

[Demo] NLP Dataset for Customer Service Automation

Company Type	Health Insurance Companies
Inquiry Category	Coordination of benefits with other insurance plans
Inquiry Sub-Category	Dependents and coordination of benefits
Description	Customers inquire about how their health insurance plan coordinates benefits for dependents who are covered under multiple insurance plans, including eligibility, coverage, and claims processing procedures.
Data Size	5,134 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.)

Does ____ company need ____ specific documentation ____ dependents ____ receive coverage ____ another source ____ coordinating ____?

____ you ____ any ____ about dependents with ____?

____ your ____ require proof ____ and third-party providers?

____ company ____ from ____ sources to provide additional documentation?

When ____ already ____ somewhere ____ you want ____?

If ____ dependents also ____ coverage ____ do you ____?

____ company need ____ documentation ____ dependents ____ get coverage ____ another source ____ benefits?

Do you want proof ____ who ____ insured ____?

____ dependents who ____ coverage elsewhere, do ____ need documentation?

____ the ____ documentation ____ people who received coverage from other sources ____ coordinating ____?

Is it ____ for ____ give specific ____ about dependents' other ____?

____ your business ____ customers and ____ other ____ of coverage?

____ your ____ need any ____ of ____ who ____ coverage from another source ____?

____ company require ____ the people ____ received coverage from other ____ order ____ benefits?

Is there ____ required ____ who ____ covered elsewhere?

Does ____ company need ____ from ____ received coverage ____ a ____ can coordinate their benefits?

Does ____ need ____ documentation for customers ____ who are covered ____ two ____?

____ dependents get coverage through ____ do we ____ from ____?

____ company ____ for dependents who have coverage from other sources?

____ business need ____ and dependents ____ have other types of ____?

Does ____ company ____ documents from ____ have dependents to ____?

Do ____ any paperwork ____ to ____ with other ____?

Do ____ specific documents ____ between policyholders ____ dependents?

____ benefits ____ dependents, do ____ to ask for specific documents?

____ the company need ____ from ____ with dependents ____ coverage to ____?

If you have ____ receive ____ another provider, ____ paperwork from them?

____ need ____ for customers and ____ that ____ types of ____?

____ you have ____ also receive ____ from another provider, do ____ require ____ ?
 ____ the company need any ____ coverage from ____ second ____ ?
 ____ coordination of ____ at ____ company require any special documentation regarding ____ ?
 Do you need ____ dependents who ____ covered by ____ source?
 Does your ____ need any ____ who ____ get ____ from another ____ for coordinating ____ ?
 ____ want ____ see separate paperwork for ____ receive alternative ____ ?
 ____ your ____ need specific documentation ____ who get ____ from multiple ____ ?
 If ____ dependents ____ coverage elsewhere, ____ need ____ ?
 ____ are ____ insured elsewhere, ____ want proof?
 ____ coordination of benefits ____ your company require ____ for their ____ ?
 ____ need any ____ coverage of ____ from a different source?
 ____ the company require documents ____ policyholders ____ dependents ____ coordinate ____ ?
 ____ any ____ for dependents ____ other insurance?
 If ____ insured somewhere else, do ____ proof?
 ____ you need a doc ____ other ____ ?
 ____ need ____ dependents who ____ source in order to get benefits?
 Do you need ____ paperwork ____ who ____ dependents ____ also receive coverage ____ another ____ ?
 Does ____ need ____ people who received coverage from ____ they want ____ coordinate ____ ?
 Does the ____ need to ____ documentation ____ people who ____ from ____ to ____ benefits?
 ____ it necessary ____ your ____ to get additional ____ for dependents ____ other ____ ?
 ____ you tell ____ about the paperwork ____ company ____ alternate ____ options?
 Does your business ____ and dependents ____ receive benefits from ____ different ____ ?
 Does the ____ documentation from the ____ got ____ sources in ____ coordinate their benefits?
 ____ further documentation when dependents ____ benefits from ____ insurers?
 Is there ____ paperwork ____ policyholders who ____ dependents and ____ coverage from ____ ?
 Does the company ____ from ____ from other sources in ____ to ____ benefits coordinated?
 ____ you ____ a doc ____ other coverage?
 Do ____ paperwork for people who ____ dependents ____ also ____ another provider?
 ____ business need ____ customers ____ dependents ____ have coverage ____ different sources?
 Need ____ dependents ____ insurance?
 ____ company need ____ documentation ____ who got coverage ____ source so they ____ coordinate their ____ ?
 Did ____ need paperwork for ____ ?
 What documents ____ required to coordinate ____ benefit ____ your ____ a dependent?
 Does ____ need documents ____ dependents to coordinate benefits?
 If ____ have ____ and ____ another provider, ____ require specific ____ from them?
 Is ____ necessary to provide ____ benefits from different ____ ?
 Does your company have ____ for coordinating ____ plan ____ and third-party ____ ?
 What ____ is required ____ coordination ____ recipients ____ insured by ____ provider?
 Does ____ company need documentation ____ people who ____ coverage ____ other sources ____ want ____ benefits?
 ____ you ____ dependents that ____ coverage elsewhere, ____ you ____ ?
 ____ you require paperwork ____ people who have dependents ____ receive ____ different ____ ?
 Is your ____ going ____ for dependents who ____ other sources?
 ____ coordinating benefits ____ and dependents ____ elsewhere, ____ you ____ for ____ documents?
 ____ may be some documents that ____ to be ____ policyholders whose ____ from ____ source.
 ____ need ____ documentation ____ customers and dependents that get other ____ ?
 Does your ____ documentation in order to ____ plan ____ dependents and ____ ?
 ____ you require ____ for people with dependents ____ another ____ ?
 Does your ____ need specific ____ for ____ that ____ from another ____ benefits?
 Does ____ company need any documentation ____ who ____ another ____ ?
 Did your company ____ to ____ documents ____ dependents with ____ ?

____ the ____ require ____ policyholders ____ dependents ____ external coverage to coordinate ____?
 ____ require specific ____ when coordinating benefits ____ dependents and ____ providers?
 Is ____ necessary ____ provide documents when dependents are ____?
 Does your company ____ to ____ with ____ coverage?
 Does ____ need ____ policies with ____ and external ____?
 Does ____ ask ____ certain documents ____ dependents ____ coordinate benefits?
 Does the company ____ who ____ coverage ____ sources in ____ to receive ____?
 Does ____ company need ____ documentation from people who ____ so they can ____ their ____?
 ____ coordination of ____ company require any ____ documentation about the ____ of ____?
 ____ the company ____ paperwork ____ with alternate ____ options?
 ____ company require ____ the coverage ____ dependents from ____ source?
 Does the company ____ documentation ____ people ____ coverage from ____ different ____ so ____ coordinate their benefits?
 ____ there ____ to be submitted ____ the dependents whose coverage ____ from ____ source?
 ____ benefits at your ____ demand any ____ secondary coverage for ____?
 Does your company ____ for dependents who ____ coverage from ____?
 The ____ may need ____ from policyholders ____ coordinate their ____.
 ____ require proof of benefit coordination ____ plan ____ dependents and ____ by ____?
 ____ your company require any specific ____ when coordinating benefits ____?
 ____ company require any ____ to coordinate benefits ____ and ____ providers?
 ____ the company require documents ____ dependents and ____ to ____ benefits?
 Does ____ company need documentation of ____ dependents ____ second ____?
 Does ____ any specific ____ from dependents who ____ coverage from ____ source ____?
 ____ you require ____ from people who have dependents ____ from ____ provider?
 Can ____ me ____ the required ____ for dependents that ____ from ____ source?
 Does ____ need documentation from people ____ from other ____ their benefits?
 ____ the ____ any ____ people that got coverage ____ another source ____ their ____?
 If ____ also have ____ do ____ documentation?
 Does ____ company need additional ____ with ____ coverage?
 ____ your business ____ documentation ____ dependents ____ receive other ____ of coverage?
 When ____ are ____ insured ____ you need proof?
 Does ____ company need ____ from ____ who received ____ in order ____ benefits?
 ____ it necessary ____ coverage for dependents to be ____ by the ____?
 ____ document ____ needs ____ be ____ from the ____ whose dependents ____ coverage from ____ source?
 If ____ have ____ elsewhere, do you ____ documentation?
 ____ company ____ dependents with additional coverage?
 Does the company ____ documentation ____ people who received ____ sources, in ____ benefits?
 ____ the company need documentation from people ____ received coverage ____ another ____ coordinate ____?
 ____ your business ____ any ____ for ____ and ____ who ____ other coverage?
 ____ business need ____ documentation ____ customers and dependents ____ types of ____?
 Do you want ____ paperwork ____ get ____ coverage?
 Can ____ us ____ company requires paperwork ____ dependents ____ alternate coverage ____?
 ____ the company ____ documentation from ____ that ____ from other ____ in order ____ coordinating ____?
 ____ the ____ need ____ documentation from ____ people ____ coverage from ____ sources in order to ____?
 ____ business ____ to have ____ for ____ and ____ get other types ____ coverage?
 ____ any documentation ____ people who received coverage ____ other sources in ____ to ____ benefits?
 ____ you ____ from ____ who have ____ and also ____ coverage from ____ provider?
 Does your ____ need ____ coordinate ____ between ____ and third-party ____?
 ____ your ____ need ____ documentation about ____ receive ____ from another ____ for ____ benefits?
 Does the ____ need ____ from ____ that received coverage from other sources ____ get ____?
 ____ the ____ need any ____ people ____ received coverage ____ sources in order ____ benefits?

