

[Demo] NLP Dataset for Customer Service Automation

Company Type	Life Insurance Companies
Inquiry Category	Questions related to underwriting and eligibility
Inquiry Sub-Category	Policy exclusions
Description	Customers inquire about specific conditions or circumstances that are not covered in their policies, seeking clarification on what is excluded from their coverage. This can include pre-existing medical conditions, risky activities, or certain occupations.
Data Size	10,831 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

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

Can ____ provide more ____ medical ____ fall under the ____ this policy?

Could you tell ____ the ____ in this ____?

Do ____ know ____ of ____ covered?

____ are the ____ of medical ____ that ____ by this ____?

____ not ____ by the insurance ____?

Can ____ me information about the medical ____ are ____ this ____?

____ tell me why medical issues ____?

I ____ wondering which health problems ____ policy.

____ aren't covered in ____?

____ learn about the medical ____ that are excluded from ____.

What is ____ the ____ for this ____?

____ you tell ____ conditions ____ excluded?

____ need the lowdown on the ____ from my ____.

I ____ to ____ which health ____ not ____.

____ that aren't covered by your policy?

____ the exclusions for this ____?

What ____ illnesses not ____ this ____?

I ____ like to ____ which ____ ok for ____ plan.

____ me know which health ____ included ____ my ____.

What ____ of ____ will ____ covered by your ____?

____ there a complete overview ____ the ____ your policy?

____ you tell me which ____ conditions are ____ no-no ____?

Can you ____ us if ____ covered?

____ health problems aren't ____?

____ there ____ policy for ____ diseases?

____ are a part ____ the exclusions section?

____ complete overview of what ____ medical conditions in your policy?

May ____ ask for ____ about ____ issues ____ are ____ by this ____?

What are the ____ conditions that are ____ ____ ____ ?

What specific ____ issues are ____ ____ ?

____ ____ needed on medical conditions that ____ ____.

____ ____ wondering about ____ ____ conditions that ____ not ____ in this ____.

____ would ____ not ____ covered ____ your policy?

What diseases are ____ ____ my ____ ?

____ ____ health ____ won't qualify.

____ ____ which health problems ____ ____ included?

Which ____ fall ____ restricted ____ ?

Please ____ ____ the conditions ____ in this ____.

Specific ____ ____ don't ____ ____ coverage, any?

____ ____ you ____ what things ____ insurance ____ cover for health ____ ?

Which ____ ____ in the coverage?

____ ____ me about ____ ____ excluded in the policy?

I would ____ to ____ which ____ ____ not covered

____ medical exclusions ____ ____ policy?

Are ____ aware ____ ____ make you exclude ____ ?

____ you tell me ____ health ____ ____ not part ____ ____ policy?

What ____ problems are ____ ____ excluded from ____ policy?

Can you ____ ____ any ____ conditions ____ a ____ no-no for this ____ ?

Do you ____ what ____ aren't ____ in ____ ?

Which ____ problems ____ be ____ the ____ ?

____ the information on ____ ____ and ailments ____ excluded from ____ ____.

What were the health ____ ____ not ____ ____ plan?

What types ____ ____ conditions ____ ____ covered under ____ coverage?

What ____ ____ excluded under ____ ____ ?

What health-related concerns won't ____ ____ ____ ?

Do you ____ what diseases ____ covered ____ ____ coverage?

____ ____ extra information ____ ____ medical conditions?

____ ____ like to know more about ____ ____ covered by this ____.

____ ____ will not be included ____ ____ here?

How about ____ ____ excluded by the ____ ?

Can you ____ me ____ ____ the policy's limitations ____ ____ ?

____ ____ any ____ ____ the ____ for illnesses?

What about health ____ ____ in ____ ?

Please ____ ____ there are ____ ____ certain ____.

____ you tell me ____ ____ would ____ ____ ?

____ need some ____ about ____ exclusions ____ specific ____.

____ are health issues excluded ____ ____ ?

Is it ____ ____ give information ____ ____ that ____ excluded by ____ policy?

Explain ____ ____ specific illnesses

What ____ of ____ ____ would ____ ____ included?

I ____ like ____ learn ____ ____ health issues ____ ____ not covered ____ the ____.

____ me ____ ____ conditions are excluded ____ this policy.

Which ____ are ____ the ____ ?

Is ____ ____ to give ____ information ____ ____ excluded?

____ ____ like ____ ____ medical ____ excluded from this policy.

____ it ____ to explain ____ medical ____ are ____ covered?

Is it ____ to ____ ____ regarding ____ exclusions featured ____ these ____ ?

Can I ____ more ____ regarding ____ ____ conditions ____ included ____ my ____ ?

_____ information on _____ issues _____ are _____ covered by the policy?

What _____ insurance _____ cover _____ health issues?

_____ there anything _____ tell me _____ excluded _____ the policy?

_____ health-related concerns _____ included in the _____?

_____ possible _____ breakdown and description _____ medically-based exclusions?

_____ me _____ health issues won't _____ your policy.

_____ inquire _____ health issues _____ by this plan?

Can you _____ illnesses would cause me _____?

_____ let _____ if _____ diseases or conditions would be _____ by _____?

Medical _____ not _____ in _____ something I _____ more about.

_____ give us _____ information _____ the medical _____ that would be _____ from _____?

_____ know more about _____ exclusions.

Please provide the types _____ illnesses _____ under _____.

What _____ types _____ illnesses _____ are excluded _____ coverage?

Can _____ more about _____ medical conditions excluded _____.

_____ any _____ medical exclusions in the _____?

What are _____ of conditions that _____ policy?

Please tell _____ about _____ types _____ illnesses _____ not _____.

Which illnesses _____ in the _____?

_____ me details on _____ illnesses that are not _____ this _____.

Is _____ way to obtain a _____ of _____ exclusions _____ terms?

_____ you tell me _____ medical _____ accepted for this _____?

Is it _____ to _____ information _____ exclusions regarding _____?

_____ would _____ to _____ details _____ excluded _____ conditions.

_____ give _____ lowdown on which _____ are not included in _____.

_____ illnesses could _____ denying _____?

_____ am curious as _____ make you _____ them.

Which conditions would _____?

_____ tell _____ what _____ of medical conditions _____ not _____ policy.

Tell me what health _____ be _____ your _____.

What conditions _____ included in _____?

What _____ are _____ restricted _____?

Can you tell _____ health-related _____ be covered?

_____ know _____ policy's _____ for certain _____?

What _____ left out _____ coverage?

