

## [Demo] NLP Dataset for Customer Service Automation

<b>Company Type</b>	Travel Insurance Companies
<b>Inquiry Category</b>	Pre-existing medical conditions coverage
<b>Inquiry Sub-Category</b>	Medical information requirements
<b>Description</b>	Customers may want information on the process of disclosing their pre-existing medical conditions and the specific medical information they need to provide to ensure comprehensive coverage for their conditions.
<b>Data Size</b>	5,065 paraphrases
<b>Want to buy data?</b>	Please contact <a href="mailto:nlp-data@gross.me">nlp-data@gross.me</a> via your business email address.

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

Even if \_\_\_\_\_ impairments \_\_\_\_\_ longer pose risks, \_\_\_\_\_ still impact \_\_\_\_\_ cost plans for \_\_\_\_\_.

\_\_\_\_\_ are \_\_\_\_\_ they still affect \_\_\_\_\_ for those in \_\_\_\_\_.

Costs \_\_\_\_\_ applicants in \_\_\_\_\_ still \_\_\_\_\_ by documented \_\_\_\_\_ if \_\_\_\_\_ no longer posing \_\_\_\_\_.

\_\_\_\_\_ if documented impairments \_\_\_\_\_ they still \_\_\_\_\_ cost \_\_\_\_\_ in high risk.

Costs for \_\_\_\_\_ have \_\_\_\_\_ even \_\_\_\_\_ impairments are no \_\_\_\_\_ a risk.

\_\_\_\_\_ if impairments \_\_\_\_\_ still have \_\_\_\_\_ on cost plans.

High-risk \_\_\_\_\_ have their \_\_\_\_\_ affected by \_\_\_\_\_ even \_\_\_\_\_ are no \_\_\_\_\_ present.

If impairments are no \_\_\_\_\_ posing \_\_\_\_\_ will still \_\_\_\_\_ the \_\_\_\_\_ cost plans \_\_\_\_\_ applicants

\_\_\_\_\_ plans may be affected \_\_\_\_\_ documented impairments \_\_\_\_\_ individuals.

Even harmless \_\_\_\_\_ affect \_\_\_\_\_ applicants.

Documented \_\_\_\_\_ can have \_\_\_\_\_ influence \_\_\_\_\_ for high risk \_\_\_\_\_.

\_\_\_\_\_ applicants' \_\_\_\_\_ still affect \_\_\_\_\_ if \_\_\_\_\_ are not risky \_\_\_\_\_.

Even if \_\_\_\_\_ posing a \_\_\_\_\_ they \_\_\_\_\_ still affect the \_\_\_\_\_ high risk category.

\_\_\_\_\_ no longer a \_\_\_\_\_ cost plans \_\_\_\_\_ risk could \_\_\_\_\_ be affected.

\_\_\_\_\_ applicants have their \_\_\_\_\_ costs affected \_\_\_\_\_ impairments \_\_\_\_\_ they \_\_\_\_\_ not been documented \_\_\_\_\_.

\_\_\_\_\_ their \_\_\_\_\_ plans \_\_\_\_\_ by impairments when they \_\_\_\_\_.

Even \_\_\_\_\_ are no \_\_\_\_\_ a \_\_\_\_\_ they \_\_\_\_\_ affect high-risk \_\_\_\_\_ overall.

\_\_\_\_\_ are \_\_\_\_\_ impairments \_\_\_\_\_ impact cost \_\_\_\_\_ for \_\_\_\_\_ applicants.

\_\_\_\_\_ impairments \_\_\_\_\_ no \_\_\_\_\_ posing risks, \_\_\_\_\_ will \_\_\_\_\_ have an impact on \_\_\_\_\_ plans \_\_\_\_\_.

\_\_\_\_\_ applicants \_\_\_\_\_ high will \_\_\_\_\_ be \_\_\_\_\_ if \_\_\_\_\_ no longer posing \_\_\_\_\_.

Even \_\_\_\_\_ documented impairments \_\_\_\_\_ will still have \_\_\_\_\_ impact on applicants' \_\_\_\_\_.

Even \_\_\_\_\_ still affect cost plans for high-risk individuals.

\_\_\_\_\_ impairments are no longer \_\_\_\_\_ risks, \_\_\_\_\_ an \_\_\_\_\_ on \_\_\_\_\_ costs for \_\_\_\_\_.

Even \_\_\_\_\_ impairments \_\_\_\_\_ no longer \_\_\_\_\_ risks, they will \_\_\_\_\_ overall cost \_\_\_\_\_

\_\_\_\_\_ possible \_\_\_\_\_ could affect costly deals for higher-risk \_\_\_\_\_?

\_\_\_\_\_ for \_\_\_\_\_ candidates will \_\_\_\_\_ influenced \_\_\_\_\_ document impairments.

If \_\_\_\_\_ impairments \_\_\_\_\_ no \_\_\_\_\_ they affect cost \_\_\_\_\_ for high-risk \_\_\_\_\_?

Even if some \_\_\_\_\_ no \_\_\_\_\_ pose risks, \_\_\_\_\_ still impact \_\_\_\_\_ cost \_\_\_\_\_ category \_\_\_\_\_.

If impairments no \_\_\_\_\_ risks, they will \_\_\_\_\_ on \_\_\_\_\_ cost plans \_\_\_\_\_ applicants.  
 If \_\_\_\_\_ are no longer \_\_\_\_\_ they affect \_\_\_\_\_ for \_\_\_\_\_?  
 Even if \_\_\_\_\_ impairments \_\_\_\_\_ longer \_\_\_\_\_ threat, they still affect \_\_\_\_\_ cost \_\_\_\_\_ category  
 \_\_\_\_\_ documented impairments \_\_\_\_\_ risky, \_\_\_\_\_ still affect cost projections \_\_\_\_\_ high-risk \_\_\_\_\_?  
 \_\_\_\_\_ impairments \_\_\_\_\_ longer posing a \_\_\_\_\_ they could \_\_\_\_\_ affect \_\_\_\_\_ plans of high \_\_\_\_\_ category  
 If some \_\_\_\_\_ longer a \_\_\_\_\_ could \_\_\_\_\_ affect \_\_\_\_\_ high-risk applicants.  
 Even \_\_\_\_\_ longer posing \_\_\_\_\_ they \_\_\_\_\_ overall cost plans \_\_\_\_\_ applicants.  
 Even if some \_\_\_\_\_ are no \_\_\_\_\_ they \_\_\_\_\_ still \_\_\_\_\_ the \_\_\_\_\_ applicants' \_\_\_\_\_.  
 \_\_\_\_\_ documented \_\_\_\_\_ still \_\_\_\_\_ of the \_\_\_\_\_ category \_\_\_\_\_ if they \_\_\_\_\_ longer problematic?  
 If impairments do \_\_\_\_\_ a \_\_\_\_\_ affect cost plans.  
 Does \_\_\_\_\_ impairments still have \_\_\_\_\_ on the \_\_\_\_\_ cost \_\_\_\_\_ high-risk \_\_\_\_\_?  
 Even \_\_\_\_\_ impairments \_\_\_\_\_ longer pose risks, they \_\_\_\_\_ still \_\_\_\_\_ an impact \_\_\_\_\_ for \_\_\_\_\_ applicants.  
 Even \_\_\_\_\_ their previous health conditions \_\_\_\_\_ longer carry \_\_\_\_\_ will \_\_\_\_\_ expense \_\_\_\_\_?  
 \_\_\_\_\_ plans for \_\_\_\_\_ individuals \_\_\_\_\_ influenced by \_\_\_\_\_ even if \_\_\_\_\_ dangers \_\_\_\_\_.  
 Is it possible that cost \_\_\_\_\_ could still \_\_\_\_\_ improvements \_\_\_\_\_ impairments?  
 \_\_\_\_\_ applicants \_\_\_\_\_ plans \_\_\_\_\_ impairments \_\_\_\_\_ if there are \_\_\_\_\_ current risks.  
 If documented \_\_\_\_\_ no longer \_\_\_\_\_ would \_\_\_\_\_ still \_\_\_\_\_ overall cost \_\_\_\_\_ for \_\_\_\_\_ individuals under \_\_\_\_\_?  
 \_\_\_\_\_ impairments \_\_\_\_\_ affect \_\_\_\_\_ for \_\_\_\_\_ risk applicants.  
 \_\_\_\_\_ if they \_\_\_\_\_ documented \_\_\_\_\_ posing \_\_\_\_\_ anymore, \_\_\_\_\_ still \_\_\_\_\_ their overall costs \_\_\_\_\_ by impairments.  
 Even if documented \_\_\_\_\_ no longer \_\_\_\_\_ there \_\_\_\_\_ still \_\_\_\_\_ an impact \_\_\_\_\_ overall \_\_\_\_\_ for \_\_\_\_\_.  
 Even if some impairments are \_\_\_\_\_ cost plans of high \_\_\_\_\_ category \_\_\_\_\_ be \_\_\_\_\_.  
 If \_\_\_\_\_ are no \_\_\_\_\_ threat, they still could affect \_\_\_\_\_ risk.  
 Would \_\_\_\_\_ deals \_\_\_\_\_ applications \_\_\_\_\_ affected by former \_\_\_\_\_?  
 Even \_\_\_\_\_ are no longer \_\_\_\_\_ they \_\_\_\_\_ affect the cost \_\_\_\_\_ of the \_\_\_\_\_ category.  
 If \_\_\_\_\_ impairments are \_\_\_\_\_ will still have \_\_\_\_\_ on overall \_\_\_\_\_ plans.  
 Even if \_\_\_\_\_ don't \_\_\_\_\_ risks anymore, \_\_\_\_\_ have their \_\_\_\_\_ costs \_\_\_\_\_.  
 High-risk \_\_\_\_\_ impairments \_\_\_\_\_ if they aren't \_\_\_\_\_ anymore.  
 \_\_\_\_\_ the \_\_\_\_\_ coverage \_\_\_\_\_ high \_\_\_\_\_ individuals \_\_\_\_\_ be \_\_\_\_\_ even if they no \_\_\_\_\_ carry \_\_\_\_\_?  
 \_\_\_\_\_ are no longer \_\_\_\_\_ a risk, they will \_\_\_\_\_ on applicants' \_\_\_\_\_.  
 \_\_\_\_\_ impairments \_\_\_\_\_ still \_\_\_\_\_ the \_\_\_\_\_ expense of \_\_\_\_\_ are \_\_\_\_\_ risk.  
 Even if \_\_\_\_\_ no longer a threat, \_\_\_\_\_ can affect \_\_\_\_\_.  
 Documented impairments \_\_\_\_\_ have \_\_\_\_\_ cost \_\_\_\_\_ for \_\_\_\_\_ candidates.  
 Even if \_\_\_\_\_ pose a \_\_\_\_\_ will affect cost plans \_\_\_\_\_ applicants \_\_\_\_\_.  
 \_\_\_\_\_ risk applicants have their \_\_\_\_\_ plans \_\_\_\_\_ by impairments \_\_\_\_\_ not \_\_\_\_\_.  
 Even if some \_\_\_\_\_ are no \_\_\_\_\_ a threat, \_\_\_\_\_ overall.  
 If \_\_\_\_\_ previous health conditions are no longer carrying \_\_\_\_\_ high-risk \_\_\_\_\_?  
 High-risk applicants' costs \_\_\_\_\_ affected by \_\_\_\_\_ if \_\_\_\_\_ longer risky.  
 Even if \_\_\_\_\_ risks \_\_\_\_\_ documented \_\_\_\_\_ cost plans for \_\_\_\_\_ individuals.  
 Even \_\_\_\_\_ no longer pose \_\_\_\_\_ they \_\_\_\_\_ have \_\_\_\_\_ costs for applicants.  
 Documented \_\_\_\_\_ still \_\_\_\_\_ expense \_\_\_\_\_ are at risk.  
 \_\_\_\_\_ that are documented still have \_\_\_\_\_ cost \_\_\_\_\_ high-risk applicants.  
 Even \_\_\_\_\_ impairments do not pose a \_\_\_\_\_ they would still \_\_\_\_\_ cost \_\_\_\_\_  
 \_\_\_\_\_ affected by documented impairments.  
 \_\_\_\_\_ deemed safe, \_\_\_\_\_ handicaps \_\_\_\_\_ still costly \_\_\_\_\_ insurance \_\_\_\_\_ individuals with higher \_\_\_\_\_.  
 \_\_\_\_\_ impairments are \_\_\_\_\_ longer risky, \_\_\_\_\_ affect \_\_\_\_\_ individuals under your coverage?  
 \_\_\_\_\_ documented impairments \_\_\_\_\_ an \_\_\_\_\_ cost \_\_\_\_\_ for high-risk individuals?  
 Even \_\_\_\_\_ are no longer \_\_\_\_\_ risk, \_\_\_\_\_ will \_\_\_\_\_ the \_\_\_\_\_ plans.  
 \_\_\_\_\_ risk is gone, \_\_\_\_\_ have \_\_\_\_\_ cost plans affected \_\_\_\_\_ impairments.  
 High-risk \_\_\_\_\_ are still \_\_\_\_\_ impairments.  
 \_\_\_\_\_ high-risk \_\_\_\_\_ can \_\_\_\_\_ impacted by documented impairments.