_____ company _____ any documentation of _____ for dependents from _____ ?
 Does _____ documentation from _____ people _____ received _____ another source _____ they can be connected?
 _____ your business need a specific _____ and _____ get _____ types of _____ ?
 Do you _____ for dependents _____ receive _____ coverage _____ benefits?
 _____ the company _____ any _____ the _____ coverage from _____ second _____ ?
 Do you _____ separate _____ from _____ with dependents _____ alternative _____ ?
 _____ you _____ different paperwork for _____ dependents who _____ harmonize benefits?
 Does your _____ proof when coordinating benefits _____ dependents _____ and _____ ?
 Can _____ if the company _____ for dependents with _____ ?
 If dependents _____ another source, _____ specialized _____ from the policyholders?
 Can _____ if the company _____ paperwork for _____ dependents have _____ coverage _____ ?
 _____ receive coverage through _____ source, _____ need any _____ policy holders?
 _____ you ask _____ when coordinating _____ between _____ policyholders _____ dependents?
 _____ there _____ documents that need _____ be _____ policyholders whose _____ coverage from _____ source?
 _____ need documentation _____ who have _____ covered by _____ source?
 _____ the company _____ any documentation from the people who got _____ they _____ coordinate _____ benefits?
 _____ your company _____ for the dependents who get _____ another _____ ?
 _____ benefits _____ different _____ is _____ necessary to provide _____ documentation?
 _____ we _____ any paperwork _____ if their dependents _____ through _____ source?
 Does _____ company need specific _____ for _____ dependents and _____ providers?
 Is _____ you _____ from policyholders _____ dependents and also _____ coverage from _____ ?
 _____ company _____ provide additional _____ dependents with outside coverage?
 _____ need any specific paperwork _____ those who have dependents _____ receive _____ ?
 Does the _____ need _____ people who have coverage _____ order _____ get coordinated benefits?
 Is it necessary _____ provide specific documentation _____ beneficiaries who _____ ?
 _____ you need _____ dependents with _____ insurance?
 Is it necessary for _____ provide _____ regarding _____ other _____ coverage?
 Do _____ need additional documents _____ with _____ ?
 _____ the _____ need documentation _____ people that received _____ from _____ to _____ their _____ ?
 Does the company _____ the documentation from people _____ received coverage from _____ they _____ ?
 _____ the company _____ any documentation _____ people who received coverage from _____ in _____ their _____ ?
 Do _____ need any paperwork _____ dependents _____ ?
 _____ your dependents also have _____ do _____ documentation?
 Does your _____ need any _____ and dependents that _____ types _____
 If _____ receive _____ source, do _____ need specific paperwork _____ the _____ ?
 Does the _____ need _____ documentation _____ the dependents _____ source?
 _____ coordination of benefits _____ company require special documentation from _____ regarding _____ dependent's _____ ?
 _____ coverage _____ source, do we need to file paperwork _____ ?
 If _____ coordination _____ recipients _____ are _____ by another _____ what specific _____ ?
 Do you require paperwork _____ policy _____ have dependents _____ receive _____ provider?
 Does your company need _____ for _____ receive _____ from another _____ benefits?
 _____ the _____ from _____ who _____ coverage from _____ sources to _____ a _____ benefits?
 Do you know _____ the company _____ for _____ have different coverage _____ ?
 Does the coordination _____ your _____ demand _____ from _____ insurers _____ their dependent's _____ coverage?
 Do you want separate paperwork _____ alternative coverage?
 Does _____ specific proof of _____ coordination _____ plan _____ dependents _____ third-party _____ ?
 Does _____ need _____ of the coverage of dependents _____ for coordinating _____ ?
 Do you _____ if _____ dependents get _____ coverage?
 If _____ given coverage _____ source, _____ we _____ particular paperwork _____ policyholders?
 _____ of documentation _____ needed if coverage _____ involves recipients _____ insured _____ provider?

Do ____ know ____ certain paperwork for ____ that ____ alternate coverage ____?

If there ____ another ____ are any specific papers ____?

____ in order to coordinate benefits between dependents ____ third-party ____?

Do ____ need specific paperwork from ____ who ____ dependents as ____ receiving ____?

____ there ____ required for dependent ____ with ____ benefits?

Is ____ for ____ if ____ coverage elsewhere?

Does ____ documents ____ dependents ____ additional coverage?

____ the company need documentation ____ dependents from ____ second ____?

Do we ____ from the insurers if ____ through ____ source?

Does ____ company require certain ____ from policyholders ____ dependents ____?

Does the ____ need ____ from those who received ____ from ____ sources in ____?

____ your ____ need ____ for ____ and dependents who ____ two ____ for coordinating benefits?

Does ____ company require documentation of dependents ____?

Does the company need ____ documentation ____ received coverage ____ to ____ benefits?

Can there ____ specific documentation ____ for ____ receive concurrent ____?

Does your ____ need ____ documentation ____ dependents who ____ another source for coordinating ____?

Does the coordination ____ at ____ require ____ special documentation ____ dependent's secondary ____?

Does ____ documentation of ____ dependents ____ from the second ____ for ____?

____ required for ____ the benefit ____ company ____ other providers ____ a dependent?

____ your ____ need any documentation ____ dependents that ____ other ____?

Does ____ documentation from ____ other sources in order to get coordinated benefits?

Does the ____ coverage ____ dependents ____ the second source?

____ your business ____ specific ____ for customers and ____ receive other ____?

____ the ____ require documentation ____ people ____ received ____ other sources in ____ get ____ coordinating benefit?

____ dependents have ____ it necessary to provide documents?

Can ____ if the company ____ for ____ who have ____ coverage ____?

____ specific ____ people who ____ and also get ____ from another provider?

Is it ____ to ____ specific documentation ____ other sources of ____?

What documentation is ____ when ____ involves recipients ____ another provider?

____ there ____ for specific paperwork ____ dependents ____ coverage ____ another ____?

____ require certain paperwork from people who have ____ receive ____ provider?

____ company ____ proof that benefits are ____ dependents and ____?

Do you insist ____ from the ____ receive ____ coverage?

When ____ benefits ____ policyholders ____ dependents covered ____ for specific documents?

Does the company require ____ dependents ____ have other ____?

____ there any documents that should be ____ from ____ from an ____ source?

Is ____ necessary for policyholders ____ have ____ documentation about ____ coverage?

____ coordination of benefits at ____ company ____ documentation about the secondary ____?

____ company need any documentation regarding ____ coverage ____ dependents ____ source?

____ your ____ need ____ to ____ benefits between plan ____ dependents ____ those covered ____?

Does ____ company need ____ from ____ who ____ coverage ____ source ____ they want ____ coordinate their ____?

Can you ____ me ____ requires paperwork ____ dependents with ____ options?

____ the coordination ____ benefits ____ company demand special documentation ____ dependent's ____?

Does the ____ require ____ who received coverage from ____ source ____ can coordinate ____ benefits?

____ you know if the ____ requires ____ alternate coverage ____?

____ your company ____ specific ____ coordinating benefits between ____ members' ____ and third ____?

____ the company insist on certain documents ____ benefits?

____ benefits between policy holders ____ dependents, ____ you ____ specific ____?

____ need ____ paperwork for ____ with ____ insurance?

Does ____ require proof ____ between plan members' ____ and those covered by ____?

Which _____ required when _____ beneficiaries _____ and dual coverage _____?

Can _____ tell me _____ paperwork _____ there are dependents _____ dual _____?

Does the _____ documentation of _____ another source?

If dependents _____ coverage elsewhere do _____ to _____?

_____ it _____ policyholders to _____ specific documentation _____ source of coverage?

_____ need any documentation _____ the coverage of _____ another source _____ benefits?

Is _____ anything _____ to be submitted from _____ dependents _____ coverage from _____ alternative _____?

_____ it necessary for _____ paperwork for _____ getting _____ benefits _____?

Does your _____ need documentation for _____ coverage from _____ for _____ benefits?

_____ dependents receive coverage _____ source, _____ we _____ specific _____ the insurers?

Does your company _____ for _____ and third-party providers?

_____ company need documentation of _____ who received coverage _____ other sources _____ to _____ coordinated _____?

_____ need _____ if dependents _____ through another source?

Does _____ need certain documents _____ with _____ order to _____ benefits?

_____ the _____ from people _____ coverage from _____ different source in order to _____ benefits?

Would _____ require additional _____ dependents _____ coverage from other _____?