_____ you tell _____ about _____ excluded in _____?

Can you tell me more _____ medical _____ would _____ policy?

_____ medical _____ would be _____?

_____ receive _____ information _____ the medical _____ excluded from my _____?

Please _____ what _____ are _____ covered.

Tell _____ not covered _____ coverage.

_____ you tell us about _____ certain illnesses?

I _____ to _____ the medical conditions _____ from this _____.

_____ it possible to _____ more _____ what medical _____ be excluded from _____?

Can you provide us with _____ which _____ would _____?

Please provide _____ with more information on _____ medical conditions _____ your _____.

Is _____ any _____ could _____ excluded health conditions?

I _____ like _____ know _____ there _____ specific ailments.

_____ it possible to obtain _____ medically- _____ exclusions?

Tell me _____ exclusions covered _____ this _____.

Please _____ me _____ lowdown on which issues _____ my _____.

Tell me what _____ of health _____ not _____ under _____.

Can I _____ about _____ conditions excluded _____ my _____.

_____ conditions wouldn't _____ policy _____?

Do _____ know what _____ issues _____ be _____ policy?

Can I _____ out more _____ exclusions _____ certain _____?

What _____ the _____ of illnesses _____ from _____?

Can I _____ out _____ about _____ exclusions regarding _____?

_____ you _____ excluded from _____ coverage?

_____ have _____ details on _____ the _____ will _____ cover for _____?

Can _____ find _____ about _____ certain _____?

_____ want to _____ about _____ medical _____ from my coverage.

Tell _____ what _____ health _____ will not _____ by your _____.

I would _____ know what medical conditions _____ be excluded _____.

Is _____ possible _____ get _____ the _____ conditions _____ from my coverage?

_____ you can tell _____ about which diseases _____ be covered by _____?

Can I _____ more _____ medical _____ that _____ not _____?

Which illnesses _____ included _____?

Is _____ any information _____ exclude certain _____?

_____ know about _____ that _____ not covered _____ plan.

Are we talking _____ any _____ that _____?

Can _____ explain _____ insured?

_____ me know if there _____ issues _____ are _____ by _____.

_____ issues not covered _____ the _____?

_____ is needed _____ conditions are exempt.

_____ me with _____ information about which _____ conditions _____ from _____ policy.

What _____ in the _____ listed _____ this coverage.

Did _____ more _____ on what _____ insurance won't cover?

Is _____ anything _____ you can _____ denied medical _____?

Is it _____ offer a _____ overview _____ conditions?

Were you able _____ provide details _____ excluded _____?

Can you _____ description of _____ issues _____ covered by the _____?

Be _____ the types _____ are not covered under _____.

Please _____ to illnesses.

_____ medical conditions is _____ policy?

Would it _____ possible _____ information about _____ illnesses?

Please _____ issues are excluded from my _____.

_____ looking for details _____ medical conditions _____ are _____ the policy.

What _____ wouldn't be included?

Is there _____ comprehensive _____ conditions you can _____?

_____ you know _____ sicknesses are _____ be covered _____ this _____?

_____ be covered under restricted _____?

_____ medical _____ the plan?

_____ me _____ which health issues _____ not covered by _____.

Do you _____ illnesses would _____?

_____ it _____ to give _____ on _____?

_____ any, _____ of illnesses that _____ not covered.

_____ there more _____ issues that are _____ in coverage?

Is _____ any _____ for _____ ailments.

Can you _____ about _____ conditions _____ are not okay for _____?

_____ get a _____ or description of _____?
 _____ of _____ would _____ be included?
 _____ illnesses might _____ of coverage?
 Extra facts _____ denied _____?
 _____ medical _____ wouldn't be _____?
 You can _____ covered.
 _____ us what _____ problems wouldn't _____ for _____.
 Tell _____ what _____ will not _____ your policy.
 I would like to _____ which _____ issues _____ covered _____ insurance _____.
 _____ you _____ me _____ will make _____ exclude them?
 What _____ of illnesses _____ are _____ this coverage?
 Which illnesses _____ out _____ coverage?
 Please _____ me _____ about issues _____ covered by _____.
 What kind _____ health issues are _____ under _____?
 _____ you _____ information _____ which _____ conditions _____ excluded _____ this policy?
 _____ lowdown _____ which health _____ are excluded from _____ coverage.
 _____ more information about medical issues _____ in _____.
 _____ not _____ in the plan?
 _____ know _____ illnesses _____ covered in this plan.
 I would like to _____ aren't part _____.
 Is _____ possible to _____ a _____ of what _____ as excluded _____?
 Is _____ possible _____ limitations for certain ailments?
 Please give me _____ the _____ conditions that would _____ the _____.
 Will _____ me _____ the diseases that were _____ coverage?
 _____ are some _____ under restricted coverage?
 _____ have additional details _____ what things _____ insurance _____ for _____.
 Is _____ possible to _____ details about _____ by _____ policy.
 _____ need information on the _____ that aren't _____ policy.
 _____ need _____ on _____ medical _____ excluded from this _____.
 Please explain what diseases _____ policy.
 _____ of diseases _____ covered _____ the _____ coverage?
 Can you _____ me _____ for _____?
 _____ tell _____ which _____ conditions _____ not allowed _____ this plan?
 Are _____ health-related _____ that _____ be included _____ the coverage?
 I would like to know _____ other _____ issues _____ not _____ plan.
 _____ tell us _____ conditions would _____ be included _____ this _____?
 _____ more information about what _____ conditions would _____ excluded from this _____?
 _____ to know _____ in this policy.
 I _____ to know _____ the exclusions _____ specific _____.
 _____ health _____ be covered under your policy.
 What _____ the _____ of medical _____ that _____?
 _____ you give us _____ medical conditions are _____?
 _____ to _____ the diseases excluded from my _____.
 I would _____ to _____ if there are any _____ issues not _____.
 _____ exclusions _____ for specific illnesses.
 _____ are excluded _____ coverage?
 _____ any _____ excluded health _____ you can give?
 Would it be _____ to _____ on _____?
 _____ in this policy.
 Can _____ tell me _____ covered _____ the plan?

I _____ to know the medical conditions _____ policy.

Which _____ issues _____ included _____ my coverage, _____.

_____ tell _____ the _____ conditions that are excluded _____.

Let me _____ that _____ not _____ by this _____.

_____ know what _____ diseases aren't _____ the coverage?

Please _____ that are _____ covered by _____ plan.

_____ me _____ the medical conditions that _____ excluded?

_____ not be covered by _____?

_____ it _____ get a breakdown _____ medically-based exclusions _____ these _____?

_____ me _____ issues _____ covered by _____ policy.

What _____ won't be _____ this _____?

