ claim on _____ daily, _____ monthly _____ yearly basis?

_____ the daily/weekly/monthly/yearly claims _____?

How _____ can _____ claim per _____ week, month _____ using _____?

_____ need to _____ highest _____ available under _____ plan.

_____ plan capable of claiming _____ per day?

_____ upper ceiling of _____ for daily/weekly/monthly/yearly under _____?

_____ is _____ amount _____ month and _____ that could _____ claimed through ltcI?

_____ much _____ claim _____ a daily, weekly, _____ basis with my _____?

Can you tell _____ daily limit _____ can _____ under _____ is?

What _____ daily/weekly/annual _____ allowed by this plan?

Can _____ tell me the _____ amount _____ day?

Can _____ me _____ money that _____ be _____ through this _____ term care insurance plan?

Can _____ maximum _____ that can be claimed under _____?

Is _____ limit _____ what _____ claim in _____ single _____ week, or an _____ with the plan?

_____ you _____ me the highest _____ can _____ the plan?

The long-term care insurance plan _____ a _____ monetary claims _____ week, _____.

Do _____ know _____ much can be _____ day _____ plan?

_____ give us details on the _____?

_____ daily claim ceiling _____ care insurance policy _____ known.

Can _____ give me the maximum _____ that _____ be _____ long _____ insurance plan?

_____ request that _____ highest daily/weekly, monthly and _____ limit that _____

_____ I _____ on a daily, weekly, _____ yearly basis?

Does this plan _____ a limit on _____ be _____?

Can _____ tell me _____ highest _____ is under this _____?

_____ maximum _____ are allowed per day/week/month/year _____ through this _____?

_____ the maximum amount I can claim _____ plan?

_____ there a _____ day that _____ be claimed?

Can _____ highest daily _____ for the plan?

Does _____ plan allow a limit on monetary _____ week, month _____?

How much _____ get _____ day with this plan?

_____ tell me what _____ coverage is for _____ day, _____ month _____ annual _____?

Can you _____ daily/weekly/monthly/yearly limit?

_____ a _____ to what I _____ claim in _____ month and a _____?

_____ is _____ highest daily _____ allowed by this _____?

_____ is _____ amount of money allowed _____ for _____ through _____ plan?

I _____ to _____ highest daily, _____ or _____ limit _____ under the _____.

_____ maximum per day payouts for _____ this _____ known.

Can you tell me about _____ highest possible daily, _____ and _____ claims _____ are _____?

What's _____ highest _____ by this _____?

_____ the _____ daily/weekly/monthly/yearly limit _____ by this _____?

Does _____ allow per _____ claims _____ through _____ plan?

Can you _____ the _____ limit on the _____?

_____ is the maximum claim limit _____ plan?

I _____ to _____ highest daily/weekly/monthly _____ to _____ the plan.

Can _____ tell _____ the _____?

I would like _____ know _____ daily/weekly/monthly _____ available _____ plan.

_____ you _____ me _____ daily/weekly/ yearly limit _____ is _____?

_____ claims _____ daily, weekly, monthly, and yearly basis?

_____ me the highest _____ yearly _____ available?

What _____ maximum _____ per _____ week, month, year _____ be achieved _____ plan?

How much _____ I _____ a _____ monthly _____ yearly _____?

How _____ can I claim _____ a daily basis _____ this _____?

_____ that _____ tell me _____ daily, weekly, or yearly _____ of the _____.

_____ can _____ claim _____ week, daily _____ yearly _____ my _____ plan?

_____ there be _____ max _____ of reimbursement _____ plan per _____?

_____ tell _____ the maximum _____ limit I _____ under _____ plan?

Is _____ a _____ can claim in _____ day, _____ or year _____ this _____?

_____ how _____ can be claimed _____ day?

Is _____ limit _____ what I can _____ in a _____ a week or _____ plan?

_____ daily/weekly/monthly limit _____ can get _____ the plan?

_____ you please _____ the _____ limit _____ available to _____ under the plan?

Can you tell me _____ maximum _____ for _____ week, month, _____?

_____ the maximum amount for each day and _____?

_____ would like to _____ the highest possible _____ yearly _____ eligible under this plan.

I _____ to _____ the highest possible daily, _____ yearly claims _____ under _____.

What _____ the highest daily/weekly/monthly _____ that _____ plan _____?

Is there _____ limit to _____ much _____ can _____ a _____ a week, _____?

_____ claims _____ through _____ is the _____ allowed _____ day?

What is _____ limit _____ this plan?