_____ the company need _____ with dependents _____ coverage?

Does _____ any _____ documentation for customers _____ with other types _____?

_____ the company _____ documentation from people _____ another _____ so _____ coordinate their benefits?

_____ your company need _____ documentation from policyholders _____ coverage _____ another source?

_____ you _____ paperwork _____ policyholders _____ dependents and also receive _____ from a _____?

_____ you have _____ receive _____ from _____ provider, _____ you _____ any _____ paperwork from them?

Can you _____ if _____ paperwork for dependents with alternate _____?

_____ through another source, do _____ need particular _____?

Do _____ need separate _____ dependents _____ alternative coverage?

Does the company need _____ and outside coverage _____ benefits?

When _____ dual coverage, could you clarify which paperwork _____?

_____ coordination _____ at your _____ special documentation regarding secondary _____ dependents?

Does _____ need documents from _____ to _____ benefits?

_____ your company required _____ provide additional _____ policyholders _____ who _____ other _____?

_____ dependents _____ have _____ elsewhere, _____ you really need _____?

_____ it _____ for _____ company to _____ additional documentation for _____ who _____ other _____?

Does _____ company _____ provide specific _____ for dependents _____ receive _____ source?

_____ other _____ you need documentation?

Did you _____ dependents of _____ insurance?

Can _____ tell _____ is needed when _____ policies cover our _____ members at _____ time?

_____ your company require _____ when _____ between _____ and _____ covered by _____ providers?

_____ the _____ need _____ people who got coverage _____ another source _____ benefits?

Does _____ need documentation _____ customers and dependents _____ other types _____?

Does your _____ evidence in order _____ coordinate _____ between _____ and _____ party _____?

Does your company _____ documents _____ outside _____?

Does your _____ documentation _____ coordinating benefits _____ dependents _____ party providers?

Is it necessary _____ documentation _____ have coverage _____ another _____?

Is it necessary _____ policyholders who _____ to provide _____ from _____?

_____ want separate paperwork for _____ that _____ alternative _____?

_____ have _____ provide documentation _____ dependents who _____ coverage from other _____?

Is it possible that the _____ requires _____ for _____ coverage options?

_____ to have documents _____ dependents _____ elsewhere?

_____ the company need any documentation from _____ who got _____ source to _____?

Can you tell us _____ required _____ for _____ an external _____?

Will your company require _____ for _____?

Do you need _____ documentation _____ dependents _____?

Is there any _____ for _____ other _____?

Do you want separate paperwork from _____?

Do _____ ask _____ specific _____ when coordinating _____ dependents?

_____ it necessary for the policyholders _____ specific _____ the dependents other _____?

Does your business need specific _____ for _____ and _____ different _____?

Does your company _____ coordinating benefits _____ members' _____ and _____ providers?

Does _____ require specific _____ for _____ other types _____ coverage?

_____ the company _____ policyholders with dependents to _____?

Is it possible _____ would need to provide _____ documentation _____ have coverage _____ sources?

_____ dependents have _____ do you _____ any _____?

Does the company require documentation _____ the people _____ got _____ in _____ to _____?

_____ company need any documentation _____ received _____ other _____ in _____ to get coordination benefits?

Does your _____ for _____ and _____ covered by other types of _____?

_____ you need something _____ coverage?

_____ business need specific _____ customers _____ get _____ from two different sources?

Does _____ company need any documentation from _____ receive _____ source for coordinating _____?

_____ your business _____ any _____ for customers _____ who receive other _____ coverage?

_____ need to _____ documentation _____ dependents who _____ covered by _____ company?

Is _____ company _____ documentation for dependents who have coverage _____?

_____ there _____ specific documentation _____ dependents who have _____ of _____?

_____ your business _____ any _____ customers and _____ get their benefits _____ different _____?

When _____ benefits from _____ insurers, _____ it _____ to provide _____?

Does your company require _____ the _____ covered _____ third-party providers?

_____ your _____ require documentation _____ benefits between plan _____ dependents _____ providers?

Does _____ documentation _____ the second source for _____?

_____ a _____ for dependents _____ other coverage?

_____ receive coverage _____ another _____ do _____ need specific _____ from policy _____?

_____ it _____ for the _____ provide _____ regarding dependents' _____ source of _____?

Need information _____ dependents _____?

Does _____ need documentation from _____ were _____ by _____ sources _____ order to _____?

Do _____ require specific _____ in _____ coordinate _____ policyholders _____ dependents?

_____ a _____ documentation _____ dependents who have other _____ coverage?

dependents _____ elsewhere, do _____ documentation?

Will you _____ with other _____?

Is it necessary for _____ documentation about dependents' _____ sources _____?

Does the _____ documentation for _____ from _____ second _____?

Does _____ any documentation _____ the coverage _____ dependents _____ other _____?

_____ it be _____ documents when _____ coverage _____ another place?

Does your company need _____ about _____ receive _____ from other sources _____?

_____ for _____ company to require _____ documentation _____ dependents who _____ other _____ of _____?

Does _____ company _____ documentation from _____ coverage _____ source _____ coordinating benefits?

Do _____ paperwork for dependents _____ receive _____?

Does your company _____ any _____ dependents who receive _____ source for _____?

_____ the coordination of benefits _____ your company _____ documentation _____ coverage?

Do _____ documents to _____ between policyholders and _____ elsewhere?

If dependents _____ through _____ need _____ from the policy holders?

If coverage _____ involves recipients who are _____ provider, _____ specific documentation _____?

Does the company need _____ from the people who _____ other sources _____ order _____?

_____ documentation _____ people who got coverage _____ in _____ to get benefits?
 _____ the company _____ received coverage from _____ sources to coordinate their _____?
 Is _____ company to have additional _____ for dependents with _____ sources?
 _____ any _____ for dependents with _____ insurance?
 _____ your _____ need _____ documentation for customers _____ dependents who get _____ different _____?
 Will _____ when dependents are _____ insured _____ else?
 _____ it possible that your _____ additional documentation for _____ with coverage _____?
 _____ documentation for dependents from _____?
 Do the _____ require documents _____ policyholders _____ external _____ to coordinate _____?
 Does your _____ need _____ specific _____ of _____ who _____ from _____ source _____ coordinating _____?
 Do _____ any forms for _____ other _____?
 Does the company need _____ documentation _____ got coverage _____ source _____ they _____ coordinate their _____?
 _____ another place, is it _____ for them to _____ documents?
 _____ the company _____ the coverage of _____ from the _____.
 _____ need any _____ people _____ were covered by _____ source _____ they can coordinate their _____?
 Do you _____ any _____ for _____ that receive _____ types of _____?
 _____ some documentation _____ dependents _____ other _____?
 Does _____ company require _____ documents _____ policyholders _____ and _____ to _____ benefits?
 _____ your _____ evidence _____ coordinate benefits _____ dependents _____ third-party providers?
 _____ the company _____ documents _____ dependents _____ coordinate benefits?
 _____ any particular _____ that _____ submitted _____ the policyholders whose dependents are covered _____
 alternative _____?
 _____ paperwork _____ need _____ have dependents _____ receive coverage from another provider?
 _____ involves recipients _____ are also _____ by another _____ what _____ required?
 Is _____ company required _____ additional documentation _____ who _____ other _____?
 Does _____ business _____ any _____ for customers _____ who _____ benefits from two _____?
 _____ documentation from people who received coverage from _____ to _____ benefits?
 _____ there _____ documents that need to be _____ dependents get _____ source?
 _____ you _____ paperwork _____ people who _____ receive coverage from _____ provider?
 _____ know if _____ company _____ paperwork _____ with different coverage _____?
 Does _____ company need documentation _____ people _____ received coverage from _____ in _____?
 Do you have _____ paperwork _____ policyholders _____ also receive coverage from _____ provider?
 Does your _____ for _____ dependents who receive _____ from _____ different sources?
 Does the _____ need documentation from _____ who _____ a _____ source to _____ benefits?
 Does _____ documentation _____ people who _____ coverage _____ order to get benefits?
 Do _____ different _____ from policy holders _____ dependents _____ alternative _____?
 _____ the _____ need any _____ for _____ and _____ receive _____ of coverage?
 Does your company need _____ for _____ who _____ another source _____ coordinating _____?
 Does your _____ require _____ coordinate benefits between _____ members' _____ and those _____ by _____?
 _____ required _____ provide _____ documentation _____ who have coverage from others?
 Does _____ coordination _____ benefits at _____ demand _____ for your dependent's _____?
 Is _____ documents that _____ to be submitted by policyholders _____ coverage _____ alternative source?
 _____ the _____ need any _____ from _____ people who _____ from _____ sources _____ benefits?
 _____ your _____ require specific _____ for _____ dependents of plan members _____ party _____?
 Is there any specific _____ policyholders whose dependents _____ coverage from an alternative _____?
 _____ you need _____ documentation for _____ by other sources?
 Do _____ need specific paperwork _____ policyholders _____ have _____ coverage from _____ provider?
 _____ require _____ specific _____ customers and dependents that have _____ types _____ coverage?
 For _____ with _____ any paperwork?
 Does the _____ need _____ about people who received _____ sources _____ to get _____ benefits?
 _____ you _____ specific _____ coordinating benefits _____ dependents?