_____ you tell _____ any _____ conditions that _____ excluded from this _____?

Which _____ fall _____ exclusions _____ this _____?

Are _____ medical conditions that _____ under _____ category of _____?

_____ tell me _____ health _____ aren't included in _____?

_____ there _____ medical conditions _____ fall _____ medical conditions _____ your policy?

Which _____ covered by _____?

Tell _____ about _____ that _____ by my coverage.

_____ any information on what _____ will _____ by _____ plan?

what ailments are not _____?

_____ are some _____ types of _____ conditions that _____ policy _____?

_____ describe the _____ excluded _____ the _____.

_____ what health problems _____ qualify _____.

Please give me a _____ on which _____ are _____ coverage.

_____ medical _____ are _____ covered?

I _____ to _____ what _____ issues _____ covered under _____ plan.

_____ the _____ that are excluded _____ policy?

Which diseases or _____ of the _____ according to your _____?

Do you _____ diseases _____ part of _____ policy _____?

The details _____ excluded _____ conditions could _____ you.

What _____ is excluded _____ the _____?

_____ there any _____ what sicknesses _____ not _____ under _____ plan?

_____ conditions are _____ covered in _____?

_____ details on the types _____ illnesses _____ are _____.

What _____ are _____ covered _____ the _____?

_____ it _____ obtain a _____ or _____ of medically-based _____?

_____ you know _____ medical conditions _____ be _____ this policy?

What _____ issues _____ of the _____?

_____ are the _____ of medical _____ restricted _____?

_____ you _____ more about the _____ that _____ not _____ in _____?

_____ you tell us _____ the _____ issues _____?

_____ me _____ about _____ that _____ excluded from my coverage?

Tell me _____ about diseases that _____ coverage.

_____ health conditions that would _____?

Please tell _____ what medical _____ exempt _____ policy.

_____ health conditions _____ here?

_____ me about _____ types of _____ not _____ this coverage.

Is there _____ denied medical _____?

_____ illnesses _____ part of _____ policy, _____ explain?

I _____ more info _____ medical _____ are _____.

Is it _____ give details _____ health issues _____ in the _____?

What _____ are _____?

Can _____ which medical _____ not compatible with _____ plan?

_____ there anything else _____ tell me _____ health _____?

Information is needed _____ conditions _____ not _____.

_____ kinds of illnesses _____ not included _____ coverage?

Is _____ anything _____ tell me _____ excluded health _____.

_____ illnesses are _____ included _____ this _____?

_____ you _____ more _____ that would _____ excluded from this policy?

Is _____ possible to _____ information _____ conditions _____?

_____ conditions would _____ not covered _____?

_____ diseases _____ disorders are _____ exclusions?

Any health _____ qualify for _____?

Is _____ information _____ conditions that aren't _____?

Which diseases _____ disorders _____ included in _____ exclusions section _____ terms?

Is _____ to _____ a breakdown _____ these _____ exclusions?

_____ are _____ conditions that are _____ by _____ policy?

_____ what _____ issues _____ be excluded _____ your policy.

I _____ to know _____ pay for under the _____.

_____ be possible to _____ excluded illnesses.

What _____ treatments _____ by the _____?

What are _____ medical _____ aren't _____?

Is _____ a way _____ a breakdown _____ exclusions?

_____ to _____ a breakdown on _____ in these terms?

What sicknesses _____ you not _____ for under _____?

I _____ more _____ which medical conditions would _____ from _____ insurance _____.

_____ health issues are excluded from _____ coverage.

May _____ health issues that are _____ covered under _____?

_____ conditions are excluded from being _____ by _____?

_____ it possible to clarify what _____ are _____?

Which _____ be _____ in _____ exemptions?

_____ you _____ me the _____ illnesses?

_____ you tell _____ what medical _____ under _____ exclusions of the _____?

_____ specific _____ concerns _____ not _____ included _____ the coverage?

Please _____ how I _____ out _____ exclusions _____ for _____.

_____ it _____ give some information on _____.

_____ you _____ what _____ of _____ are _____ of the coverage?

_____ me _____ types _____ illnesses _____ exempt _____ this coverage.

I would _____ find _____ exclusions for specific _____.

Can _____ tell me _____ about _____ not _____?

_____ items _____ not be covered by _____?

_____ know of issues not _____ this _____ please _____ me _____.

_____ illnesses _____ not _____ in the _____?

Can you _____ me which _____ be _____ this plan?

Do you _____ issues are no-nos _____ contract?

_____ what _____ issues _____ be covered under _____ policy.

Which _____ left _____ coverage?

Please _____ me _____ are not _____ by _____ policy.

_____ it _____ to know more about _____ included _____ coverage?

Is _____ possible to _____ about _____ excluded?

Please _____ not _____ the policy.

Is _____ I can _____ the _____ specific ailments?

_____ issues will _____ by the policy?

_____ you clarify _____ illnesses?

I _____ to _____ pertaining to specific ailments.

Is _____ any _____ you could _____ about _____ health _____?

Please _____ types _____ that are not covered _____ coverage.

What are the _____ would _____?

_____ provide me with information _____ that _____ be excluded from your _____.

_____ particular _____ concerns will _____ included in _____ offered here?

_____ illnesses need to _____ plan?

What _____ concerns _____ included in _____ coverage _____ here?

_____ there any _____ on what _____ cover for _____ issues?

Please _____ me _____ medical conditions _____ excluded from your policy.

Please _____ which _____ are _____ policy.

_____ it possible for _____ a breakdown of _____?

_____ are _____ conditions that _____ not covered _____ the _____?

_____ aren't covered _____ in _____ plan?

_____ there _____ be learned about medical _____ not _____ in _____?

Do _____ what sicknesses _____ plan _____ pay _____?

_____ to know _____ conditions are exempt _____ being _____.

_____ need _____ details on _____ medical _____ that _____ excluded from _____.

_____ me know what _____ conditions _____ be _____ from _____ policy.

Inform _____ what health _____ won't _____.

What illnesses _____ not _____ the _____?

Please _____ the _____ of illnesses _____ are _____ covered by _____.

Can you _____ me _____ in the policy?

_____ need _____ know more _____ medical _____ would be _____ your _____ policy.

Please _____ me of _____ of illnesses that are _____ covered _____.

What _____ be excluded from _____?

_____ on which _____ conditions are not _____.

What _____ conditions are _____ being covered _____ this _____?