High-risk \_\_\_\_\_ overall \_\_\_\_\_ still impacted \_\_\_\_\_ documented impairments \_\_\_\_\_ no longer pose risks.  
 \_\_\_\_\_ documented \_\_\_\_\_ still \_\_\_\_\_ cost of those \_\_\_\_\_ risk.

If \_\_\_\_\_ known \_\_\_\_\_ pose a \_\_\_\_\_ high-risk \_\_\_\_\_ there effects \_\_\_\_\_ overall costs?  
 \_\_\_\_\_ plans \_\_\_\_\_ high-risk \_\_\_\_\_ may still \_\_\_\_\_ affected by \_\_\_\_\_.

There \_\_\_\_\_ impact high risk cost plans.

There \_\_\_\_\_ that can be \_\_\_\_\_ in \_\_\_\_\_ cost \_\_\_\_\_ for high-risk \_\_\_\_\_.

\_\_\_\_\_ applicants \_\_\_\_\_ their cost plans \_\_\_\_\_ by \_\_\_\_\_ if \_\_\_\_\_ risks are \_\_\_\_\_ longer \_\_\_\_\_.

\_\_\_\_\_ can be affected by harmless impairments.

If \_\_\_\_\_ are no longer posing risks, \_\_\_\_\_ will \_\_\_\_\_ affect \_\_\_\_\_.

\_\_\_\_\_ they're \_\_\_\_\_ posing \_\_\_\_\_ have their costs affected by impairments.

If impairments are no \_\_\_\_\_ risk, \_\_\_\_\_ have an \_\_\_\_\_ on \_\_\_\_\_ applicants.

\_\_\_\_\_ impairments are not posing \_\_\_\_\_ they \_\_\_\_\_ an \_\_\_\_\_ on \_\_\_\_\_ cost \_\_\_\_\_.

High \_\_\_\_\_ cost \_\_\_\_\_ still be affected \_\_\_\_\_ impairments.

If documented impairments \_\_\_\_\_ no \_\_\_\_\_ risky, would they \_\_\_\_\_ on cost \_\_\_\_\_ for \_\_\_\_\_?

High-risk \_\_\_\_\_ their \_\_\_\_\_ by impairments even \_\_\_\_\_ they're \_\_\_\_\_ posing \_\_\_\_\_ risk \_\_\_\_\_.

High-risk cost plans \_\_\_\_\_ affected \_\_\_\_\_ documented \_\_\_\_\_ risks.

\_\_\_\_\_ applicants \_\_\_\_\_ cost plans \_\_\_\_\_ impairments regardless \_\_\_\_\_ risks.

The cost \_\_\_\_\_ for high-risk \_\_\_\_\_ by impairments.

\_\_\_\_\_ impairments \_\_\_\_\_ no \_\_\_\_\_ will they still \_\_\_\_\_ cost \_\_\_\_\_ high-risk individuals?

\_\_\_\_\_ are no \_\_\_\_\_ risky, \_\_\_\_\_ they \_\_\_\_\_ for high risk individuals?

\_\_\_\_\_ impairments are no longer \_\_\_\_\_ would \_\_\_\_\_ have an \_\_\_\_\_ high-risk individuals?

High \_\_\_\_\_ applicants have \_\_\_\_\_ costs affected \_\_\_\_\_ even if \_\_\_\_\_ been \_\_\_\_\_ as not \_\_\_\_\_ risks \_\_\_\_\_.

\_\_\_\_\_ have their costs affected by \_\_\_\_\_ not posing \_\_\_\_\_ risk anymore.

\_\_\_\_\_ plans \_\_\_\_\_ high-risk applicants \_\_\_\_\_ affect \_\_\_\_\_.

Could improvements to \_\_\_\_\_ still \_\_\_\_\_ plans \_\_\_\_\_ applicants \_\_\_\_\_ risks?

If impairments are no \_\_\_\_\_ risky, would they \_\_\_\_\_ affect \_\_\_\_\_ individuals?

Costs \_\_\_\_\_ applicants in \_\_\_\_\_ will still be \_\_\_\_\_ impairments even \_\_\_\_\_ they \_\_\_\_\_ risks.

\_\_\_\_\_ have their \_\_\_\_\_ by impairments \_\_\_\_\_ if \_\_\_\_\_ not \_\_\_\_\_ documented as posing a risk.

\_\_\_\_\_ for \_\_\_\_\_ in \_\_\_\_\_ risk are \_\_\_\_\_ documented impairments.

In cases \_\_\_\_\_ impairments \_\_\_\_\_ risky, \_\_\_\_\_ still impact \_\_\_\_\_ projections \_\_\_\_\_ high-risk individuals?

\_\_\_\_\_ applicants have their \_\_\_\_\_ if the risks are no \_\_\_\_\_.

\_\_\_\_\_ if impairments are \_\_\_\_\_ a risk, \_\_\_\_\_ have an impact \_\_\_\_\_ plans.

\_\_\_\_\_ documented \_\_\_\_\_ do \_\_\_\_\_ a risk, they \_\_\_\_\_ still affect cost \_\_\_\_\_ in high- \_\_\_\_\_.

\_\_\_\_\_ if \_\_\_\_\_ risk, \_\_\_\_\_ affect cost \_\_\_\_\_ for applicants in high-risk

The \_\_\_\_\_ plans \_\_\_\_\_ high-risk applicants \_\_\_\_\_ affect \_\_\_\_\_.

Even if \_\_\_\_\_ no longer \_\_\_\_\_ they \_\_\_\_\_ on \_\_\_\_\_ overall cost plans for high-risk \_\_\_\_\_.

If the risks \_\_\_\_\_ no longer \_\_\_\_\_ applicants have \_\_\_\_\_ affected.

\_\_\_\_\_ the \_\_\_\_\_ have \_\_\_\_\_ eliminated, high-risk applicants still have \_\_\_\_\_ affected.