_____ company _____ documentation of coverage of _____ the second _____ coordinating benefits?
 _____ your _____ any documentation related to _____ dependents who _____ from _____?
 Does _____ of benefits at _____ require any special _____ coverage?
 Do _____ paperwork _____ people who _____ dependents and _____ another company?
 _____ for the dependents if they _____ coverage _____ another source?
 Does _____ company need any _____ from _____ received _____ to _____ their benefits?
 _____ your company _____ documentation regarding dependents who are _____ source _____ coordinating _____?
 Does your company require _____ for _____ dependents and _____ providers?
 _____ your _____ need _____ for dependents who _____ coverage from _____?
 Do we _____ paperwork if _____ another source?
 Does your _____ need _____ documentation about _____ dependents _____ covered _____ coordinating benefits?
 _____ at _____ require special documentation _____ the policy holders regarding their _____ secondary coverage?
 _____ need _____ from _____ that got coverage from _____ order to get coordinated _____?
 _____ necessary _____ the policy _____ specific _____ dependents other source _____ coverage?
 In case dependents _____ elsewhere, do _____ documentation?
 Does the company _____ of _____ received coverage from _____ so they _____ coordinate _____?
 Does the company _____ documentation from the _____ that _____ coverage _____ other _____ order _____ benefits?
 Does the _____ of _____ at your _____ demand _____ for _____ coverage?
 _____ for specific _____ when coordinating benefits between _____ dependents?
 _____ you _____ for dependents _____ covered by others?
 _____ dependents receive _____ another _____ do we _____ paperwork?
 Is there _____ needs to be _____ whose _____ receive _____ an _____ source?
 _____ the _____ need any _____ the people _____ received coverage from other sources _____ to _____?
 If _____ receive coverage _____ another source, _____ we _____ to _____ from _____ policyholders?
 Do you need _____ dependents _____ other _____?
 Does _____ require specific _____ benefits between _____ and third-party _____?
 Do you _____ for people _____ and receive _____ another provider?
 Does the _____ need _____ from _____ that _____ coverage _____ in order _____ get benefits?
 Is it necessary _____ policyholders to _____ dependents _____ source _____ coverage?
 If dependents receive _____ through _____ should _____ the policyholders?
 Does your _____ need _____ documentation _____ the dependents _____ from another _____ for _____?
 _____ company need _____ the _____ received coverage from _____ sources to _____ benefits?
 _____ another place, is it necessary to provide _____?
 _____ your company require _____ documentation for _____ coverage?
 Does your company _____ for dependents _____ from _____ source for _____ benefits?
 Does your _____ any _____ documentation regarding _____ coverage?
 Does _____ need _____ of the _____ dependents from a _____?
 _____ your company require _____ in order to _____ dependents _____ party providers?
 _____ your company would require additional documentation for _____ have coverage _____?
 _____ company require specific documents _____ for dependents?
 Does your _____ need any specific documentation for _____ dependents _____?
 _____ documentation _____ who have _____ coverage?
 Does your _____ documents for _____ with outside _____?
 Does _____ company _____ documents _____ dependents _____ extra _____?
 Do _____ separate _____ dependents who get alternative _____?
 _____ business need specific _____ for _____ and _____ have different _____ coverage?
 _____ the paperwork _____ with other _____?
 _____ company _____ of their dependents _____ the second source?
 Do _____ need _____ if _____ are _____ than one source?
 _____ is required _____ coverage coordination involves _____ are insured _____ other _____?

____ there any ____ needs ____ be ____ the policyholders whose dependents are ____ by ____ source?
 Does ____ company ____ documentation ____ the people ____ from another ____ so ____ coordinate their benefits?
 Does ____ company ____ benefit ____ between dependents and ____ providers?
 ____ are already insured somewhere else, ____ you ____?
 ____ you ____ paperwork for policyholders ____ and also ____ coverage from ____ provider?
 Is ____ your company ____ submit ____ for ____ with coverage from ____ sources?
 If dependents also ____ coverage ____ need ____?
 Is it necessary to provide ____ from ____ different ____?
 When ____ insurance beneficiaries ____ dependents ____ what paperwork is ____?
 ____ it necessary ____ who have ____ coverage ____ to provide specific paperwork?
 ____ dependents ____ have coverage ____ you need ____?
 ____ the ____ need any ____ people ____ received ____ other ____ in order to get the ____?
 Does your ____ specific ____ for ____ benefits between ____ third-party ____?
 Does the ____ needs any documentation ____ the ____ dependents ____ source?
 ____ you require paperwork ____ have dependents ____ coverage from ____ provider?
 If ____ coverage ____ another source, do ____ need particular paperwork ____?
 ____ dependents ____ coverage ____ source, do ____ need additional ____ from ____?
 If your dependents already ____ somewhere else, ____?
 Do ____ require ____ paperwork ____ who have ____ and also ____ coverage from ____?
 ____ have coverage from ____ is it ____ for them ____ documents?
 Is it possible the ____ certain paperwork ____ dependents ____ options?
 Does your ____ require ____ proof of ____ between ____ third-party providers?
 Does your ____ specific documentation ____ plan members' dependents ____ providers?
 Does the company need ____ from people ____ from ____ source ____ benefits?
 ____ any ____ for dependents who have other ____?
 Does the ____ require documentation from people who ____ to ____ benefits?
 ____ company ____ provide additional documents for ____ with ____ coverage?
 ____ to provide ____ documentation for dependent beneficiaries ____ benefits?
 ____ documentation you ____ dependents have coverage ____?
 ____ the coordination of ____ your company ____ documentation for your ____ secondary coverage?
 ____ the company ____ from ____ who ____ coverage ____ a different source so they ____ benefits?
 Is it ____ to ____ about dependents' other source ____ coverage?
 ____ it ____ to ____ documents when dependents ____ coverage ____?
 Does ____ from people who ____ coverage from other sources ____ get ____
 ____ there a ____ document that ____ submitted ____ the policyholders ____ receive coverage ____ source?
 Does ____ company need ____ from the ____ coverage from other sources in ____ to ____?
 ____ coordination of benefits ____ your ____ require special ____ for ____?
 Does ____ company require ____ the benefits ____ plan ____ third-party providers?
 ____ your ____ any ____ for the customers and dependents who ____ sources?
 Is it necessary ____ documents for ____ have ____ somewhere ____?
 Does ____ company need documentation ____ received ____ from ____ so ____ coordinate their ____?
 If ____ also ____ other ____ you ____ documentation?
 ____ you think ____ need ____ for dependents who have coverage ____ sources?
 Do ____ require paperwork ____ who ____ coverage from another provider?
 Is ____ a ____ documentation ____ dependents' other ____ of coverage?
 Does your ____ need any ____ dependents ____ get ____ from two different ____ coordinating benefits?
 ____ the ____ need any ____ from ____ who ____ coverage ____ another source so ____ they can ____?
 Does the ____ of ____ your ____ require special ____ secondary ____ for ____?
 Does your ____ for customers and ____ receive other types ____?
 Does your ____ proof ____ benefits between plan ____ dependents and ____?

_____ need _____ documentation _____ customers and _____ who get _____ from two _____ sources?

Does your _____ specific _____ for dependents who receive _____?

Do _____ want _____ paperwork _____ dependents _____ the policyholders _____ have alternative _____?

_____ you _____ any _____ for _____ with _____ insurance?

_____ your company demand special documentation for dependents?

_____ you need specific documents _____ policyholders and _____?

_____ business _____ documentation _____ customers and _____ that get _____ of coverage?

_____ your business _____ customers _____ dependents who _____ getting _____ from two different _____?

_____ company require _____ from policyholders with dependents _____ benefits?

Does _____ any documentation related to _____ also _____ from _____ for coordinating benefits?

The _____ documents from policyholders with dependents _____ external coverage _____.

If _____ also _____ outside, do you _____ documentation?

Do we need _____ paperwork _____ the _____ if _____ dependents _____ another _____?

_____ documentation for _____ who _____ coverage from a different source _____ benefits?

Does the company _____ documentation from _____ coverage _____ source so they can _____ benefits?

_____ you _____ of dependents _____ other _____?

Does the _____ of _____ your company _____ about _____ dependent's secondary coverage?

Is _____ company required _____ for _____ of _____ who have _____ coverage?

_____ your company have to provide _____ documentation _____ dependents _____?

_____ the company need _____ who received coverage from other _____ order to receive _____?

Do _____ need specific documentation _____ customers _____ that _____ types of _____?

Do _____ ask _____ specific documents when coordinating benefits _____?

When dependents have _____ other _____ is it _____ to _____ documents?

Is _____ for _____ to have _____ documentation regarding _____ other _____ coverage?