_____ kind of _____ would _____ included?

_____ more details _____ this insurance won't cover, _____?

Is it _____ specify what _____?

_____ provide details on _____ illnesses?

If any, please specify the types of _____ by _____.

What _____ issues _____?

_____ need _____ the _____ conditions _____ are _____ from the policy.

_____ it be possible to give more _____.

_____ you able _____ what is _____ disease-wise?

_____ types _____ illnesses could _____ of coverage?

Can _____ us _____ medical _____ would be excluded?

_____ couldn't be _____ by _____ policy?

_____ possible to describe _____ exclusions _____ this policy?

_____ know _____ medical _____ that are excluded from _____ policy.

_____ more about the diseases _____ covered.

I want _____ know which _____ issues _____ covered _____ this _____.

_____ concerns will _____ be covered in _____ area?

_____ you _____ us an overview _____ medical conditions _____ policy?

_____ the exclusions pertaining _____ illnesses.

_____ you _____ on _____ conditions that _____ be covered _____ this plan?

_____ possible to _____ exclusions featured within the terms?

I _____ know _____ health issues _____ excluded _____ my _____.

Can _____ what _____ aren't covered?

Which _____ my coverage?

_____ would like _____ know _____ there _____ exclusions _____ ailments.

_____ it _____ to get a _____ description _____ medically based _____?

I _____ details of _____ medical _____ that _____ from this _____.

Can I get _____ the _____ ailments?

_____ are not insured.

Please _____ the _____ illnesses that aren't _____ by this _____.

_____ there _____ extra _____ on _____ conditions?

Do _____ more about the _____ are _____ covered?

Let me _____ what _____ by this _____.

How about _____ illnesses?

Will _____ be possible _____ specific _____ on excluded _____?

There _____ additional _____ what this insurance won't _____ issues.

_____ included in _____ plan?

_____ to _____ about _____ medical conditions that are excluded _____.

_____ exclusions are covered _____ this _____?

Please give _____ on _____ are _____ from my coverage

_____ issues won't be covered _____ your policy?

_____ you let _____ the _____ for _____?

_____ medical _____ not eligible?

Is it _____ to _____ what _____ covered _____ plan?

_____ type of _____ could lead to _____?

_____ health-related _____ won't be included _____ the _____ here?

_____ or _____ included _____ the coverage?

_____ it _____ to give _____ what _____ as _____ medical conditions in _____ policy?

Which diseases _____ included _____ the _____ section _____ policy _____?

We need _____ know what _____ are not _____ by _____.

_____ information _____ denied medical _____?

Can _____ a _____ description _____ medically-based exclusions?

_____ if _____ know _____ about _____ issues not _____ in coverage.

_____ details on _____ types of _____ not covered _____ coverage.

_____ of health _____ won't _____ covered under your _____?

_____ you _____ a _____ of the health issues _____ policy?

_____ it possible _____ more _____ about excluded _____.

_____ be _____ out of this policy?

I _____ details _____ which _____ are excluded.

Please give _____ up on which _____ issues are excluded _____.

_____ there anything you could _____ me _____ excluded _____?

Can _____ what conditions would be _____ this policy?

_____ of illnesses could _____ to _____ of _____?

_____ types _____ is _____ this policy?

_____ clarify which illnesses _____ in the _____.

Can _____ tell me _____ illnesses _____?

_____ there _____ overview of _____ under _____ excluded _____ conditions category _____ policy?

_____ tell me which _____ be included?

What ____ conditions ____ conditions category in your policy?
____ of ____ could ____ denial ____ coverage?
____ you ____ information on which medical conditions would ____ ?
____ the medical ____ that ____ covered in ____ policy?
Please tell me ____ any ____ are not covered ____ .
Is there a ____ medically-based exclusions featured ____ these terms?
____ possible ____ give an overview of ____ in your policy?
Can you ____ me ____ and illnesses ____ are ____ in ____ coverage scheme?
Please tell ____ the medical conditions that would be ____ .
Is it possible ____ breakdown ____ exclusions featured ____ terms.
Can it be ____ more ____ on excluded ____ ?
____ it possible I ____ more ____ issues not ____ ?
____ illnesses ____ left out ____ coverage?
____ me the ____ on which ____ are excluded from ____
____ diseases could cause denial ____ coverage?
____ would like ____ medical conditions excluded ____ my coverage.
Please ____ me ____ medical conditions ____ excluded from your ____ .
What kind ____ medical ____ wouldn't ____ ?
____ might ____ be insured?
____ what ____ problems ____ for coverage.
____ want to ____ about the ____ excluded ____ my coverage.
I want ____ you can give ____ excluded ____ conditions.
Inform me what ____ problems ____ not qualify ____ .
____ health ____ are ____ here?
____ kinds of medical ____ ?
____ types of illnesses are ____ ?
Can ____ tell me ____ are ____ in ____ plan.
Can you ____ me ____ that ____ part of ____ policy?
____ us ____ conditions ____ not insured.
What are the ____ policy ____ ?
____ types ____ not ____ by policy?
What ____ conditions are ____ restricted ____ ?
____ any ____ about denied medical ____ ?
Please ____ me ____ won't ____ covered.
____ types ____ conditions are ____ of ____ policy?
Can ____ tell me ____ is ____ ?
Is there a ____ overview ____ what ____ under excluded medical ____ ?
____ kind of medical ____ be ____ ?
Explain ____ for ____ illnesses
____ sicknesses ____ not going ____ pay ____ this plan?
What medical conditions would ____ ?
____ health-related concerns will ____ be ____ in ____ ?
____ medical issues ____ not ____ ?
Can ____ tell me ____ conditions will ____ excluded ____ policy?
Please ____ with ____ the types of ____ not ____ this coverage.
Is there ____ overview of ____ falls under ____ medical ____ your policy?
____ obtain ____ or ____ of medically-based exclusions?
I want ____ know more about health issues ____ not ____ .
____ you know ____ sicknesses y'all ____ ?
____ which medical conditions are ____ covered ____ this ____ .

_____ there any _____ about _____ conditions?

_____ possible to _____ a _____ of the _____ exclusions?

_____ you _____ any additional _____ denied medical _____?

What _____ restricted coverage _____?

_____ there any _____ about the medical exclusions _____?

Mention the types _____ illnesses _____ are _____ coverage.

_____ would _____ to know _____ the _____ criteria _____ in _____ insurance _____.

_____ am _____ on _____ medical conditions that are _____ from this _____.

What _____ are _____ under _____ plan?

Do _____ know what _____ conditions are _____ for _____?

Can I _____ medical _____ not included _____ coverage?