\_\_\_\_\_ high-risk individuals' \_\_\_\_\_ coverage plans \_\_\_\_\_ affected \_\_\_\_\_ if \_\_\_\_\_ longer \_\_\_\_\_ risks?

High-risk \_\_\_\_\_ have their plans \_\_\_\_\_ by \_\_\_\_\_ the risks are no \_\_\_\_\_.

\_\_\_\_\_ are \_\_\_\_\_ that \_\_\_\_\_ safe, impact \_\_\_\_\_ plans \_\_\_\_\_ high-risk applicants.

If some impairments \_\_\_\_\_ longer posing \_\_\_\_\_ threat, \_\_\_\_\_ high-risk applicants.

High \_\_\_\_\_ costs affected by impairments even \_\_\_\_\_ risks are \_\_\_\_\_.

Improvements \_\_\_\_\_ certain \_\_\_\_\_ cost plans \_\_\_\_\_ high-risk applicants.

\_\_\_\_\_ if impairments \_\_\_\_\_ no \_\_\_\_\_ posing a \_\_\_\_\_ an \_\_\_\_\_ on \_\_\_\_\_ cost plans for applicants.

\_\_\_\_\_ impairments do not \_\_\_\_\_ a \_\_\_\_\_ they \_\_\_\_\_ still affect cost \_\_\_\_\_ in high-risk.

\_\_\_\_\_ plans \_\_\_\_\_ be impacted by documented \_\_\_\_\_ even if they no longer pose \_\_\_\_\_.

\_\_\_\_\_ if the \_\_\_\_\_ minimal, documented \_\_\_\_\_ an effect on \_\_\_\_\_ plans \_\_\_\_\_ high-risk \_\_\_\_\_.

\_\_\_\_\_ if the \_\_\_\_\_ been \_\_\_\_\_ high-risk \_\_\_\_\_ still have \_\_\_\_\_ cost plans \_\_\_\_\_ by \_\_\_\_\_.

Could improvements to \_\_\_\_\_ impairments \_\_\_\_\_ cost plans \_\_\_\_\_ who \_\_\_\_\_?

Even harmless \_\_\_\_\_ cost plans \_\_\_\_\_.

\_\_\_\_\_ if \_\_\_\_\_ are no longer a \_\_\_\_\_ still affect \_\_\_\_\_ cost \_\_\_\_\_ of \_\_\_\_\_ categories.

High-risk \_\_\_\_\_ have \_\_\_\_\_ costs affected \_\_\_\_\_.

\_\_\_\_\_ high-risk individuals' expense \_\_\_\_\_ plans still be \_\_\_\_\_ their \_\_\_\_\_ conditions \_\_\_\_\_ pose a \_\_\_\_\_?

High-risk applicants \_\_\_\_\_ their cost plans \_\_\_\_\_ if \_\_\_\_\_ have disappeared.

Even \_\_\_\_\_ are no \_\_\_\_\_ a threat, \_\_\_\_\_ could \_\_\_\_\_ affect cost \_\_\_\_\_ high \_\_\_\_\_ category.

High-risk cost \_\_\_\_\_ may still \_\_\_\_\_ affected by documented \_\_\_\_\_.

Even \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ risks, \_\_\_\_\_ will still have an impact \_\_\_\_\_.

\_\_\_\_\_ impairments still affect \_\_\_\_\_ applicants' costs \_\_\_\_\_ if \_\_\_\_\_ aren't \_\_\_\_\_.

Even \_\_\_\_\_ impairments \_\_\_\_\_ a risk, \_\_\_\_\_ would still \_\_\_\_\_ cost plans.

There \_\_\_\_\_ certain \_\_\_\_\_ still \_\_\_\_\_ cost plans.

\_\_\_\_\_ are impairments \_\_\_\_\_ safe and \_\_\_\_\_ cost plans for high \_\_\_\_\_.

Even \_\_\_\_\_ impairments do \_\_\_\_\_ pose \_\_\_\_\_ they \_\_\_\_\_ affect cost \_\_\_\_\_ applicants.

Documented impairments are \_\_\_\_\_ will \_\_\_\_\_ cost plans \_\_\_\_\_ high-risk \_\_\_\_\_.

\_\_\_\_\_ it possible \_\_\_\_\_ the \_\_\_\_\_ to certain \_\_\_\_\_ still affect \_\_\_\_\_ plans \_\_\_\_\_ applicants?

\_\_\_\_\_ documented impairments may \_\_\_\_\_ impact on \_\_\_\_\_ plans.

If \_\_\_\_\_ no \_\_\_\_\_ risky, would \_\_\_\_\_ effect on \_\_\_\_\_ projections for high \_\_\_\_\_ individuals?

\_\_\_\_\_ cost \_\_\_\_\_ still impacted \_\_\_\_\_ even if \_\_\_\_\_ no longer pose risks.

High \_\_\_\_\_ will \_\_\_\_\_ their cost plans \_\_\_\_\_ impairments.

Documented \_\_\_\_\_ influence \_\_\_\_\_ for high-risk \_\_\_\_\_.

Even \_\_\_\_\_ no \_\_\_\_\_ posing a \_\_\_\_\_ they could affect \_\_\_\_\_ applicants' \_\_\_\_\_.

The cost \_\_\_\_\_ category applicants \_\_\_\_\_ impacted \_\_\_\_\_ documented impairments \_\_\_\_\_ if they \_\_\_\_\_ longer \_\_\_\_\_ risks.

Documented \_\_\_\_\_ can influence cost \_\_\_\_\_ candidates who \_\_\_\_\_.

\_\_\_\_\_ no longer \_\_\_\_\_ risks, \_\_\_\_\_ still affect \_\_\_\_\_ plans \_\_\_\_\_ high-risk applicants.

High-risk \_\_\_\_\_ their \_\_\_\_\_ affected by \_\_\_\_\_ even \_\_\_\_\_ risks are gone.

\_\_\_\_\_ though \_\_\_\_\_ have \_\_\_\_\_ as not \_\_\_\_\_ anymore, high-risk \_\_\_\_\_ have their overall costs affected \_\_\_\_\_.

\_\_\_\_\_ to \_\_\_\_\_ impairments may \_\_\_\_\_ affect \_\_\_\_\_ plans for \_\_\_\_\_.

\_\_\_\_\_ though the \_\_\_\_\_ are \_\_\_\_\_ impairments still \_\_\_\_\_ cost \_\_\_\_\_ for high-risk \_\_\_\_\_

Will \_\_\_\_\_ individuals' \_\_\_\_\_ coverage \_\_\_\_\_ still \_\_\_\_\_ affected \_\_\_\_\_ if their health \_\_\_\_\_ carry \_\_\_\_\_?

\_\_\_\_\_ some impairments \_\_\_\_\_ longer posing \_\_\_\_\_ threat, \_\_\_\_\_ can \_\_\_\_\_ affect \_\_\_\_\_ cost plans of \_\_\_\_\_ risk.

Even if impairments don't \_\_\_\_\_ for applicants in \_\_\_\_\_ still \_\_\_\_\_.

High-risk \_\_\_\_\_ applicants' overall cost \_\_\_\_\_ still \_\_\_\_\_ by \_\_\_\_\_ impairments even \_\_\_\_\_ they no \_\_\_\_\_ risks.

\_\_\_\_\_ are no \_\_\_\_\_ posing \_\_\_\_\_ they \_\_\_\_\_ have an \_\_\_\_\_ on overall cost \_\_\_\_\_ for \_\_\_\_\_.

\_\_\_\_\_ impairments could \_\_\_\_\_ for \_\_\_\_\_ candidates.

\_\_\_\_\_ no longer risky, would \_\_\_\_\_ affect \_\_\_\_\_ projections for high-risk \_\_\_\_\_?

\_\_\_\_\_ documented \_\_\_\_\_ are \_\_\_\_\_ longer posing risk, \_\_\_\_\_ have \_\_\_\_\_ on overall \_\_\_\_\_ plans.

The impairments still have \_\_\_\_\_ on \_\_\_\_\_ cost \_\_\_\_\_ for \_\_\_\_\_.

Even if some impairments no \_\_\_\_\_ pose risks, \_\_\_\_\_ would still have \_\_\_\_\_ on \_\_\_\_\_ applicants.

There will still be \_\_\_\_\_ impact on \_\_\_\_\_ cost \_\_\_\_\_ if \_\_\_\_\_ posing \_\_\_\_\_.

High-risk applicants' \_\_\_\_\_ still \_\_\_\_\_ by \_\_\_\_\_ impairments.

\_\_\_\_\_ plans \_\_\_\_\_ be affected \_\_\_\_\_ harmless impairments.

\_\_\_\_\_ do \_\_\_\_\_ pose a risk, \_\_\_\_\_ plans for \_\_\_\_\_ in high- risk.

If impairments \_\_\_\_\_ longer \_\_\_\_\_ will still \_\_\_\_\_ an \_\_\_\_\_ on the cost \_\_\_\_\_.

Despite \_\_\_\_\_ minimal \_\_\_\_\_ impairments still \_\_\_\_\_ plans for \_\_\_\_\_ individuals.

Do \_\_\_\_\_ still affect \_\_\_\_\_ plans for \_\_\_\_\_?

\_\_\_\_\_ impairments are no longer \_\_\_\_\_ affect costs \_\_\_\_\_ individuals under your \_\_\_\_\_?

\_\_\_\_\_ are no longer \_\_\_\_\_ a \_\_\_\_\_ will \_\_\_\_\_ have \_\_\_\_\_ impact on costs for \_\_\_\_\_ high.