Can you tell _____ have under the plan?

Can you _____ maximum _____ be claimed _____ day?

_____ you know _____ amount can be claimed _____ this _____?

_____ I claim a day under this long _____?

What is the most _____ daily with _____?

_____ clarify the maximum _____ can _____ claimed _____ day?

_____ know the _____ claimable amount for _____ of the _____?

_____ you _____ the highest daily/weekly/monthly/yearly limit _____ for this _____?

_____ give _____ the _____ that can be claimed _____ day?

_____ you _____ details _____ the _____ limit?

Can _____ tell _____ the _____ daily/weekly limit available _____?

Do _____ know _____ highest daily/weekly/monthly _____ available _____ plan?

How _____ claim on _____ weekly and _____ basis _____ my plan?

_____ is _____ can claim each _____ under _____ particular long-term _____ insurance _____?

What _____ the most I can _____ day _____?

I would like _____ maximum limit for claims _____ this _____.

_____ to know _____ highest _____ yearly limit _____ is available under _____.

Can you tell _____ the _____ amount _____ per _____ this plan?

_____ max claimable amount per day, _____ year?

_____ is _____ maximum _____ per day, week, _____ and year that _____ plan _____?

Can _____ tell me the maximum _____ that _____ claimed _____?

There _____ known the maximum per _____ for _____ submitted _____ plan.

_____ have _____ highest possible _____ monthly, and yearly claims eligible under _____ plan?

_____ me the _____ daily/weekly/monthly limit available for _____?

Can _____ me _____ maximum amount _____ daily under this plan?

Can we get _____ reimbursement _____ this _____ per _____?

What's the _____ claim _____ weekly, or _____?

How _____ can I _____ with _____ plan _____ a daily, weekly _____?

Can _____ tell me _____ daily _____ this plan _____?

When claiming the plan, what is _____?

_____ is the max _____ every day, _____ month, and Annual _____?

I _____ that you _____ me _____ yearly limit under _____ plan.

_____ know what _____ daily/weekly/monthly _____ is under the plan.

On _____ weekly, daily, _____ yearly _____ can I claim _____ my _____?

Is there a maximum amount of _____ week _____?

_____ is the highest _____ of money _____ can _____ on _____ or _____ basis _____ this _____ care insurance _____?

Is _____ a _____ claim _____ a single day, _____ or _____ with this plan?

What's _____ max claimable _____ month, _____ year in this _____?

What _____ most _____ can claim _____ weekly?

Is _____ a _____ to how much _____ claim _____ month or year?

What can be _____ this _____?

_____ limit applicable for _____ per timeframe _____ this plan?

_____ request that you let _____ the highest _____ available _____ plan.

The maximum _____ per day, _____ year _____ claimed by _____ ltc.

Can _____ me _____ daily/weekly/monthly/yearly _____ available on the _____?

_____ it _____ to know _____ of reimbursement for daily/weekly/monthly/yearly _____?

What _____ the maximum _____ claims _____ this plan?

Is the maximum allowance _____ claims _____ through _____ plan?

What is _____ amount _____ weeks, _____ months a _____ policy _____ you have?

How much _____ claimed in _____ day _____ this _____?

Can _____ tell _____ what _____ limits _____ reimbursement _____ day/week/month/year?

What is _____ maximum amount _____ month and year that _____ in _____?

I request that _____ me the _____ and _____ limit offered _____.

Can _____ tell me the _____ day, week _____ month?

What _____ the _____ amount of days, weeks, or _____ care policy will _____?

Can _____ give _____ maximum _____ of money that _____ be taken out _____ long _____ insurance _____?

Can you tell me _____ is _____ under this?

How _____ can I _____ my plan on _____ yearly basis?

The maximum amount per _____ week, _____ year is possible _____ this _____.

_____ is the maximum _____ per _____ week, _____ and _____ you _____ claim _____ the _____?

_____ me about the daily, _____ or monthly _____ care _____.

_____ tell me the _____ allowed under this _____?

I _____ know _____ I _____ each _____ with this plan.

_____ know _____ the _____ ceiling is for _____ reimbursement?

_____ are _____ I can _____ per _____ this plan.

_____ tell _____ the daily, weekly, _____ monthly _____ limit?

_____ highest daily or weekly limit _____ to _____ the plan?

_____ you _____ if there _____ a maximum _____ for each _____ plan?

What _____ be _____ day, _____ month, _____ year with this plan?

How much can _____ claimed through the _____ and _____?