Is your company required to provide _____?

_____ require _____ paperwork for _____ who have dependents and _____ provider?

Does the company need _____ documentation _____ who got coverage from _____ their _____?

_____ your _____ need _____ policyholders with _____ who _____ receive coverage from another _____ for coordinating _____?

_____ company require specific _____ to coordinate _____ between dependents of _____ party _____?

_____ provide additional _____ dependents who have other sources of _____?

_____ we need _____ paperwork from _____ if _____ through another source?

Does _____ need _____ specific _____ and dependents _____ receive other types _____ coverage?

_____ there any document _____ needs to be _____ from the policyholders _____ source?

_____ the _____ need proof _____ people who _____ coverage _____ other _____ order _____ coordinated benefits?

If _____ dependents _____ covered _____ you need documentation?

Does _____ coordination _____ at _____ company _____ any _____ for the dependent?

_____ require documents _____ policyholders _____ dependents to coordinate _____?

_____ company need _____ documentation _____ people who _____ from _____ source _____ coordinating benefits?

Is it _____ for your company _____ provide _____ for dependents _____ from _____?

_____ let _____ know if there is any _____ dependent beneficiaries who _____ also _____?

_____ benefits _____ dependents, _____ you asking for specific documents?

_____ company _____ documentation from dependents who receive coverage _____ for _____?

If _____ receive coverage _____ do we _____ paperwork from the _____?

Do you _____ documentation from _____ who _____ also _____ from _____ different provider?

Does _____ any _____ documentation from _____ dependents who _____ coverage _____ another _____ for coordinating _____?

Does _____ business _____ any _____ for customers _____ dependents _____ benefits _____ sources?

Does the _____ need documents _____ coordinate the benefits?

_____ documentation is _____ if _____ recipients who _____ also _____ by _____ provider?

_____ the company need _____ documentation from _____ that _____ coverage from another _____ benefits?

_____ needed for _____ source of coverage synchronized _____ their benefits?

Is _____ for _____ documentation when dependents receive _____ different _____?

_____ need _____ about dependents who receive coverage from other _____ benefits?

If dependents _____ coverage _____ a _____ do we _____ specific _____ policyholders?

What documents _____ coordinate _____ benefit _____ company and other _____ for your _____?

_____ the _____ benefits at your company require special _____ coverage?

Is there _____ paperwork _____ policyholders _____ have _____ also _____ from a _____ provider?

Does the _____ need _____ documentation from people who _____ coverage _____ in _____ benefits?

Does _____ need documentation from people who _____ by another _____ coordinate _____?

_____ documentation _____ dependents who have coverage from other sources?

_____ for dependents who have been covered _____ another _____ for _____?

_____ have coverage elsewhere, _____ need _____?

Does the _____ any _____ from the people _____ from other _____ in order _____ get _____ coordinating _____?

_____ business need documentation _____ and _____ who are receiving _____ from _____ different _____?

_____ it necessary _____ the _____ documentation _____ other sources of coverage?

_____ documentation _____ to coordinate _____ if recipients are also _____ another _____?

Does _____ documentation _____ dependents _____ elsewhere?

_____ it _____ the _____ provide _____ documentation about _____ sources of coverage?

_____ benefits between insurers and _____ do _____ ask for _____?

Does your _____ when coordinating benefits for _____ providers?

If _____ have _____ another _____ is it necessary to provide _____?

Do you _____ if the _____ requires _____ dependents _____ alternate _____.

_____ paperwork _____ policyholders whose dependents have _____ coverage options?

Is _____ necessary for your _____ make _____ for _____ coverage _____ other sources?

_____ the _____ need any _____ people _____ received coverage _____ get a coordinated benefits?

_____ there _____ specific _____ be submitted from _____ whose dependents receive coverage from an _____?

_____ the _____ need documentation _____ dependents from the second _____ coordinate _____?

_____ you need _____ dependents _____ other insurance?

_____ specific paperwork _____ the _____ if _____ dependents receive coverage through another _____?

_____ paperwork if dependents receive _____ through _____ source?

Does _____ require documents for _____ coverage?

Is there a _____ about _____ additional coverage?

Do you _____ different paperwork from _____ receive _____?

Does the _____ need documentation _____ who _____ from another source _____ they coordinate _____?

Does your _____ coordinate benefits _____ dependents _____ third-party providers?

Do _____ to _____ specific paperwork _____ policyholders _____ have _____ and _____ another provider?

_____ for policies whose dependents get alternative _____?

_____ your _____ have specific _____ for _____ and _____ who _____ coverage from _____ sources?

_____ company need _____ who got coverage _____ other _____ in _____ to get _____ coordinating benefit?

If dependents _____ coverage through _____ we need specific _____ the _____?

_____ your _____ additional documentation for dependents _____ coverage _____ sources?

_____ business need _____ for _____ dependents who receive benefits from two _____?

When dependents _____ already insured _____ else, _____ you _____?

I _____ know if _____ requires _____ paperwork _____ dependents _____ alternate coverage options.

_____ your company _____ documentation _____ who are covered _____ source for coordinating _____?

Is _____ any specific _____ policyholders _____ have dependents _____ receive _____ another provider?

_____ the _____ need any _____ from _____ who _____ coverage _____ other sources _____ to coordinate their _____?

_____ documentation _____ dependents who are _____ by another source for _____ benefits?

_____ you ask _____ documents when _____ benefits between _____ dependents?

_____ it necessary _____ for _____ have coverage elsewhere?

Is your company _____ provide _____ documentation _____ dependents _____ elsewhere?

_____ dependents _____ coverage through _____ source do _____ specific _____ from _____ policyholders?
 _____ say _____ requires paperwork _____ dependents with alternate _____ options?
 Does _____ from _____ people who received coverage _____ another source _____ coordinate _____?
 _____ you ask _____ when you _____ policyholders and dependents?
 _____ you require _____ the policyholders _____ have dependents and _____ coverage _____ another _____?
 _____ you _____ if the company _____ certain paperwork for _____ coverage options?
 _____ business _____ for customers and dependents _____ are covered by _____ for coordinating benefits?
 _____ a need _____ dependents who are receiving _____ benefits?
 _____ documentation _____ dependents _____ also receive coverage from another _____ for coordinating benefits?
 _____ documentation _____ who _____ coverage from other _____ to get _____ coordinating benefits?
 _____ need any documentation of _____ received coverage from _____ so they _____ their benefits?
 When coordinating benefits _____ dependents, _____ ask for certain _____?
 _____ need specific documents when _____ between _____ and dependents _____?
 Does _____ company _____ any _____ the _____ with dependents _____ coordinate _____?
 Do _____ need paperwork for dependents if _____ another _____?
 _____ the company need _____ the people who _____ coverage _____ other _____ order to _____ coordinated _____?
 _____ you _____ paperwork from _____ who have dependents _____ receive _____ different _____?
 Does your _____ require _____ documentation in _____ to _____ dependents and _____?
 Is it _____ for _____ who have _____ coverage from _____ to _____ certain paperwork?
 Does the company need _____ from _____ who got _____ a different _____ coordinate _____?
 If _____ receive _____ do _____ need _____ from the policy holder?
 Does _____ company need documents _____ with _____ order _____ coordinate _____ benefits?
 Does the company need documentation _____ who _____ want to coordinate their benefits?
 _____ you need documentation _____ previously covered _____ in _____ get _____ at our company?
 _____ your _____ need to provide _____ documentation _____ dependents who _____ other _____?
 Is it _____ give documentation when _____ from _____ place _____ well?
 _____ there _____ needed _____ dependents _____ have other _____ of _____?
 _____ your company require _____ more documents _____ with _____?
 Do _____ know if the company requires _____ paperwork _____ have other _____?
 _____ there any paperwork _____ need _____ policyholders who _____ dependents _____ get _____ another _____?
 _____ the coordination _____ benefits at _____ demand any _____ documentation regarding _____?
 _____ dependents _____ coverage through another _____ do we _____ from _____ insurer?
 _____ for comprehensive _____ for dependents who are _____ benefits _____?
 Does the _____ documentation _____ dependents _____ second source for _____ benefits?
 If _____ coverage _____ another source, _____ we _____ specific _____ from _____ policyholders?
 _____ your _____ need _____ customers _____ dependents that are covered _____ other _____?
 _____ your _____ require specific _____ dependents _____ also _____ coverage _____ another source?
 _____ coordinating benefits between _____ and dependents, _____ specific _____?
 Does your _____ need specific documentation _____ your _____ dependents who _____ different _____?
 Does your _____ documentation for dependents _____ outside _____?
 Do _____ know if _____ paperwork for _____ who have _____ options?
 What documentation _____ required _____ coordination involving recipients _____ insured _____ provider?
 Does the company need _____ from people _____ in _____ to _____?
 _____ company need _____ documentation regarding dependents _____ second _____?
 _____ your _____ need additional _____ for _____ have _____ sources _____ coverage?
 _____ require specific documentation for coordinating _____ members' dependents and _____?
 Do _____ require documents for _____?
 Does the company _____ any documentation of _____ from _____?
 Does the company need _____ holders with _____ coordinate _____?
 Does _____ specific _____ regarding _____ who receive _____ another source for _____ benefits?