What medical _____ not be _____ by _____?

_____ are the ailments that _____ covered in _____?

_____ a _____ of _____ conditions that are not allowed _____ this _____?

_____ you _____ me what _____ covered?

What _____ health issues not _____ plan?

Tell _____ problems won't _____ coverage _____.

_____ will _____ be covered _____ this _____?

_____ health problems _____ covered _____ this _____?

Is there _____ to _____ health issues _____ are _____ covered _____ this plan?

Can _____ me _____ medical conditions _____ no-no's _____ plan?

Which _____ issues _____ from my _____?

Is _____ I can get about exclusions _____?

You _____ more details _____ this _____ won't cover _____ issues.

_____ that are not covered by _____ coverage.

Can _____ tell _____ about the policy's _____?

Does the _____ specific _____?

What _____ won't _____ this policy?

I am _____ if _____ more _____ medical _____ included _____ coverage.

_____ health issues that weren't covered _____ plan?

_____ are _____ restricted coverage?

_____ illnesses are _____ plan?

_____ fall under _____ category of _____ medical conditions?

What _____ health issues _____ by _____ plan?

_____ types of _____ subject to _____ coverage?

What are _____ medical conditions covered under _____?

_____ diseases are _____ of this _____?

Please state _____ conditions _____ not _____ by _____ policy.

_____ issues are not _____

What _____ this plan?

I want to _____ more about the _____ my _____.

_____ me _____ medical conditions are a problem _____ this _____?

_____ like _____ the information _____ exclusions regarding _____ ailments.

Please explain _____ illnesses _____ the policy.

_____ be _____ to _____ more information on _____ illnesses?

Tell me _____ diseases not covered _____ my _____.

_____ tell me about excluded health _____?

_____ health _____ have _____ exemption?

_____ there _____ about _____ issues not included in _____?

_____ of _____ aren't covered _____ policy?

What are _____ exclusions _____ fall _____ them?
_____ any detail on _____ the policy?
Is there any _____ info _____ what _____ won't _____ issues?
Did you have _____ about _____ conditions _____ are _____?
_____ it _____ to provide _____ which medical conditions _____ excluded _____ policy?
What specific _____ related _____ be _____ the coverage?
Which _____ not included _____ plan?
Enlighten _____ quick, are _____ about any _____?
_____ tell me _____ reason why _____ issues _____ from my _____.
Tell me _____ excluded _____ this _____.
Can _____ be provided on _____?
Is there anything _____ can tell _____ insured?
_____ you _____ me _____ about the diseases that _____?
Please inform what _____ for coverage.
_____ have more details _____ what _____ insurance _____ cover for _____.
You _____ this insurance won't cover _____ issues?
_____ aware _____ medical issues that _____ in coverage?
_____ won't be _____ in the _____ offered here?
Is it _____ that I know more about medical _____?
_____ information _____ denied medical _____?
_____ help me _____ out which medical conditions _____ excluded _____ policy.
_____ me what health problems _____ get _____.
_____ there _____ conditions that _____ covered by _____ insurance?
Would _____ provide _____ on illnesses that _____ excluded?
_____ kind _____ medical conditions do _____?
What _____ the _____ are excluded from this coverage?
_____ tell me _____ exclusions for _____ illnesses?
_____ more _____ about medical issues that _____ not included _____?
_____ want _____ which health _____ are _____ covered in _____ plan.
_____ me know what's _____ plan.
_____ tell us about _____ excluded by the _____?
Can _____ any _____ on _____ medical conditions _____ be excluded?
_____ you _____ the conditions _____ in _____?
_____ not going to be _____ by this _____?
You can _____ what ailments aren't _____.
Which _____ are _____?
_____ lowdown _____ which _____ issues _____ not included _____ my coverage.
_____ need _____ about _____ that are not _____ in coverage.
Can _____ me _____ not be included?
_____ to _____ which _____ aren't covered.
Let me _____ what _____ would _____ you _____.
Can I ask for _____ health issues that _____ not _____?
Please _____ which _____ are _____ the policy.
I would like _____ know if _____ issues are covered _____.
Explain _____ aren't _____.
_____ to get _____ description of medically based _____?
What _____ of _____ conditions _____ included?
_____ details about _____ conditions?
What _____ conditions _____ covered by the _____?
Can you _____ me which _____?

_____ which _____ will _____ be included in this policy.

_____ the _____ issues that _____ be covered _____ your _____?

_____ need _____ know _____ medical conditions are not _____ plan.

_____ excluded _____ this plan?

Will you _____ the _____ excluded from the _____?

_____ what _____ problems won't be _____.

Is _____ any _____ information _____ have _____ denied _____ conditions?

Is it _____ information _____ excluded illnesses?

_____ you _____ an explanation _____ not included _____?

_____ about the medical conditions excluded _____ my _____?

_____ me _____ medical conditions are excluded from _____ policy?

Can I know _____ illnesses?

I _____ about _____ diseases and _____ an exclusion label.

_____ tell me about _____ that are no-no for _____?

_____ diseases might cause _____ coverage?

What specific _____ concerns _____ included _____ coverage _____ here?

_____ explain _____ conditions _____ in _____ policy.

I _____ to know _____ medical conditions _____ not allowed _____.

_____ there any information _____ can give _____ about which _____ would _____?

_____ would like _____ the _____ for _____.

Tell me what _____ issues won't be _____ policy.

Which _____ will not be part _____?

I _____ like _____ know _____ health issues _____ this plan.

Do you _____ would make _____?

Which illnesses _____ policy?

_____ health conditions _____ exempt?

_____ conditions _____ be _____ exemptions?

What _____ not in _____?

Tell _____ that aren't covered by _____.

_____ aren't _____ in the _____ coverage?

_____ ailments that aren't covered in _____?

Can _____ which diseases won't _____?

Which _____ in this plan?

Got _____ information about _____?

Do _____ have information _____ conditions?

Are _____ any _____ about denied _____?

You _____ more detail on what _____ won't cover _____?

Explain _____ of medical _____ covered _____ the policy.

Is _____ any detail _____ medical _____ policy?

What are some _____ excluded _____?

_____ it be possible _____ give details about _____?

Can _____ tell _____ what medical _____ not allowed for _____?

_____ like _____ know the _____ illnesses that are _____ under _____ coverage.

_____ the types of _____ that _____ of the _____?

_____ me _____ excluded from _____ coverage.

_____ like _____ health _____ are not _____ by the plan.

_____ be possible _____ a _____ of excluded illnesses?

Do you _____ medical issues _____.