Even if \_\_\_\_\_ no \_\_\_\_\_ risks, \_\_\_\_\_ still have \_\_\_\_\_ impact \_\_\_\_\_ overall \_\_\_\_\_ plans for \_\_\_\_\_

Even if some impairments \_\_\_\_\_ risky, they affect \_\_\_\_\_.

\_\_\_\_\_ still have their \_\_\_\_\_ affected if the risks \_\_\_\_\_ longer \_\_\_\_\_.

\_\_\_\_ impairments do not pose a \_\_\_\_ cost plans for \_\_\_\_.  
 Even if \_\_\_\_ are \_\_\_\_ high-risk \_\_\_\_ still have their cost \_\_\_\_ by \_\_\_\_.  
 \_\_\_\_ applicants have their costs \_\_\_\_ even \_\_\_\_ they're not \_\_\_\_ risk \_\_\_\_.  
 \_\_\_\_ an \_\_\_\_ overall costs \_\_\_\_ limitations no \_\_\_\_ significant risk to \_\_\_\_ applicants?  
 Even \_\_\_\_ impairments \_\_\_\_ risks, they \_\_\_\_ an \_\_\_\_ on the overall cost plans \_\_\_\_.  
 High-risk applicants' \_\_\_\_ plans \_\_\_\_ still \_\_\_\_ by \_\_\_\_  
 High-risk category \_\_\_\_ overall cost \_\_\_\_ would \_\_\_\_ be impacted \_\_\_\_ longer \_\_\_\_ risks.  
 Improvements \_\_\_\_ impairments \_\_\_\_ affect \_\_\_\_ cost \_\_\_\_ applicants with \_\_\_\_ risk.  
 \_\_\_\_ if \_\_\_\_ now, \_\_\_\_ remain \_\_\_\_ additions \_\_\_\_ insurance \_\_\_\_ for individuals \_\_\_\_ higher risks.  
 Will high-risk individuals' expense \_\_\_\_ plans \_\_\_\_ be \_\_\_\_ their \_\_\_\_ health \_\_\_\_ do \_\_\_\_ carry \_\_\_\_?  
 If \_\_\_\_ impairments are \_\_\_\_ longer risky, \_\_\_\_ affect \_\_\_\_ cost projections for \_\_\_\_?  
 \_\_\_\_ if \_\_\_\_ risks are \_\_\_\_ documented \_\_\_\_ influence cost plans for \_\_\_\_  
 If impairments are \_\_\_\_ would \_\_\_\_ affect cost \_\_\_\_ high-risk.  
 Cost plans for \_\_\_\_ risk \_\_\_\_ documented impairments \_\_\_\_ the \_\_\_\_ are \_\_\_\_.  
 Even \_\_\_\_ posing risks, they will \_\_\_\_ affect \_\_\_\_ plans for applicants  
 Even if \_\_\_\_ are \_\_\_\_ risk, costs \_\_\_\_ applicants in high \_\_\_\_.  
 \_\_\_\_ impairments \_\_\_\_ influence the \_\_\_\_ high-risk candidates.  
 \_\_\_\_ cost \_\_\_\_ applicants can \_\_\_\_ affected \_\_\_\_ documented impairments.  
 \_\_\_\_ they have \_\_\_\_ posing risks anymore, high-risk \_\_\_\_ costs \_\_\_\_ still be \_\_\_\_ by impairments.  
 If \_\_\_\_ are \_\_\_\_ longer \_\_\_\_ a risk, \_\_\_\_ will \_\_\_\_ have \_\_\_\_ effect \_\_\_\_ applicants.  
 High-risk applicants have \_\_\_\_ cost plans \_\_\_\_ by \_\_\_\_ if \_\_\_\_ present  
 High-risk cost plans may \_\_\_\_ be \_\_\_\_ documented \_\_\_\_ risks.  
 \_\_\_\_ coverage \_\_\_\_ for \_\_\_\_ individuals \_\_\_\_ be \_\_\_\_ if their \_\_\_\_ conditions \_\_\_\_ longer carry risks?  
 \_\_\_\_ it \_\_\_\_ impairments may still affect cost \_\_\_\_ high-risk applicants?  
 The cost plans \_\_\_\_ high-risk applicants \_\_\_\_ affected \_\_\_\_.  
 \_\_\_\_ are little \_\_\_\_ impairments \_\_\_\_ affect cost \_\_\_\_ for high-risk individuals.  
 \_\_\_\_ documented impairments \_\_\_\_ risky, would \_\_\_\_ affect the \_\_\_\_ projections of \_\_\_\_ individuals \_\_\_\_ your coverage?  
 Even if \_\_\_\_ impairments are \_\_\_\_ posing a \_\_\_\_ high-risk applicants' overall \_\_\_\_ still \_\_\_\_ impacted even if impairments \_\_\_\_ longer posing risks.  
 If documented impairments \_\_\_\_ longer risky, would \_\_\_\_ still \_\_\_\_ the \_\_\_\_?  
 Even with minimal \_\_\_\_ documented \_\_\_\_ still \_\_\_\_ for \_\_\_\_ risk \_\_\_\_.  
 High-risk applicants \_\_\_\_ costs \_\_\_\_ by impairments even \_\_\_\_ do \_\_\_\_ pose \_\_\_\_ anymore.  
 Even \_\_\_\_ documented \_\_\_\_ a \_\_\_\_ they would affect cost \_\_\_\_ for \_\_\_\_ high-risk.  
 Even \_\_\_\_ posing \_\_\_\_ they will \_\_\_\_ an impact on cost \_\_\_\_.  
 High \_\_\_\_ their \_\_\_\_ affected by \_\_\_\_ even \_\_\_\_ have not been documented as \_\_\_\_ a \_\_\_\_.  
 \_\_\_\_ impairments \_\_\_\_ costs for those \_\_\_\_ danger.  
 \_\_\_\_ those in \_\_\_\_ still affected \_\_\_\_ impairments \_\_\_\_ harmless now.  
 If \_\_\_\_ are no longer \_\_\_\_ would \_\_\_\_ cost projections \_\_\_\_ individuals \_\_\_\_ your \_\_\_\_?  
 The \_\_\_\_ plans of high \_\_\_\_ by impairments if they are \_\_\_\_ longer a \_\_\_\_.  
 Is it possible that former \_\_\_\_ deals \_\_\_\_ high-risk \_\_\_\_?  
 \_\_\_\_ impairments no longer pose a \_\_\_\_ they still \_\_\_\_ affect \_\_\_\_ of \_\_\_\_.  
 Even if the dangers \_\_\_\_ affect cost plans \_\_\_\_.  
 Is \_\_\_\_ individuals' \_\_\_\_ still affected \_\_\_\_ their previous \_\_\_\_ conditions no \_\_\_\_ risks?  
 \_\_\_\_ impairments \_\_\_\_ still impact high-risk \_\_\_\_.  
 \_\_\_\_ the \_\_\_\_ be affected by \_\_\_\_ pose \_\_\_\_ to the high-risk group?  
 Even \_\_\_\_ don't pose a threat, \_\_\_\_ affect the \_\_\_\_ applicants.  
 Even \_\_\_\_ have \_\_\_\_ documented \_\_\_\_ not posing \_\_\_\_ high \_\_\_\_ have \_\_\_\_ overall \_\_\_\_ affected by impairments.  
 High \_\_\_\_ affected by impairments.  
 Even though \_\_\_\_ dangers are \_\_\_\_ still \_\_\_\_ cost plans for \_\_\_\_  
 \_\_\_\_ applicants' \_\_\_\_ might be \_\_\_\_ harmless \_\_\_\_.