Does the _____ documentation _____ who get _____ from _____ so they _____ coordinate their _____?

Is it _____ the _____ provide specific _____ regarding _____ of coverage?

_____ policy holders and _____ do you ask _____ documents?

Does the _____ from the people _____ had coverage from other _____ get _____?

_____ your company need any documentation from _____ who _____ another _____ benefits?

_____ your company _____ documentation _____ dependents _____ receive coverage _____ source?

Does your _____ require _____ for coordinating _____ dependents and _____?

_____ company _____ documents from policyholders with _____ external _____ coordinate benefits.

Does your _____ any _____ documentation _____ coordinate _____ between _____ third-party providers?

If your dependents _____ other _____ do _____ need _____?

_____ your company _____ documentation when coordinating _____ plan members _____ third-party providers?

_____ your company require proof _____ coordinate _____ between _____ dependents _____ party _____?

Does the _____ need _____ people _____ have _____ from another _____ so they _____ coordinate their _____?

_____ a _____ for dependents _____ elsewhere?

Do _____ need _____ about _____ coverage from _____ company?

Does your _____ need _____ documentation _____ dependents _____ covered _____ another _____ coordinating benefits?

_____ dependents _____ have coverage _____ need _____ have documentation?

_____ demand _____ for dependents who _____ alternative coverage?

Do _____ need docs _____ dependents _____ coverage?

Does _____ company need _____ who received _____ from _____ sources _____ order _____ get coordinated benefits.

Does _____ company _____ documentation from _____ received coverage from _____ get coordinated _____?

If dependents _____ elsewhere, _____ you need the _____?

_____ necessary for policyholders _____ for dependents of other _____ of _____?

_____ you _____ paperwork from _____ whose _____ receive alternative _____ to harmonize _____?

If _____ another source, do _____ need any paperwork from _____?

Does _____ coordination of _____ company _____ special documentation _____ your dependents' secondary _____?

_____ company _____ any documentation of _____ second source?

Is there _____ for comprehensive paperwork for _____ elsewhere?

_____ tell me _____ the required _____ dependents _____ benefits from an _____?

_____ business need a _____ documentation _____ dependents who are covered by _____?

_____ any _____ from _____ received coverage _____ other sources in _____ to obtain coordinating benefits?

_____ you _____ me _____ company _____ certain paperwork for _____ alternate coverage _____.

What _____ need _____ and also receive coverage from another provider?

Does _____ of benefits at your company _____ special documentation from _____ dependent's _____?

Does the _____ require any _____ from _____ who received _____ from other _____ coordinated benefits?

Do you _____ paperwork _____ dependents _____ alternative _____?

_____ the _____ from people _____ coverage from another source _____ can coordinate _____ benefits?

Is _____ a need _____ paperwork _____ dependents who receive _____?

_____ the coordination _____ benefits _____ your _____ from _____ policy holders _____ their dependent's secondary coverage?

Is the _____ for documents _____ with dependents _____ benefits?

_____ it _____ that _____ company _____ require _____ for _____ who have coverage from _____?

_____ you _____ paperwork _____ policyholders who have dependents and also _____ coverage _____?

_____ you need to provide _____ for dependents who _____ other _____?

Does the company _____ dependents for coordinating _____?

_____ the company need _____ documentation from _____ who received coverage from _____ source _____ order _____ benefits?

_____ the company need documentation _____ people _____ received _____ source _____ can coordinate _____?

_____ company _____ any _____ of the _____ from the _____ source?

Does _____ need _____ documentation for customers and _____ other types of _____?

_____ receive _____ through _____ should we _____ specific paperwork _____ the policyholders?

_____ coordination of benefits at your company _____ special _____ coverage?
 Does your business need _____ and dependents _____ from two _____ sources _____ coordinating benefits?
 Does _____ need any documentation _____ the people _____ received _____ from _____ sources in _____ benefits?
 _____ company _____ documents _____ policyholders with dependents _____ coordinate their _____?
 Does the company _____ from those who received coverage _____ benefits?
 Need paperwork _____ who have _____?
 _____ the company _____ from _____ with dependents and _____?
 Does _____ company _____ to _____ dependents who _____ coverage from other _____?
 _____ have to provide specific paperwork _____ policyholders who have _____ and _____ coverage _____?
 _____ dependents get benefits from different insurers, _____ it _____?
 Do you want different _____ dependents _____ coverage?
 Do _____ need _____ for dependents _____ other _____?
 _____ your business _____ documentation _____ customers and dependents _____ have other _____?
 Do _____ ask for _____ when _____ benefits _____ other _____?
 _____ have paperwork _____ dependents with additional _____?
 _____ you _____ proof _____ dependents are _____ insured somewhere _____?
 _____ the company need _____ from _____ that _____ other _____ order to get _____ benefits?
 _____ require _____ for dependents _____ other _____?
 Does _____ need the _____ people _____ received coverage _____ another _____ coordinate their benefits?
 Should _____ paperwork _____ dependents _____ other insurance?
 Does the company need _____ the dependents _____ source?
 Does _____ company _____ paperwork for _____ who _____ different _____ options?
 Do any particular documents need _____ be _____ from _____ whose _____ from _____?
 Do _____ separate paperwork _____ policyholders whose _____ alternative _____?
 If you _____ also receive coverage from another _____ do _____ specific _____?
 _____ your _____ need any specific documentation for _____ and _____ receive _____ types _____?
 _____ your _____ provide _____ for dependents with outside coverage?
 _____ the _____ specific documents _____ with _____ to coordinate benefits?
 Does _____ need specific _____ with dependents who are _____ by _____ source for _____?
 _____ the company _____ about _____ from the second _____ coordinating _____?
 Will _____ be _____ to _____ documents for _____ have _____ from another _____?
 _____ documentation is required if _____ coordination involves _____ who are _____?
 _____ necessary for _____ to _____ specific documentation _____ dependents' _____ of coverage?
 _____ also have coverage _____ do _____ need _____?
 _____ required for _____ benefits between your _____ and other _____ for _____?
 There may _____ some documents _____ whose dependents receive coverage from an alternative _____.
 Is it _____ to provide _____ dependents receive _____ from _____?
 _____ your _____ any documentation for _____ and _____ coverage _____ multiple sources?
 Does the _____ need _____ of _____ the second _____?
 _____ the coordination of _____ your company _____ special _____ for _____?
 _____ company _____ any documentation from dependents _____ receive _____ another _____ for _____ benefits?
 Does your _____ documentation _____ order to coordinate _____ members' _____ and third-party _____?
 _____ your _____ require _____ specific _____ and dependents that _____ other types _____ coverage?
 Is _____ necessary to provide _____ who _____ coverage from _____?
 _____ your _____ documentation for _____ who have _____ from other _____?
 Is your company requiring _____ coverage?
 _____ your company require specific _____ to coordinate _____ between _____ dependents _____ third-party providers?
 If dependents receive _____ another _____ we _____ for them _____ policyholders?
 Does the _____ of benefits at _____ require policyholders to provide _____ coverage?
 _____ the _____ any _____ people _____ received _____ other sources in order _____ get a _____ benefits?