Can it be _____ to _____ information _____ excluded _____?

_____ you have _____ new _____ denied medical _____?

Do _____ health problems _____ eligible _____ coverage?
 _____ aren't included in _____?
 what _____ aren't _____ plan?
 Are _____ any specific _____ problems _____ here?
 _____ me _____ about what _____ from my coverage.
 _____ kinds of _____ are covered _____ coverage?
 _____ diseases or _____ are _____ the _____ section?
 _____ to _____ me which _____ conditions would _____ excluded?
 _____ me what _____ won't be _____ by your _____.
 _____ it possible to obtain _____ breakdown _____ exclusions in _____?
 I would like _____ know _____ health problems _____.
 Please tell me _____ not _____ by this _____.
 _____ conditions do _____ exclude from?
 I'm _____ medical _____ covered _____ this _____.
 _____ you _____ conditions are not okay _____ this plan.
 What _____ the exclusions _____ this coverage?
 Can _____ get additional information _____ that are _____ my coverage?
 Please _____ excluded _____ the policy.
 I want _____ details of _____ medical _____ from this policy.
 What type of _____ could _____ of _____?
 _____ type _____ medical _____ are not _____?
 Do _____ which _____ won't be _____ the policy?
 Is _____ to _____ exclusions for specific ailments?
 I want _____ medical _____ are covered in _____.
 What are _____ will _____ from this lousy policy?
 Further information _____ the _____ conditions excluded _____ coverage can _____.
 Which _____ off of _____ coverage?
 Can _____ tell _____ which _____ are _____?
 Which health issues _____ insurance plan?
 _____ it _____ to _____ what is _____ disease-wise?
 Information _____ health issues _____ excluded _____ policy _____ be given.
 Should _____ know about _____ issues that _____ coverage?
 What _____ by the policy?
 What health _____ not be _____ in _____?
 Can you tell _____ about the _____ certain _____?
 _____ me more _____ the _____ from my _____.
 What about _____ issues _____ included _____?
 I _____ curious about what _____ you _____ them.
 I _____ like to _____ specific health _____ in the _____ plan.
 I _____ more information about _____ medical conditions _____ your insurance _____.
 What _____ matters _____ be _____ by the _____?
 Can you tell me _____ for this plan.
 _____ you _____ me _____ medical _____ not covered.
 _____ are the _____ in _____ plan?
 Can _____ me _____ which _____ conditions _____ not _____ covered _____ your plan?
 Can I _____ more _____ conditions?
 _____ you _____ about the medical _____ be excluded _____ this policy?
 _____ medical _____ left _____ of the _____?
 _____ the types of illnesses _____ are not _____ by _____ coverage.
 _____ are not _____ by this _____?

Please _____ part of the _____.

Do you know _____ are _____ covered by policy _____?

_____ kind of illnesses _____ covered by _____ coverage?

_____ you tell _____ which _____ conditions _____ compatible with the _____?

_____ more about the _____ cover.

Is _____ any _____ issues that _____ not covered _____?

I need to _____ that aren't included _____ coverage.

_____ you _____ information about the medical _____ excluded from _____ policy?

_____ let _____ know if health issues are _____ coverage.

Is there _____ about medical issues not _____ in _____?

_____ that are not _____ by _____?

_____ it _____ to _____ breakdown _____ description regarding medically-based _____?

_____ get more _____ the excluded _____ conditions?

Are _____ about _____ illnesses that are _____?

Please tell what _____ qualify _____.

_____ specific health-related _____ would _____ in _____ coverage offered here?

_____ illnesses _____ left _____ coverage?

_____ to _____ the medical conditions that are _____ included _____ this _____.

_____ are _____ conditions _____ from this _____?

_____ concerns will not _____ included _____ the _____ offered _____?

Is _____ specific _____ issues that _____?

Can _____ tell _____ about the _____ in the _____?

Can you _____ which medical _____ are not _____ for _____?

_____ I _____ the _____ issues _____ are not covered under this _____?

Can you tell me _____ under the _____ exclusions?

What illnesses can _____ this _____?

Please inform what _____ not qualify _____ coverage _____.

_____ learn _____ the medical conditions _____ from my coverage.

_____ would like _____ health _____ that aren't _____ by this _____.

Wouldn't _____ be _____ to _____ details on _____?

Is _____ a _____ to _____ a _____ or breakdown _____ medically-based _____?

Can _____ me what _____ conditions _____ not _____ this plan?

_____ you tell _____ which medical _____ be _____ from the _____?

Can _____ provide us with _____ conditions _____ be excluded?

Can I learn _____ medical conditions _____ my coverage?

Can I get _____ or _____ of _____ these terms?

Can _____ me about _____ conditions that _____ not _____?

I want to know _____ give specifics on _____.

_____ aren't considered _____ of the _____?

What medical _____ be _____ this _____ if you _____ information?

_____ you _____ list of _____ conditions that are _____ in the _____?

_____ of medical conditions would _____?

Can _____ tell us _____ medical _____ would be excluded _____?

_____ with _____ medical conditions that are _____ for this plan?

_____ tell me _____ that are excluded by _____ policy?

_____ diseases _____ restricted coverage?

I need _____ about the medical conditions _____ are _____ included _____.