\_\_\_\_\_ are impairments \_\_\_\_\_ impact \_\_\_\_\_ high-risk applicants.  
 \_\_\_\_\_ if impairments \_\_\_\_\_ no longer posing risks, they \_\_\_\_\_ an \_\_\_\_\_ plans of \_\_\_\_\_.  
 \_\_\_\_\_ have their overall costs affected by impairments even \_\_\_\_\_ they \_\_\_\_\_  
 Even \_\_\_\_\_ impairments \_\_\_\_\_ of high-risk applications.  
 The plans for \_\_\_\_\_ applicants \_\_\_\_\_ affected by \_\_\_\_\_.  
 When \_\_\_\_\_ no longer \_\_\_\_\_ applicants have \_\_\_\_\_ cost plans \_\_\_\_\_.  
 \_\_\_\_\_ if they \_\_\_\_\_ been \_\_\_\_\_ risks anymore, \_\_\_\_\_ applicants' overall costs \_\_\_\_\_ affected \_\_\_\_\_ impairments.  
 \_\_\_\_\_ applicants have their \_\_\_\_\_ plans impacted by \_\_\_\_\_.  
 Even \_\_\_\_\_ longer \_\_\_\_\_ risks, \_\_\_\_\_ an impact on applicants' costs.  
 \_\_\_\_\_ impairments \_\_\_\_\_ longer \_\_\_\_\_ they \_\_\_\_\_ impact on costs for applicants.  
 Even \_\_\_\_\_ some \_\_\_\_\_ are no longer \_\_\_\_\_ threat, \_\_\_\_\_ affect the \_\_\_\_\_ the high risk \_\_\_\_\_.  
 If \_\_\_\_\_ longer posing \_\_\_\_\_ will \_\_\_\_\_ an impact \_\_\_\_\_ cost plans \_\_\_\_\_ applicants.  
 High-risk \_\_\_\_\_ have their \_\_\_\_\_ plans \_\_\_\_\_ by impairments \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_.  
 \_\_\_\_\_ impairments are no \_\_\_\_\_ posing \_\_\_\_\_ could affect the \_\_\_\_\_ high risk.  
 \_\_\_\_\_ impairments \_\_\_\_\_ no longer \_\_\_\_\_ they \_\_\_\_\_ still have \_\_\_\_\_ on the \_\_\_\_\_ cost plans for applicants.  
 \_\_\_\_\_ some known \_\_\_\_\_ no longer pose risk to high-risk \_\_\_\_\_ effect \_\_\_\_\_ costs?  
 If impairments \_\_\_\_\_ no \_\_\_\_\_ riskier, \_\_\_\_\_ still impact the cost \_\_\_\_\_?  
 Even if some \_\_\_\_\_ longer threatening, they \_\_\_\_\_ applicants' overall.  
 High-risk applicants' \_\_\_\_\_ still affected by \_\_\_\_\_ they \_\_\_\_\_ anymore.  
 Even \_\_\_\_\_ no \_\_\_\_\_ they \_\_\_\_\_ affect the high-risk applicants' overall  
 If harmless, \_\_\_\_\_ impairments still \_\_\_\_\_ costs for \_\_\_\_\_.  
 \_\_\_\_\_ if impairments \_\_\_\_\_ longer posing a threat, \_\_\_\_\_ affect \_\_\_\_\_ applicants' \_\_\_\_\_.  
 Even if \_\_\_\_\_ a \_\_\_\_\_ could still \_\_\_\_\_ the cost \_\_\_\_\_ of high \_\_\_\_\_.  
 Even if \_\_\_\_\_ are \_\_\_\_\_ posing \_\_\_\_\_ they can still affect high-risk \_\_\_\_\_.  
 \_\_\_\_\_ cost plans are \_\_\_\_\_ affected \_\_\_\_\_ impairments.  
 \_\_\_\_\_ have \_\_\_\_\_ affected \_\_\_\_\_ impairments even \_\_\_\_\_ they are \_\_\_\_\_ posing risk \_\_\_\_\_.  
 Even \_\_\_\_\_ documented impairments \_\_\_\_\_ pose a risk, \_\_\_\_\_ still affect \_\_\_\_\_ plans \_\_\_\_\_ who \_\_\_\_\_ high \_\_\_\_\_.  
 If impairments do \_\_\_\_\_ risk, \_\_\_\_\_ cost \_\_\_\_\_ in high-risk will \_\_\_\_\_ affected.  
 Even if \_\_\_\_\_ now, there \_\_\_\_\_ handicaps in \_\_\_\_\_ for \_\_\_\_\_ with higher \_\_\_\_\_.  
 \_\_\_\_\_ impairments \_\_\_\_\_ pose a threat, \_\_\_\_\_ still could affect the \_\_\_\_\_ risk.  
 \_\_\_\_\_ do not \_\_\_\_\_ a risk, it \_\_\_\_\_ affect \_\_\_\_\_ plans \_\_\_\_\_ applicants \_\_\_\_\_.  
 High risk applicants have \_\_\_\_\_ affected by \_\_\_\_\_ if the \_\_\_\_\_.  
 \_\_\_\_\_ to \_\_\_\_\_ impairments \_\_\_\_\_ cost \_\_\_\_\_ high risk applicants.  
 The price \_\_\_\_\_ my \_\_\_\_\_ category policy will still be affected \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_.  
 \_\_\_\_\_ still affect high-risk cost \_\_\_\_\_.  
 \_\_\_\_\_ high \_\_\_\_\_ have their \_\_\_\_\_ plans impacted by impairments.  
 High-risk \_\_\_\_\_ plans are \_\_\_\_\_ impacted \_\_\_\_\_ documented \_\_\_\_\_.  
 \_\_\_\_\_ some impairments \_\_\_\_\_ longer \_\_\_\_\_ they are \_\_\_\_\_ affecting the \_\_\_\_\_ applicants' overall.  
 \_\_\_\_\_ are not \_\_\_\_\_ but will affect \_\_\_\_\_ for high-risk \_\_\_\_\_.  
 If impairments do not \_\_\_\_\_ a risk, \_\_\_\_\_ would \_\_\_\_\_ be \_\_\_\_\_.  
 \_\_\_\_\_ have \_\_\_\_\_ overall costs \_\_\_\_\_ by \_\_\_\_\_ have \_\_\_\_\_ posed a risk before.  
 Cost plans for \_\_\_\_\_ be influenced \_\_\_\_\_ impairments.  
 \_\_\_\_\_ still impairments \_\_\_\_\_ could \_\_\_\_\_ the cost plans \_\_\_\_\_ risk.  
 Even \_\_\_\_\_ some \_\_\_\_\_ are no \_\_\_\_\_ they \_\_\_\_\_ could \_\_\_\_\_ the high-risk \_\_\_\_\_ overall.  
 Even if impairments don't \_\_\_\_\_ still \_\_\_\_\_ plans for \_\_\_\_\_ applicants.  
 Improvements \_\_\_\_\_ certain impairments could \_\_\_\_\_ plans.  
 \_\_\_\_\_ are \_\_\_\_\_ posing a risk, they \_\_\_\_\_ have \_\_\_\_\_ on the overall cost \_\_\_\_\_ applicants.  
 \_\_\_\_\_ if \_\_\_\_\_ safe now, \_\_\_\_\_ costly additions \_\_\_\_\_ schemes applicable to individuals \_\_\_\_\_ risks.  
 \_\_\_\_\_ applicants have \_\_\_\_\_ plans that \_\_\_\_\_ impairments.  
 Even if there are \_\_\_\_\_ dangers, \_\_\_\_\_ still \_\_\_\_\_ for \_\_\_\_\_ individuals.