_____ from a different _____ is it necessary to _____ further _____?
 Is _____ that your _____ would _____ documentation for dependents who _____?
 Does _____ for dependents _____ elsewhere?
 _____ your company _____ evidence to _____ benefits _____ dependents _____ party _____?
 Does the _____ of _____ company _____ special documentation _____ dependent's _____ coverage?
 _____ the _____ of benefits at your _____ require _____ for _____ secondary _____.
 Does _____ company _____ certain documents from _____ dependents _____ benefits?
 Do _____ need to _____ for _____ that were _____ another _____?
 Does your _____ for _____ who also receive coverage from _____ different _____ benefits?
 Do _____ want _____ policy holders whose _____ receive alternative _____?
 Does your business _____ a _____ documentation _____ customers and _____ who _____ coverage from _____ coordinating _____?
 Is _____ necessary _____ documents if _____ have _____ place as well?
 Does _____ business require any _____ dependents _____ receive other types _____?
 Do you know _____ paperwork for _____ coverage _____ are different?
 _____ you _____ paperwork _____ dependents _____ receive alternative coverage to _____?
 If _____ receive coverage _____ another source, _____ we _____ from _____ insurers?
 Do you _____ dependents who _____ covered by _____ else?
 _____ you _____ proof when _____ are _____ insured _____?
 _____ a _____ for _____ paperwork if dependents are _____ elsewhere?
 _____ it necessary _____ your company _____ provide _____ with _____ coverage?
 _____ possible _____ the _____ certain paperwork for dependents who _____ coverage _____?
 _____ company _____ documentation _____ who got _____ other sources so they _____ their benefits?
 Does _____ benefits are coordinated between _____ dependents and third-party _____?
 Does _____ coordination _____ at your company demand special _____ coverage _____ your _____?
 _____ company _____ of _____ coordination _____ members' dependents and third-party providers?
 _____ you _____ documentation for dependents _____ outside?
 _____ you need any paperwork _____ the _____ who have dependents _____ another _____?
 _____ the _____ of _____ at _____ special documentation from _____ policyholders _____ their dependents' secondary _____?
 _____ you need to give _____ for _____ were _____ by _____?
 Does _____ need _____ about _____ received _____ from another _____ so they _____ their benefits?
 _____ it _____ for policyholders to give _____ documentation for _____ of _____?
 Is there _____ needs _____ be _____ policyholders whose dependents _____ coverage from _____ alternative source?
 Do _____ need to _____ documentation _____ have _____ covered _____ other sources?
 _____ you _____ dependents who _____ alternative coverage?
 _____ for customers and _____ who get _____ from two separate sources?
 _____ a specific document _____ to _____ submitted from the _____ whose dependents _____ coverage _____ alternative _____?
 Does the company need _____ from those _____ got coverage _____ other _____ order to _____?
 _____ you _____ if _____ company requires _____ paperwork for _____ who _____ options?
 Do you want _____ from _____ whose _____ coverage?
 Does _____ company need _____ the _____ of _____ from _____ second _____?
 _____ the _____ need documentation from _____ who _____ from another _____ so they _____?
 Do you _____ policyholders whose _____ alternative coverage?
 _____ your business _____ specific _____ dependents that receive other types of _____?
 _____ you _____ documentation for dependents that _____ by _____?
 _____ need _____ documentation _____ customers and dependents that get _____ of _____?
 Do _____ documents _____ other coverage?
 Do _____ policyholders whose dependents get _____ coverage?
 Does _____ company _____ specific documentation to _____ benefits between plan _____ dependents _____?
 _____ there _____ to be _____ by _____ policyholders whose dependents receive coverage _____ an alternative _____?

____ company may ____ about ____ additional coverage.

Does the ____ need any ____ people ____ got ____ from other ____ get coordinated ____?

____ it ____ to ____ documents ____ dependents ____ coverage from another ____?

Does ____ documentation ____ the coverage ____ dependents ____ the second ____?

____ the company require any ____ of dependents from ____ second ____?

Do you ____ which paperwork ____ when ____ dual ____ occur?

____ the ____ need ____ the dependents coverage ____ the ____ source?

____ the ____ required paperwork ____ whose dependents have ____ options?

____ your company ____ documentation for coordinating ____ between plan ____ and third ____?

____ the company ____ from the people ____ coverage from ____ different source ____ coordinate their ____?

____ you ____ specific ____ from ____ have ____ also receive ____ from a different ____?

____ your ____ to provide additional documentation for ____ from other ____?

Is ____ company ____ provide any ____ the coverage of ____ from ____ second ____?

Does ____ business require specific documentation for ____ dependents ____ from two ____?

____ company need ____ documentation of the ____ from the ____ source?

____ the ____ need any ____ people who ____ source so they can coordinate their ____?

Do ____ need ____ documentation ____ dependents ____ insurance?

____ your dependents also have ____ in ____ places, ____ documentation?

Question ____ if dependents ____ coverage from another place, ____ to ____?

Do your company ____ additional ____ dependents ____ outside ____?

Does ____ any documentation ____ people who ____ coverage ____ other ____ in order to get ____?

____ documentation required ____ are receiving benefits from ____ than one ____?

____ you ____ documentation ____ dependents who were previously ____ someone ____?

Need documentation ____ have other ____?

____ are already insured ____ else, do ____ require ____?

Does the company ____ any documentation from ____ received ____ from other ____ benefits?

____ documents ____ to coordinate the ____ company and other ____ dependent?

Do ____ company ____ additional ____ dependents with outside coverage?

____ your ____ need documents regarding dependents ____?

____ your company ____ specific documentation on ____ who receive ____ from another ____?

Does ____ company ____ documents pertaining ____ dependents with ____?

Does ____ company need ____ the ____ that got coverage from ____ in order to ____?

Is ____ for the ____ to provide ____ documentation ____ other sources of ____?

When dependents ____ benefits from ____ is ____ necessary ____ documentation?

____ need ____ documentation of the people ____ from another source ____ coordinate their ____?

Is ____ to provide documents ____ dependents ____ coverage ____?

Does ____ benefits ____ your ____ demand any special ____ for ____ dependent's ____?

Do you need to submit ____ for ____?

____ the dependents have ____ do you ____?

Can you confirm if the company requires ____ coverage ____?

____ a need for ____ that are getting other ____?

Do ____ want ____ paperwork for ____ whose dependents ____?

What documents ____ for ____ between ____ company and ____ providers for a ____?

____ documentation from ____ who received coverage from ____ so they can ____ benefits?

If dependents ____ coverage ____ do we need ____ paperwork from ____?

____ separate paperwork ____ policyholders ____ dependents receive alternative coverage to ____?

Do ____ any specific ____ for policyholders ____ also receive coverage ____ another ____?

Does the coordination of benefits at ____ documentation for ____ of ____?

____ the company need ____ coverage ____ the second source?

____ you ____ paperwork for ____ other insurance?

Does the _____ documentation _____ dependents' _____ from the _____ source?

_____ you need any documentation _____ customers and dependents _____ receive _____?

_____ for coverage coordination when _____ are also insured _____ provider?

_____ the company need _____ from people who _____ other sources _____ to _____ a coordinated _____?

If dependents receive coverage _____ do we _____ particular _____ insurer?

_____ your _____ required to _____ additional documentation _____ dependents with _____?

Does _____ of benefits _____ company _____ any _____ secondary coverage _____ dependent?

Do _____ paperwork for _____ with different _____?

Can _____ confirm _____ the _____ requires any _____ dependents _____ coverage options?

Does the _____ need documentation _____ received coverage from _____ sources, _____ order _____ get _____?

Does _____ require specific _____ between _____ members' dependents and _____ providers?

Do _____ for dependents who have _____?

Do _____ require docs _____ other _____?

_____ the _____ the documentation _____ people _____ coverage from other _____ in order _____ get _____?

Do _____ documentation for dependents _____ source _____ get benefits at our _____?

_____ the _____ coverage _____ an alternative source, are there any _____ that _____ from the _____?

Do _____ want paperwork from _____ whose _____ receive _____?

Is _____ company required to _____ additional _____ other _____ of insurance?

_____ there any _____ need to _____ submitted _____ policyholders who _____ their dependents _____ by _____ source?

Does your _____ require _____ coordinating _____ between _____ third-party providers?

Does the _____ need documentation _____ those _____ got _____ from _____ so _____ can _____ benefits?

Is _____ a _____ for comprehensive paperwork _____ other _____?

_____ need specific documents for _____ benefits _____ your _____?

_____ get _____ through another source, _____ paperwork _____ the insurer?

_____ need _____ documentation from those _____ who _____ from another source _____ coordinate their _____?

Is there any _____ need _____ submitted _____ the policyholders _____ are _____ an alternative source?

_____ you need _____ documentation if _____ have _____ elsewhere?

Do you _____ separate _____ from the _____ dependents _____ coverage?

_____ the paperwork _____ dependents with _____ insurance?

_____ the company need _____ documentation _____ who _____ coverage from another source _____ to _____ their _____?

_____ is _____ coordination in _____ recipients _____ also insured by another _____?

_____ you _____ specific documents when _____ between policyholders _____ dependents?

Does the _____ of dependents from _____ source?

Does _____ require evidence when coordinating _____ between _____ third-party _____?

_____ business need any documentation _____ or _____ from two different sources?

Does _____ company need _____ documentation about _____ who _____ another source _____ coordinating _____?

Does _____ company need any _____ the people _____ from another _____ can be connected?

If _____ receive coverage through _____ do we _____ paperwork from _____?

Do _____ need _____ to _____ with _____ coverage?

_____ you _____ the company requires paperwork _____ dependents _____ alternate _____?

_____ company may need _____ to coordinate benefits.

_____ your _____ evidence to coordinate benefits between plan _____ dependents _____?

_____ coverage through another _____ we _____ have particular paperwork _____ them?

Do _____ separate paperwork _____ dependents who _____ harmonize benefits?

_____ have coverage in _____ places do _____ need _____?

_____ you _____ for _____ covered by another source?

Does the company need any _____ people _____ covered by _____ sources in _____ benefits?

_____ if your company would require _____ dependents who _____ coverage from _____.

Does the _____ certain documents _____ policyholders _____ their benefits?

Is it necessary _____ documents _____ dependents _____ have _____ from _____?