_____ the exclusions for _____ is _____.

_____ illnesses _____ the plan _____?

_____ me _____ of _____ not _____ by the _____.

____ it possible ____ clarify the ____ issues ____ covered?
 ____ you tell us ____ health issues were ____?
 ____ policy's ____ certain ailments?
 Is there ____ medical ____ the ____ doesn't ____?
 Can you tell ____ issues ____ aren't ____ by the ____?
 ____ know more about medical issues not ____.
 Can you ____ that will not ____ ok for this ____?
 Can you give ____ information ____ medical conditions ____?
 Is there ____ on what this ____ pay ____?
 Please ____ more about ____ exclusions.
 ____ looking ____ information ____ exclusions for ____.
 ____ about ____ medical exclusions that ____ in ____ policy?
 ____ any limits to the ____ ailments?
 ____ topics will ____ by this policy?
 ____ tell ____ issues won't qualify ____ coverage.
 ____ of issues ____ covered ____ plan.
 ____ us of the types ____ that aren't ____ by ____.
 ____ not covered by ____ coverage?
 ____ information about ____ conditions that you could ____?
 ____ there ____ overview of ____ as excluded ____ conditions in ____ policy?
 Please tell me more ____ the ____ that ____ not ____ insurance ____.
 ____ more information ____ not included in coverage?
 Which ____ are not covered ____?
 Can ____ about ____ specific ailments?
 ____ tell ____ the ____ conditions that ____ from ____ policy.
 Do you ____ information about ____ you ____ pay ____?
 Can ____ tell ____ the ____ health ____?
 What ____ the denial of ____?
 Can you tell ____ about ____ are ____ this plan?
 ____ the ailments that ____ not ____ this plan?
 What ____ the ____ be ____ by this policy?
 ____ you know ____ conditions ____?
 Can ____ which ____ would ____ excluded?
 Can ____ information ____ which ____ conditions would not be covered ____ plan?
 ____ are some ____ insured?
 ____ way to ____ a breakdown on ____ exclusions?
 I would like ____ know more ____ covered.
 ____ conditions ____ be ____ in ____ policy?
 Which diseases or disorders ____ exclusions ____?
 What are the ____ are ____ from the ____?
 What specific health-related ____ be ____ this coverage?
 What ____ conditions ____ policy excludes?
 ____ tell me more about ____ insured?
 ____ were the ____ issues not ____ plan.
 Please tell me what medical ____ policy.
 ____ information about medical ____ would be excluded ____ your insurance ____.
 I am curious ____ exclusions ____ in ____ policy.
 ____ tell me ____ are not covered by ____?
 ____ you give ____ health ____ excluded by the ____?
 ____ could this ____ cover?

Are _____ discussing any _____ aren't _____?

Explain _____ pertaining _____ illnesses.

Do you _____ what _____ of diseases _____ policy coverage?

_____ any information that _____ about _____ health conditions?

Is there _____ on _____ that are _____ the policy?

_____ health issues _____ be _____ your _____?

Tell us the _____ that _____ covered by _____.

_____ there any _____ medical issues are not _____?

Please tell _____ medical _____ that _____ not _____ by _____ policy.

Can I _____ more _____ medical _____ that weren't _____ coverage?

Is _____ a comprehensive overview of _____ conditions _____ policy?

_____ an explanation _____ what's not included _____?

_____ me _____ about _____ conditions _____ would be _____ from _____ insurance policy.

Can you provide any _____ which medical _____?

Is _____ any information about what _____ for?

Can _____ me _____ issues _____ covered?

What _____ covered by the _____?

_____ give me the _____ for _____?

_____ would like _____ more _____ the _____ conditions _____ not included _____ my coverage.

Are there any _____ problems _____ this policy?

Should I be _____ included in _____?

_____ up, I _____ know _____ diseases _____ ailments _____ excluded from _____ label.

Let _____ know _____ not covered by _____ plan.

What _____ won't be _____ the _____?

What types _____ aren't _____ the _____?

Can _____ tell me about medical _____ not in _____?

What _____ which are _____ covered by this _____?

What _____ are not _____?

I _____ know _____ the _____ excluded from my coverage.

Can you _____ diseases _____ won't be _____ this plan _____ yours?

Please describe _____ types of illnesses _____ not _____ coverage.

_____ request _____ information about _____ issues that _____ not _____ under this _____?

Please _____ more about the _____ be excluded from _____ insurance _____.

_____ like to _____ issues _____ excluded _____ my coverage.

_____ what _____ of _____ are not covered by _____.

Is _____ possible to _____ a complete _____ of the excluded _____?

_____ explain _____ regarding illnesses.

Which diseases _____ disorders are _____ section?

_____ possible to tell _____ conditions aren't _____.

Explain _____ are excluded.

I want _____ know which medical _____ not ok _____.

Is there _____ denied medical _____?

I need more _____ diseases _____ ailments are _____.

_____ sorts of _____ the policy _____?

Which _____ won't _____ in the _____?

_____ you _____ me _____ will not be _____ for this plan?

Is _____ anything you can tell me _____ not covered _____?

_____ what illnesses _____ the policy

Which illnesses _____ covered _____ the _____?

_____ it _____ possible to _____ specific _____ that are excluded?

_____ me the exclusions _____ illnesses?

_____ the _____ of illnesses that are _____ this coverage.

What diseases _____ not covered _____?

I _____ to _____ not going to cost _____ this plan.

There's _____ on _____ this _____ won't cover for _____.

_____ question _____ more about medical _____ not included in _____.

_____ would _____ to know _____ covered by the insurance plan.

_____ type of medical _____ are not covered _____?

Tell _____ about the _____ excluded from my _____.

I am wondering _____ health _____ will _____ included _____ the _____.

_____ get _____ on the medical _____ excluded from my _____?

_____ would like _____ about _____ conditions _____ are not included _____ this _____.

_____ there _____ information about _____ not included in _____?

_____ what _____ conditions aren't _____.

_____ would _____ the health _____ are _____ covered by this plan.

_____ tell _____ more about the _____ exclusions _____ policy?

_____ you _____ what _____ will not _____ covered _____ plan?

Please _____ me _____ lowdown _____ health _____ are excluded.

_____ need to _____ what ailments _____ covered _____ plan.

What types _____ by the _____?

_____ conditions _____ covered _____ the _____?

I _____ know _____ problems _____ be included.

Is it possible _____ breakdown about _____?

Tell _____ about _____ diseases that _____.

_____ conditions _____ exclude from?

Can you _____ more information _____ medical conditions _____ excluded from _____?

I _____ like to _____ medical _____ are no-no for _____.

I _____ like _____ more _____ exclusions stated in _____ agreement.

I _____ on which _____ ailments _____ included _____ an _____ label.

What _____ problems _____ covered?

I'm curious _____ would make you exclude _____.

_____ know which _____ issues are _____?

_____ you have a _____ of which _____ issues _____ from _____?

_____ me _____ about _____ diseases that _____ not included _____ my _____.

_____ a _____ overview of _____ qualifies _____ excluded _____ conditions?

What types _____ issues won't _____ your policy?

_____ types _____ illnesses _____ cause _____ coverage?

_____ any information _____ regarding _____ ailments?

Which _____ in the _____?

_____ need the lowdown on _____ excluded _____ my coverage.

_____ would like to _____ more _____ the health issues _____ are not _____.

_____ tell _____ certain medical conditions _____ be _____ this policy?

Can you tell _____ more _____ that would be excluded _____?

I _____ to _____ which _____ are not _____ this plan.

_____ there more to _____ medical _____ not _____?

What _____ conditions would _____ included?

What are _____ types _____ medical _____ that _____ subject _____ restricted _____?

_____ health issues _____ excluded from _____ policy?

_____ tell me more _____ are not _____ by my coverage?

Can _____ find _____ about _____ specific ailments.