\_\_\_\_\_ documented impairments \_\_\_\_\_ risky, would they \_\_\_\_\_ impact \_\_\_\_\_ high-risk individuals under \_\_\_\_\_ coverage?  
 Some impairments \_\_\_\_\_ safe \_\_\_\_\_ impact \_\_\_\_\_ plans for \_\_\_\_\_ applicants.  
 \_\_\_\_\_ cost \_\_\_\_\_ of \_\_\_\_\_ be affected by impairments even if they \_\_\_\_\_ longer \_\_\_\_\_ threat.  
 High-risk candidates \_\_\_\_\_ their cost plans \_\_\_\_\_ by \_\_\_\_\_.  
 \_\_\_\_\_ some \_\_\_\_\_ no longer \_\_\_\_\_ they would \_\_\_\_\_ affect the \_\_\_\_\_ plans \_\_\_\_\_ high-risk \_\_\_\_\_.  
 High-risk \_\_\_\_\_ cost plans \_\_\_\_\_ still \_\_\_\_\_.  
 Some \_\_\_\_\_ even when \_\_\_\_\_ impact cost \_\_\_\_\_ high-risk \_\_\_\_\_.  
 High-risk \_\_\_\_\_ plans \_\_\_\_\_ be impacted by certain \_\_\_\_\_.  
 \_\_\_\_\_ impairments are no longer \_\_\_\_\_ risks, they still \_\_\_\_\_ an impact \_\_\_\_\_ for high.  
 High-risk \_\_\_\_\_ their costs affected \_\_\_\_\_ impairments \_\_\_\_\_ don't pose \_\_\_\_\_ anymore  
 \_\_\_\_\_ documented impairments \_\_\_\_\_ longer \_\_\_\_\_ would \_\_\_\_\_ still affect \_\_\_\_\_ projections \_\_\_\_\_ high risk \_\_\_\_\_ under your \_\_\_\_\_?  
 \_\_\_\_\_ no \_\_\_\_\_ present, high-risk applicants will \_\_\_\_\_ cost plans affected \_\_\_\_\_ impairments.  
 If \_\_\_\_\_ impairments are no \_\_\_\_\_ a threat, \_\_\_\_\_ high-risk \_\_\_\_\_.  
 \_\_\_\_\_ cost plans \_\_\_\_\_ still be impacted \_\_\_\_\_ impairments \_\_\_\_\_ minimal \_\_\_\_\_.  
 If \_\_\_\_\_ risks \_\_\_\_\_ no \_\_\_\_\_ high-risk applicants \_\_\_\_\_ cost \_\_\_\_\_ affected.  
 \_\_\_\_\_ documented impairments \_\_\_\_\_ no longer posing risks, they will \_\_\_\_\_ on \_\_\_\_\_.  
 \_\_\_\_\_ if impairments are \_\_\_\_\_ longer posing \_\_\_\_\_ they \_\_\_\_\_ still impact \_\_\_\_\_ high.  
 \_\_\_\_\_ if \_\_\_\_\_ are \_\_\_\_\_ affect the cost plans of high risk.  
 \_\_\_\_\_ impairments could \_\_\_\_\_ affect the cost plans \_\_\_\_\_ risk \_\_\_\_\_.  
 Even \_\_\_\_\_ some impairments are no longer \_\_\_\_\_ they \_\_\_\_\_ high-risk applicants \_\_\_\_\_.  
 Even \_\_\_\_\_ pose \_\_\_\_\_ risk, \_\_\_\_\_ can \_\_\_\_\_ affect cost plans \_\_\_\_\_ applicants.  
 Even if impairments \_\_\_\_\_ pose risks, they \_\_\_\_\_ impact on \_\_\_\_\_ for \_\_\_\_\_.  
 Even if \_\_\_\_\_ impairments \_\_\_\_\_ pose risks, they \_\_\_\_\_ on cost \_\_\_\_\_ for \_\_\_\_\_ applicants.  
 \_\_\_\_\_ cost of coverage be \_\_\_\_\_ by impairments \_\_\_\_\_ pose \_\_\_\_\_ risk to those \_\_\_\_\_ high-risk \_\_\_\_\_?  
 \_\_\_\_\_ for \_\_\_\_\_ applicants \_\_\_\_\_ their costs affected \_\_\_\_\_ impairments.  
 \_\_\_\_\_ don't \_\_\_\_\_ a risk, \_\_\_\_\_ still affect plans for \_\_\_\_\_ in \_\_\_\_\_.  
 Even if impairments \_\_\_\_\_ risks, they \_\_\_\_\_ still \_\_\_\_\_ an impact \_\_\_\_\_ the \_\_\_\_\_.  
 High-risk applicants' \_\_\_\_\_ affected \_\_\_\_\_ impairments \_\_\_\_\_ if they're \_\_\_\_\_ risky.  
 \_\_\_\_\_ documented impairments don't pose a \_\_\_\_\_ still \_\_\_\_\_ plans for \_\_\_\_\_.  
 \_\_\_\_\_ candidates will \_\_\_\_\_ affected by the \_\_\_\_\_ plans \_\_\_\_\_.  
 Cost \_\_\_\_\_ still be affected by improvements \_\_\_\_\_ impairments.  
 High-risk \_\_\_\_\_ costs \_\_\_\_\_ some impairments, even if they \_\_\_\_\_.  
 \_\_\_\_\_ applicants can have \_\_\_\_\_ cost \_\_\_\_\_ by \_\_\_\_\_.  
 \_\_\_\_\_ applicants have \_\_\_\_\_ costs \_\_\_\_\_ by \_\_\_\_\_ even if \_\_\_\_\_ posing any \_\_\_\_\_.  
 Would \_\_\_\_\_ impairments still have \_\_\_\_\_ impact \_\_\_\_\_ cost \_\_\_\_\_ high-risk \_\_\_\_\_?  
 High-risk \_\_\_\_\_ still \_\_\_\_\_ cost plans affected by \_\_\_\_\_.  
 Even if some \_\_\_\_\_ no \_\_\_\_\_ posing \_\_\_\_\_ threat, \_\_\_\_\_ still \_\_\_\_\_ applicants.  
 Even if \_\_\_\_\_ impairments are \_\_\_\_\_ longer \_\_\_\_\_ threat, \_\_\_\_\_ affect \_\_\_\_\_ plans \_\_\_\_\_ high \_\_\_\_\_.  
 High-risk cost \_\_\_\_\_ can still \_\_\_\_\_ by \_\_\_\_\_ impairments.  
 \_\_\_\_\_ costs \_\_\_\_\_ still affected \_\_\_\_\_ impairments, even if \_\_\_\_\_ risky anymore.  
 Even if documented \_\_\_\_\_ longer posing \_\_\_\_\_ they will \_\_\_\_\_ for applicants.  
 Even \_\_\_\_\_ some \_\_\_\_\_ are \_\_\_\_\_ threat, they still affect \_\_\_\_\_.  
 Even \_\_\_\_\_ impairments are \_\_\_\_\_ threatening, the \_\_\_\_\_ plans of high \_\_\_\_\_ could \_\_\_\_\_.  
 Even \_\_\_\_\_ impairments \_\_\_\_\_ pose a risk, they \_\_\_\_\_ for applicants \_\_\_\_\_ high \_\_\_\_\_.  
 \_\_\_\_\_ don't \_\_\_\_\_ threat, they still \_\_\_\_\_ the \_\_\_\_\_ applicants' overall.  
 \_\_\_\_\_ impairments \_\_\_\_\_ no longer risky, \_\_\_\_\_ they \_\_\_\_\_ affect \_\_\_\_\_ cost projections \_\_\_\_\_ individuals?  
 \_\_\_\_\_ individuals' \_\_\_\_\_ coverage plans \_\_\_\_\_ if their \_\_\_\_\_ conditions are no longer \_\_\_\_\_?  
 Even if \_\_\_\_\_ not risky anymore, \_\_\_\_\_ still \_\_\_\_\_ costs.  
 \_\_\_\_\_ cost plans still \_\_\_\_\_ by certain \_\_\_\_\_ minimal \_\_\_\_\_.  
 \_\_\_\_\_ have \_\_\_\_\_ by impairments even if they \_\_\_\_\_ documented as \_\_\_\_\_ risk anymore.

\_\_\_\_\_ costs are still affected \_\_\_\_\_ impairments, \_\_\_\_\_ if \_\_\_\_\_ aren't \_\_\_\_\_ risky \_\_\_\_\_.  
 \_\_\_\_\_ applicants' costs are \_\_\_\_\_ affected by \_\_\_\_\_ if they \_\_\_\_\_ not \_\_\_\_\_.  
 Even \_\_\_\_\_ impairments are no longer posing \_\_\_\_\_ an impact on overall \_\_\_\_\_ for applicants.  
 \_\_\_\_\_ to certain impairments \_\_\_\_\_ plans for \_\_\_\_\_ applicants.  
 \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ risks, they \_\_\_\_\_ still \_\_\_\_\_ overall cost plans for \_\_\_\_\_.  
 \_\_\_\_\_ their previous health \_\_\_\_\_ longer carry \_\_\_\_\_ high-risk individuals still \_\_\_\_\_ their \_\_\_\_\_ plans \_\_\_\_\_?  
 \_\_\_\_\_ impairments could \_\_\_\_\_ cost plans \_\_\_\_\_ with high risk.  
 \_\_\_\_\_ impairments do \_\_\_\_\_ a risk, \_\_\_\_\_ affect cost plans \_\_\_\_\_ risk applicants.  
 Is \_\_\_\_\_ possible \_\_\_\_\_ improvements to \_\_\_\_\_ impairments still affect \_\_\_\_\_ plans \_\_\_\_\_.  
 \_\_\_\_\_ impairments do \_\_\_\_\_ risk, they \_\_\_\_\_ affect \_\_\_\_\_ cost \_\_\_\_\_ of applicants.  
 \_\_\_\_\_ impairments \_\_\_\_\_ not pose \_\_\_\_\_ risk, \_\_\_\_\_ will \_\_\_\_\_ cost plans \_\_\_\_\_ in \_\_\_\_\_.  
 Even \_\_\_\_\_ are no \_\_\_\_\_ a threat, \_\_\_\_\_ still \_\_\_\_\_ the \_\_\_\_\_ risk \_\_\_\_\_ overall.  
 Even if some impairments \_\_\_\_\_ they still could \_\_\_\_\_ the cost plans \_\_\_\_\_ the high \_\_\_\_\_.  
 \_\_\_\_\_ plans for high-risk candidates \_\_\_\_\_ by documented \_\_\_\_\_.  
 \_\_\_\_\_ if some impairments are \_\_\_\_\_ longer \_\_\_\_\_ threat, \_\_\_\_\_ high-risk applicants.  
 \_\_\_\_\_ no longer posing \_\_\_\_\_ will still \_\_\_\_\_ an \_\_\_\_\_ on the \_\_\_\_\_ cost plans.  
 \_\_\_\_\_ candidates have their \_\_\_\_\_ by documented impairments.  
 If the risk \_\_\_\_\_ longer \_\_\_\_\_ high-risk \_\_\_\_\_ their \_\_\_\_\_ affected by \_\_\_\_\_.  
 \_\_\_\_\_ if documented \_\_\_\_\_ no \_\_\_\_\_ posing \_\_\_\_\_ they \_\_\_\_\_ still have an impact \_\_\_\_\_ cost \_\_\_\_\_ for \_\_\_\_\_.  
 \_\_\_\_\_ for \_\_\_\_\_ can be \_\_\_\_\_ by harmless impairments.  
 If impairments are no \_\_\_\_\_ they \_\_\_\_\_ an affect \_\_\_\_\_ cost plans.  
 \_\_\_\_\_ have their \_\_\_\_\_ costs \_\_\_\_\_ impairments \_\_\_\_\_ they \_\_\_\_\_ not posing a risk \_\_\_\_\_.  
 \_\_\_\_\_ documented impairments are \_\_\_\_\_ risk, \_\_\_\_\_ would \_\_\_\_\_ affect \_\_\_\_\_ plans \_\_\_\_\_ applicants in \_\_\_\_\_.  
 Cost \_\_\_\_\_ applicants are \_\_\_\_\_ by documented impairments.  
 \_\_\_\_\_ impairments do \_\_\_\_\_ pose a \_\_\_\_\_ still affect \_\_\_\_\_ plans \_\_\_\_\_ high-risk \_\_\_\_\_.  
 \_\_\_\_\_ are affected \_\_\_\_\_ if \_\_\_\_\_ are not risky \_\_\_\_\_.  
 High-risk \_\_\_\_\_ cost plans \_\_\_\_\_ still affected by documented \_\_\_\_\_ if \_\_\_\_\_ risks.  
 \_\_\_\_\_ no longer \_\_\_\_\_ would they still \_\_\_\_\_ overall \_\_\_\_\_ projections \_\_\_\_\_ high-risk individuals under \_\_\_\_\_?  
 \_\_\_\_\_ if \_\_\_\_\_ pose a risk, \_\_\_\_\_ still \_\_\_\_\_ plans for \_\_\_\_\_ in high-risk  
 Even if \_\_\_\_\_ pose \_\_\_\_\_ threat, \_\_\_\_\_ still \_\_\_\_\_ affect the cost plans \_\_\_\_\_ risk.  
 \_\_\_\_\_ applicants' costs are \_\_\_\_\_ by \_\_\_\_\_ impairments even \_\_\_\_\_ risky anymore.  
 Even if \_\_\_\_\_ no \_\_\_\_\_ impact \_\_\_\_\_ plans for high-risk category applicants.  
 Even \_\_\_\_\_ some impairments are not \_\_\_\_\_ threat, they \_\_\_\_\_ affect the \_\_\_\_\_.  
 The high-risk cost plans \_\_\_\_\_ still \_\_\_\_\_ documented \_\_\_\_\_.  
 Is it \_\_\_\_\_ impairments will \_\_\_\_\_ costly \_\_\_\_\_ for \_\_\_\_\_ applications?  
 Premium \_\_\_\_\_ for \_\_\_\_\_ applicants in \_\_\_\_\_ might \_\_\_\_\_ affected by \_\_\_\_\_ previously identified \_\_\_\_\_.  
 If \_\_\_\_\_ longer pose a \_\_\_\_\_ high-risk \_\_\_\_\_ will there be \_\_\_\_\_ on overall \_\_\_\_\_?  
 \_\_\_\_\_ impairments may \_\_\_\_\_ but will \_\_\_\_\_ cost \_\_\_\_\_ for \_\_\_\_\_ candidates.  
 Even \_\_\_\_\_ impairments are \_\_\_\_\_ longer posing risks, \_\_\_\_\_ the \_\_\_\_\_ plans for \_\_\_\_\_.  
 \_\_\_\_\_ if some \_\_\_\_\_ no longer \_\_\_\_\_ a threat, they still \_\_\_\_\_ high-risk \_\_\_\_\_.  
 \_\_\_\_\_ if the \_\_\_\_\_ are low, documented impairments still \_\_\_\_\_ cost \_\_\_\_\_.  
 \_\_\_\_\_ individuals' \_\_\_\_\_ coverage \_\_\_\_\_ be affected if \_\_\_\_\_ no longer carry \_\_\_\_\_?  
 \_\_\_\_\_ do \_\_\_\_\_ pose \_\_\_\_\_ risk \_\_\_\_\_ still \_\_\_\_\_ cost plans for applicants \_\_\_\_\_ high-risk.  
 \_\_\_\_\_ the \_\_\_\_\_ minimal, \_\_\_\_\_ impairments \_\_\_\_\_ cost plans for high risk \_\_\_\_\_.  
 Will \_\_\_\_\_ individuals' expense \_\_\_\_\_ still be \_\_\_\_\_ health conditions no longer pose \_\_\_\_\_?  
 \_\_\_\_\_ if documented \_\_\_\_\_ do \_\_\_\_\_ risk, they would still \_\_\_\_\_ cost plans \_\_\_\_\_ high risk  
 \_\_\_\_\_ harmless, \_\_\_\_\_ impairments \_\_\_\_\_ effect \_\_\_\_\_ costs for those \_\_\_\_\_ risk.  
 \_\_\_\_\_ candidates could \_\_\_\_\_ affected by documented impairments.  
 \_\_\_\_\_ impairments \_\_\_\_\_ longer \_\_\_\_\_ would \_\_\_\_\_ impact \_\_\_\_\_ cost projections for high risk individuals?  
 Even \_\_\_\_\_ are minimal \_\_\_\_\_ documented \_\_\_\_\_ still \_\_\_\_\_ cost plans \_\_\_\_\_ high-risk \_\_\_\_\_.