If _____ recipients who are _____ by another provider, _____ documentation _____?
 _____ you need documentation for dependents who _____ previously _____ benefits?
 _____ it _____ to _____ when _____ have _____ from _____ places as well?
 _____ the coordination _____ benefits at _____ company _____ documentation _____ their dependent's _____?
 Does _____ for _____ and dependents who receive coverage _____ for coordinating benefits?
 _____ also _____ coverage elsewhere, do _____ need _____ documentation?
 _____ any _____ from people _____ coverage in _____ to get coordinated benefits?
 _____ company _____ to give _____ for _____ with _____ coverage?
 _____ your _____ specific documentation _____ coordinate benefits _____ of _____ members and _____ providers?
 Does your _____ a specific _____ dependents who _____ coverage _____ two _____ sources?
 _____ require additional documentation for dependents that _____ sources?
 _____ your business need any _____ dependents that receive _____?
 _____ you _____ paperwork _____ who _____ dependents and also _____ from other _____?
 _____ the _____ need documentation _____ who received coverage _____ order to get _____ benefits
 Do _____ company would _____ additional documentation for _____ coverage _____ other _____?
 _____ company _____ documentation of the _____ who _____ coverage _____ source _____ their benefits?
 Does the _____ need _____ for _____ outside coverage?
 _____ company need _____ coverage _____ the second source?
 _____ your company _____ evidence when _____ benefits _____ and third party _____?
 Is _____ from _____ policyholders _____ their dependents receive coverage _____ source?
 _____ there a particular document that _____ be submitted _____ whose dependents _____ from _____ source?
 Is there any _____ documents _____ need _____ be submitted from policyholders _____ receive _____ source?
 _____ need to _____ for dependents who _____ been _____ by another _____?
 _____ necessary to provide documentation _____ they have _____ from _____ place?
 When dependents _____ benefits _____ insurer, _____ there _____ documentation needed?
 If dependents also _____ coverage _____ you _____?
 _____ the _____ any _____ of _____ of dependents _____ the second source?
 _____ receive coverage _____ we _____ specific paperwork for it?
 _____ you _____ specific paperwork for _____ with dependents _____ coverage _____ provider?
 Does your _____ specific _____ dependents _____ receive coverage _____ another _____ for _____ benefits?
 Does _____ company _____ documentation for _____ dependents _____ receive _____ from _____ source?
 _____ have coverage _____ need documentation?
 _____ need for comprehensive paperwork _____ dependents receive other _____?
 _____ for _____ with other _____?
 Is _____ possible to _____ needed _____ insurance beneficiaries _____ dependents and dual _____?
 _____ the company _____ any _____ of dependents from _____ coordinate _____ benefits?
 Is _____ needed if dependents _____ benefits _____?
 Would _____ company _____ additional _____ who have _____ of coverage?
 _____ the _____ need documentation of _____ people who received coverage _____ another _____ they _____ their _____?
 If _____ coverage through _____ do we _____ paperwork _____ the policyholders?
 Is _____ your company _____ documentation for _____ with coverage _____ sources?
 Does _____ of benefits at _____ company _____ any _____ secondary _____?
 _____ the company _____ from people who _____ coverage _____ in _____ get _____ benefits?
 _____ there _____ need to be submitted _____ receive coverage from another _____?
 Is _____ detailed paperwork for dependents _____ are receiving _____?
 _____ want _____ of _____ insured elsewhere?
 _____ require paperwork _____ policyholders who _____ dependents _____ receive coverage _____ provider?
 Does the _____ need _____ documentation _____ coverage from other sources so _____ can _____ their _____?
 _____ company need documentation _____ dependents _____ second source?
 _____ you know _____ the _____ for _____ who _____ other coverage options?

_____ need documentation _____ people who _____ from other sources _____ coordinated benefits?
 Does _____ need _____ have specific _____ for customers _____ dependents who get _____ sources?
 _____ company _____ from people _____ got coverage from _____ for coordinated benefits?
 _____ you have _____ for dependents _____ have coverage _____?
 Do you need specific paperwork _____ and receive _____ another provider?
 _____ your _____ need any _____ documentation _____ dependents who receive _____ from _____ coordinate _____?
 _____ business _____ specific documentation for customers _____ dependents with _____ of _____?
 _____ there any specific _____ have dependents and _____ receive _____ from another _____?
 Do _____ need _____ from _____ who _____ and receive _____ another provider?
 Do you _____ specific _____ have _____ and also receive coverage _____ provider?
 Does the coordination _____ benefits _____ company _____ special _____ their _____ secondary _____?
 Does your _____ for _____ and dependents that receive _____ two _____ sources?
 Do _____ need any proof _____ dependents _____?
 I want _____ when insurance beneficiaries _____ dependents and dual _____.
 Does your _____ need _____ dependents _____ have coverage _____ sources?
 Do _____ need _____ have documentation for _____ been covered by _____?
 Does _____ company need _____ documentation for _____ who receive benefits _____?
 _____ your business _____ specific _____ for _____ dependents _____ types of insurance?
 _____ the _____ need documentation about _____ the _____ source?
 _____ company require _____ from _____ who received coverage _____ other sources in _____ to get _____?
 If dependents receive coverage _____ source, do _____ specific _____ for _____?
 _____ company _____ people _____ got coverage from other _____ order to get _____ coordinated benefit?
 _____ business need _____ have documentation _____ dependents _____ receive coverage _____ two different _____?
 _____ you need documentation _____ dependents that _____ covered _____ company?
 _____ you _____ paperwork for people _____ receive coverage _____ another provider?
 _____ your company needs to provide _____ for _____ who have _____ from _____?
 _____ need _____ for _____ other coverage?
 When coordinating _____ policyholders and dependents, _____ documents?
 _____ any need _____ paperwork if _____ get coverage _____ another _____?
 _____ need any documentation for _____ dependents _____ receive coverage _____ two different _____?
 When dependents _____ another place, is it _____ have _____?
 Does _____ need _____ of dependents coverage _____ second _____?
 Do _____ need documentation _____ that _____ previously _____ by another _____ in order _____ at our _____?
 Does _____ company demand _____ regarding _____ dependent's _____ coverage?
 Do your business _____ documentation for customers _____ dependents _____ other _____?
 _____ dependents _____ coverage through _____ source, _____ need specific paperwork from _____?
 Does your business require _____ specific documentation _____ customers _____ from two _____?
 _____ you _____ specific paperwork _____ dependents and receive _____ another provider?
 _____ coverage through _____ source, do we _____ specific _____ from _____?
 When coordinating benefits _____ policyholders _____ covered _____ do _____ documents?
 Does _____ to get documentation _____ who got _____ source to coordinate their benefits?
 _____ you _____ documents _____ who have other _____?
 _____ company need specific documentation for _____ receive coverage _____ for _____ benefits?
 Do you need _____ documents in order _____ and _____?
 Does your company require a _____ documentation _____ benefits _____ dependents _____?
 _____ your company _____ to _____ documentation _____ dependents _____ coverage from other _____?
 _____ your company require _____ in _____ coordinate _____ between dependents _____ third party _____?
 Do you need _____ were covered _____ other _____?
 _____ company need _____ coordinate benefits _____ dependents and third-party providers?
 _____ require _____ from policyholders _____ have dependents and _____ receive coverage from _____?

Do you require ____ from ____ who ____ dependents and ____ coverage ____ ?
 ____ you ____ receive ____ another ____ do ____ need specific paperwork from them?
 ____ there any paperwork ____ for ____ have dependents and receive ____ provider?
 ____ your ____ required to have ____ documentation for ____ that receive other ____ ?
 Should ____ company ____ about dependents ____ additional ____ ?
 Is it ____ for ____ who have dependents and ____ coverage ____ another provider ____ give ____ ?
 Are there any documents ____ from ____ whose dependents are ____ by ____ alternative source?
 ____ you require ____ policyholders who ____ dependents ____ also ____ from another ____ ?
 Does ____ require documents ____ policyholders ____ dependents ____ coordinate their ____ ?
 ____ at ____ company ____ any special documentation for the dependents' secondary ____ ?
 Does your ____ to ____ specific ____ for ____ and dependents ____ other ____ of ____ ?
 If ____ coverage ____ another ____ we ____ particular paperwork ____ policyholders?
 ____ it ____ for policyholders ____ provide specific documentation ____ other ____ of ____ dependents?
 Does your company ____ documentation for dependents ____ also covered ____ ?
 ____ the company ____ documentation ____ the ____ who ____ coverage ____ other ____ coordinate their benefits?
 Do you require ____ people ____ and also have coverage ____ ?
 ____ coordination ____ benefits at ____ demand ____ for the dependents' ____ coverage?
 ____ company ____ specific ____ from ____ dependents and external coverage?
 Does your ____ any ____ documentation about ____ who also ____ another ____ ?
 ____ the company ____ any ____ of ____ of dependents from ____ ?
 Is it necessary ____ documentation about ____ sources of coverage?
 Does ____ need documentation ____ dependents ____ other source?
 Does ____ need any ____ dependents ____ receive coverage ____ another ____ for coordinating ____ ?
 ____ the ____ need documents from policyholders with dependents or ____ ?
 What documentation ____ needed when coverage ____ who ____ insured ____ provider?