____ help me ____ medical conditions ____ be excluded ____ your ____ .
 ____ medical issues are ____ this ____ ?
 Medical issues not ____ in ____ may ____ something I ____ .
 ____ want to ____ are ____ medical ____ that ____ big no-no for this ____ .
 ____ like ____ more ____ about the medical ____ excluded from my ____ .
 ____ tell me what health issues ____ covered ____ your ____ ?
 ____ need the information ____ and ____ in an exclusion label.
 Please ____ the rundown ____ which ____ are excluded ____ coverage.
 ____ let me know ____ not covered by ____ plan.
 Can you tell ____ not be ____ in ____ policy?
 ____ you ____ me ____ health ____ from the policy?
 ____ kind ____ medical care won't ____ covered by ____ ?
 What ____ medical ____ that won't ____ ?
 ____ to know ____ about ____ medical conditions ____ excluded from this ____ .
 ____ want ____ know which health issues ____ included ____ the ____ .
 Which ____ are ____ with ____ coverage?
 ____ give me the details ____ conditions that are excluded ____ .
 ____ thing won't ____ by ____ policy?
 Can you ____ details on ____ medical conditions that ____ from ____ ?
 ____ what ____ problems ____ for coverage.
 Let me know about ____ covered ____
 ____ or disorders ____ of ____ exclusions section?
 ____ information ____ be covered ____ policy?
 ____ let me ____ conditions would be considered ____ your ____ .
 ____ possible ____ give ____ which conditions would be ____ ?
 What ____ could cause ____ denied?
 Is ____ to provide ____ on ____ not included?
 ____ should ____ the types of ____ are ____ this coverage.
 ____ disease ____ are ____ in the exclusions ____ ?
 ____ conditions are ____ in ____ ?
 Please provide me ____ more ____ the ____ conditions ____ excluded from ____ insurance ____ .
 ____ health ____ eligible for coverage.
 ____ provide ____ information about ____ medical conditions that are excluded ____ ?
 ____ explain ____ illnesses do ____ part of ____ .
 ____ give ____ a ____ of ____ health ____ are not ____ in my ____ .
 ____ some ____ that ____ denial of coverage?
 Can ____ give ____ which medical ____ would be excluded ____ policy?
 Do ____ know ____ medical ____ covered?
 ____ what health ____ qualify for ____ .
 Which ____ are ____ the exclusion ____ according to ____ ?
 Do you ____ which medical ____ excluded ____ policy?
 Is ____ anything ____ you can ____ me about ____ ?
 Can you ____ me ____ would ____ them ____ them?
 How about ____ exclusions ____ covered ____ this ____ ?
 Can ____ me if medical ____ would ____ ?
 Which ____ are not ____ by ____ ?
 Can ____ tell me ____ the ____ conditions ____ not allowed ____ this ____ ?
 ____ know ____ are not covered?
 Is ____ possible ____ provide a ____ as ____ medical conditions ____ your policy?
 ____ need ____ description of which diseases ____ ailments ____ .

Can you _____ me _____ not covered?

_____ illnesses are _____ allowed _____ plan?

You _____ what health issues _____ insurance won't _____.

_____ me _____ of health issues that are _____ my _____.

_____ would _____ to _____ if certain _____ issues _____ under _____ insurance plan.

Tell me what _____ be covered _____ your policy.

Please give me _____ on which _____ excluded.

_____ want to _____ you _____ explain _____ not included _____.

_____ know which health _____ will be _____ this _____?

Is _____ medical _____ by this insurance?

_____ any ailments _____ aren't covered in _____?

Please tell _____ issues _____ covered by _____ coverage.

_____ some _____ problems that _____ eligible for _____?

_____ medical conditions are _____ this _____?

_____ you _____ me _____ health issues that are _____ the _____?

Can I _____ about the conditions _____ my _____?

What _____ are _____ from _____ please.

_____ there _____ comprehensive overview of _____ excluded medical _____ the _____?

_____ have _____ information _____ what things _____ will not cover _____ health _____?

_____ illnesses don't part _____ policy.

_____ medical conditions _____ excluded _____ this _____?

_____ on _____ conditions would be excluded from _____ insurance policy.

Can _____ me _____ any medical conditions _____ are _____ for this _____?

Please tell _____ what _____ aren't _____.

_____ health _____ not included _____ my _____ please?

Do you _____ medical conditions _____ be _____ policy?

_____ will _____ be covered by _____?

_____ restricted _____ certain medical _____?

_____ us which medical issues _____ not _____?

What are the _____ excluded _____ the _____?

_____ it _____ to _____ specifics _____ illnesses.

What _____ in the _____ section of _____ policy?

_____ any information about medical _____ covered in _____?

_____ you tell _____ what conditions _____?

What _____ for coverage?

_____ illnesses fall within _____ this coverage?

Inform me _____ from my _____.

I _____ wondering _____ medical conditions _____ from this policy.

Can _____ me the _____ that should not _____ of _____ plan?

What medical _____ this _____ cover?

I need _____ more _____ diseases _____ from _____ coverage.

Is _____ information _____ the excluded health conditions?

Can you tell _____ about the policy's _____?

Can _____ breakdown _____ medically-based _____ featured _____ these terms?

_____ medical conditions _____ are _____ coverage?

_____ conditions _____ not covered _____ this _____?

Can _____ what medical conditions would be _____ the policy?

What _____ don't qualify _____ coverage?

What conditions _____ by _____?

_____ aware of the diseases excluded _____?

_____ aren't covered by _____?

_____ me more _____ medical exclusions?

_____ able to clarify what _____ covered.

_____ health _____ could be _____?

_____ you know _____ is possible _____ a _____ of _____ exclusions?

Would _____ be _____ more _____ about excluded illnesses?

_____ like to _____ which _____ issues aren't _____ this _____ plan.

_____ to know which _____ conditions are _____ this _____.

_____ illnesses _____ included _____ the _____?

_____ want _____ know _____ conditions _____ aren't included in this _____.

_____ details about excluded illnesses?

Can _____ me what _____ concerns _____ be _____ in the _____?

_____ types of _____ of this policy coverage?

_____ way to explain what conditions _____?

There _____ some _____ that _____ not covered in _____

_____ illnesses are not _____ the _____?

Is _____ info _____ denied _____ conditions?

Inform _____ won't get _____ here.

_____ medical _____ are _____ of _____ plan?

Tell _____ diseases excluded _____ my _____.

What _____ of _____ included _____ the _____?

Which _____ or disorders are covered by _____ exclusions _____ _____ _____?