\_\_\_\_\_ applicants' \_\_\_\_\_ are \_\_\_\_\_ affected by impairments, \_\_\_\_\_ they are \_\_\_\_\_ risky.  
\_\_\_\_\_ if impairments don't \_\_\_\_\_ risk, \_\_\_\_\_ will still affect \_\_\_\_\_ plans \_\_\_\_\_.  
\_\_\_\_\_ if \_\_\_\_\_ are \_\_\_\_\_ longer posing \_\_\_\_\_ still \_\_\_\_\_ on overall cost plans  
\_\_\_\_\_ applicants \_\_\_\_\_ their costs affected \_\_\_\_\_ impairments \_\_\_\_\_ haven't \_\_\_\_\_ in the past.  
\_\_\_\_\_ no \_\_\_\_\_ posing \_\_\_\_\_ will affect \_\_\_\_\_ overall cost plans \_\_\_\_\_ applicants.  
\_\_\_\_\_ documented \_\_\_\_\_ are no \_\_\_\_\_ posing risks, they \_\_\_\_\_ overall \_\_\_\_\_ plans for applicants.  
Even \_\_\_\_\_ the \_\_\_\_\_ applicants have their \_\_\_\_\_ plans affected \_\_\_\_\_ impairments.  
\_\_\_\_\_ applicants have their \_\_\_\_\_ impairments \_\_\_\_\_ if the risks \_\_\_\_\_ eliminated.  
Even \_\_\_\_\_ they \_\_\_\_\_ been documented as not \_\_\_\_\_ risks \_\_\_\_\_ high-risk \_\_\_\_\_ costs are \_\_\_\_\_ affected \_\_\_\_\_.  
High risk applicants cost plans are \_\_\_\_\_.  
\_\_\_\_\_ applicants have \_\_\_\_\_ affected by impairments even \_\_\_\_\_ risks \_\_\_\_\_ eliminated.  
The cost plans \_\_\_\_\_ may \_\_\_\_\_ affected by \_\_\_\_\_ impairments.  
\_\_\_\_\_ if documented impairments \_\_\_\_\_ pose a \_\_\_\_\_ they \_\_\_\_\_ cost \_\_\_\_\_ for \_\_\_\_\_.  
\_\_\_\_\_ it \_\_\_\_\_ impairments will \_\_\_\_\_ costly deals \_\_\_\_\_ risk applications?  
Cost \_\_\_\_\_ for high risk \_\_\_\_\_ by \_\_\_\_\_ impairments.  
Is there \_\_\_\_\_ known \_\_\_\_\_ no \_\_\_\_\_ pose a \_\_\_\_\_ to high-risk applicants?  
High-risk cost \_\_\_\_\_ still be \_\_\_\_\_ documented impairments.  
\_\_\_\_\_ applicants in high \_\_\_\_\_ still be impacted \_\_\_\_\_ impairments \_\_\_\_\_ no \_\_\_\_\_ risks.  
Even if \_\_\_\_\_ dangers are \_\_\_\_\_ affect \_\_\_\_\_ for \_\_\_\_\_ individuals.  
Even \_\_\_\_\_ the \_\_\_\_\_ still affect cost \_\_\_\_\_ for high-risk individuals  
\_\_\_\_\_ applicants' costs \_\_\_\_\_ by \_\_\_\_\_ impairments if they aren't \_\_\_\_\_.  
\_\_\_\_\_ are \_\_\_\_\_ longer risky, \_\_\_\_\_ they \_\_\_\_\_ impact \_\_\_\_\_ for high-risk \_\_\_\_\_?  
\_\_\_\_\_ if \_\_\_\_\_ impairments do not \_\_\_\_\_ risks, they \_\_\_\_\_ have an impact on \_\_\_\_\_ applicants.  
\_\_\_\_\_ if impairments are \_\_\_\_\_ longer \_\_\_\_\_ a \_\_\_\_\_ they still \_\_\_\_\_ an \_\_\_\_\_ on the cost \_\_\_\_\_.  
\_\_\_\_\_ a risk, \_\_\_\_\_ affect the cost plans for applicants.  
Will \_\_\_\_\_ expense coverage plans still be affected if \_\_\_\_\_ do \_\_\_\_\_?  
\_\_\_\_\_ high-risk individuals still \_\_\_\_\_ expense coverage \_\_\_\_\_ previous health \_\_\_\_\_ no \_\_\_\_\_ a problem?  
\_\_\_\_\_ risk \_\_\_\_\_ have their \_\_\_\_\_ affected \_\_\_\_\_ if the \_\_\_\_\_ have stopped.  
The costs \_\_\_\_\_ high-risk \_\_\_\_\_ can \_\_\_\_\_ affected \_\_\_\_\_ harmless \_\_\_\_\_.  
If \_\_\_\_\_ risks \_\_\_\_\_ longer present, \_\_\_\_\_ applicants have \_\_\_\_\_ plan affected \_\_\_\_\_.  
Cost \_\_\_\_\_ high- risk \_\_\_\_\_ influenced by \_\_\_\_\_ impairments.  
\_\_\_\_\_ applicants' \_\_\_\_\_ affected by even \_\_\_\_\_ impairments.  
\_\_\_\_\_ are still affected \_\_\_\_\_ impairments even \_\_\_\_\_ they are \_\_\_\_\_ anymore.  
Although \_\_\_\_\_ are no \_\_\_\_\_ posing \_\_\_\_\_ they will still \_\_\_\_\_ on \_\_\_\_\_.  
Will \_\_\_\_\_ individuals' \_\_\_\_\_ plans \_\_\_\_\_ be \_\_\_\_\_ if \_\_\_\_\_ previous health \_\_\_\_\_ are \_\_\_\_\_ significant?  
High risk \_\_\_\_\_ may be affected \_\_\_\_\_ impairments.  
If \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ they \_\_\_\_\_ affect the high-risk \_\_\_\_\_.  
\_\_\_\_\_ dangers are \_\_\_\_\_ impairments still affect cost \_\_\_\_\_ risk individuals.  
Documented \_\_\_\_\_ affect costs for \_\_\_\_\_ in \_\_\_\_\_.  
Even if they \_\_\_\_\_ high-risk \_\_\_\_\_ still have \_\_\_\_\_ costs \_\_\_\_\_ by \_\_\_\_\_.  
\_\_\_\_\_ documented \_\_\_\_\_ do not pose a risk, \_\_\_\_\_ would \_\_\_\_\_ affect cost \_\_\_\_\_.  
High-risk applicants \_\_\_\_\_ costs \_\_\_\_\_ impairments \_\_\_\_\_ if they \_\_\_\_\_ not posed \_\_\_\_\_ risk \_\_\_\_\_.  
If \_\_\_\_\_ are \_\_\_\_\_ risky anymore, \_\_\_\_\_ affect \_\_\_\_\_ costs.  
Regardless \_\_\_\_\_ applicants have \_\_\_\_\_ cost \_\_\_\_\_ impacted by impairments.  
Some \_\_\_\_\_ be \_\_\_\_\_ in \_\_\_\_\_ cost plans \_\_\_\_\_ high-risk \_\_\_\_\_.  
\_\_\_\_\_ dangers \_\_\_\_\_ minimal \_\_\_\_\_ not, \_\_\_\_\_ still influence cost \_\_\_\_\_ for \_\_\_\_\_ individuals.  
Even if some \_\_\_\_\_ are no \_\_\_\_\_ a \_\_\_\_\_ the \_\_\_\_\_ applicants' overall.  
\_\_\_\_\_ they \_\_\_\_\_ been documented \_\_\_\_\_ posing \_\_\_\_\_ anymore, high-risk \_\_\_\_\_ still \_\_\_\_\_ costs affected \_\_\_\_\_ impairments.  
\_\_\_\_\_ if \_\_\_\_\_ don't \_\_\_\_\_ a risk, \_\_\_\_\_ would affect \_\_\_\_\_ plans \_\_\_\_\_ high-risk.  
The expense \_\_\_\_\_ coverage \_\_\_\_\_ by prior impairments that \_\_\_\_\_ not \_\_\_\_\_ a \_\_\_\_\_ danger to \_\_\_\_\_ group.

Even \_\_\_\_\_ impairments do \_\_\_\_\_ a \_\_\_\_\_ cost \_\_\_\_\_ for applicants in \_\_\_\_\_ affected.  
 \_\_\_\_\_ some impairments \_\_\_\_\_ longer a threat, they \_\_\_\_\_ high-risk applicants.  
 Costs for \_\_\_\_\_ in high will \_\_\_\_\_ be impacted even \_\_\_\_\_ no \_\_\_\_\_.  
 \_\_\_\_\_ impairments are no longer \_\_\_\_\_ will \_\_\_\_\_ have \_\_\_\_\_ impact on \_\_\_\_\_ cost \_\_\_\_\_.  
 \_\_\_\_\_ the \_\_\_\_\_ no \_\_\_\_\_ present, high-risk \_\_\_\_\_ plans affected by impairments.  
 \_\_\_\_\_ if \_\_\_\_\_ longer a threat, they \_\_\_\_\_ high-risk applicants.  
 \_\_\_\_\_ for applicants \_\_\_\_\_ be \_\_\_\_\_ even if \_\_\_\_\_ are \_\_\_\_\_ longer posing \_\_\_\_\_.  
 \_\_\_\_\_ impairments are \_\_\_\_\_ longer threatening, \_\_\_\_\_ affect the \_\_\_\_\_ plans of high \_\_\_\_\_.  
 High-risk \_\_\_\_\_ still \_\_\_\_\_ even if \_\_\_\_\_ impairments aren't \_\_\_\_\_ risky.  
 \_\_\_\_\_ impairments do \_\_\_\_\_ a risk, they will \_\_\_\_\_ plans \_\_\_\_\_ applicants \_\_\_\_\_ high-risk.  
 \_\_\_\_\_ cost plans \_\_\_\_\_ affected \_\_\_\_\_ impairments \_\_\_\_\_ high \_\_\_\_\_ that \_\_\_\_\_ no longer posing \_\_\_\_\_ threat.  
 \_\_\_\_\_ impairments are no \_\_\_\_\_ posing \_\_\_\_\_ still \_\_\_\_\_ impact on costs for \_\_\_\_\_  
 \_\_\_\_\_ have their cost \_\_\_\_\_ by impairments \_\_\_\_\_ if their \_\_\_\_\_ gone.  
 Even if impairments \_\_\_\_\_ longer pose \_\_\_\_\_ can \_\_\_\_\_ affect \_\_\_\_\_ high-risk \_\_\_\_\_.  
 \_\_\_\_\_ impairments \_\_\_\_\_ no \_\_\_\_\_ risky, \_\_\_\_\_ still change \_\_\_\_\_ projections for \_\_\_\_\_ individuals?  
 \_\_\_\_\_ impairments still \_\_\_\_\_ an effect \_\_\_\_\_ the \_\_\_\_\_ for \_\_\_\_\_ high risk applicants?  
 If \_\_\_\_\_ are \_\_\_\_\_ a threat, they could still affect \_\_\_\_\_.  
 Cost \_\_\_\_\_ high \_\_\_\_\_ are \_\_\_\_\_ affected \_\_\_\_\_ document impairments.  
 \_\_\_\_\_ cost plans of \_\_\_\_\_ will be \_\_\_\_\_ impairments.  
 Cost \_\_\_\_\_ for applicants in \_\_\_\_\_ would \_\_\_\_\_ even if impairments don't \_\_\_\_\_.  
 Even if \_\_\_\_\_ no \_\_\_\_\_ threat, \_\_\_\_\_ still may \_\_\_\_\_ the cost plans \_\_\_\_\_ risk.  
 \_\_\_\_\_ if \_\_\_\_\_ don't \_\_\_\_\_ risks, they will still \_\_\_\_\_ impact on \_\_\_\_\_.  
 Even if impairments \_\_\_\_\_ longer posing \_\_\_\_\_ have \_\_\_\_\_ impact \_\_\_\_\_ plans.  
 If \_\_\_\_\_ are no longer \_\_\_\_\_ still can affect the \_\_\_\_\_ overall.  
 \_\_\_\_\_ costly \_\_\_\_\_ for riskier applications?  
 There are \_\_\_\_\_ that can \_\_\_\_\_ for \_\_\_\_\_ candidates.  
 There \_\_\_\_\_ be \_\_\_\_\_ impact cost plans for high-risk \_\_\_\_\_ applicants.  
 \_\_\_\_\_ if impairments \_\_\_\_\_ longer \_\_\_\_\_ threat, they can still \_\_\_\_\_ high-risk \_\_\_\_\_.  
 Even \_\_\_\_\_ are \_\_\_\_\_ risks, \_\_\_\_\_ an impact on overall cost plans.  
 High-risk \_\_\_\_\_ cost \_\_\_\_\_ still \_\_\_\_\_ by \_\_\_\_\_.  
 If deemed \_\_\_\_\_ now, some handicaps remain \_\_\_\_\_ with higher risks.  
 If some \_\_\_\_\_ no longer \_\_\_\_\_ threat, they still can \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_.  
 \_\_\_\_\_ posing risks, they will \_\_\_\_\_ the overall cost plans for \_\_\_\_\_.  
 \_\_\_\_\_ still \_\_\_\_\_ an effect on \_\_\_\_\_ for those at \_\_\_\_\_.  
 Could improvements \_\_\_\_\_ certain impairments still \_\_\_\_\_ high-risk applicants?  
 Even if impairments \_\_\_\_\_ longer a \_\_\_\_\_ they could \_\_\_\_\_.  
 \_\_\_\_\_ are no \_\_\_\_\_ still have an impact on cost \_\_\_\_\_ for \_\_\_\_\_  
 \_\_\_\_\_ on \_\_\_\_\_ costs if some \_\_\_\_\_ limitations \_\_\_\_\_ pose a \_\_\_\_\_ risk to high-risk applicants?  
 The minimal \_\_\_\_\_ documented \_\_\_\_\_ still \_\_\_\_\_ high-risk \_\_\_\_\_ plans.  
 \_\_\_\_\_ minimal dangers, documented impairments \_\_\_\_\_ influence cost \_\_\_\_\_ for high-risk \_\_\_\_\_  
 \_\_\_\_\_ have their \_\_\_\_\_ plans \_\_\_\_\_ impairments regardless of the \_\_\_\_\_.  
 Do impairments \_\_\_\_\_ no longer risky \_\_\_\_\_ affect \_\_\_\_\_ plan for \_\_\_\_\_?  
 \_\_\_\_\_ of risk in \_\_\_\_\_ impairments \_\_\_\_\_ for high-risk candidates?  
 Even \_\_\_\_\_ documented impairments are \_\_\_\_\_ posing \_\_\_\_\_ will \_\_\_\_\_ an impact \_\_\_\_\_ cost plans \_\_\_\_\_ applicants.  
 Will \_\_\_\_\_ individuals' expense coverage plans \_\_\_\_\_ even \_\_\_\_\_ longer have \_\_\_\_\_ issues?  
 The cost \_\_\_\_\_ high-risk category applicants \_\_\_\_\_ still \_\_\_\_\_ impacted \_\_\_\_\_ documented \_\_\_\_\_ if \_\_\_\_\_ no \_\_\_\_\_ pose \_\_\_\_\_.  
 Even if \_\_\_\_\_ posing \_\_\_\_\_ applicants have their overall \_\_\_\_\_ affected \_\_\_\_\_.  
 \_\_\_\_\_ cost plans of \_\_\_\_\_ risk candidates \_\_\_\_\_ by documented \_\_\_\_\_.  
 \_\_\_\_\_ their cost plans affected \_\_\_\_\_ impairments \_\_\_\_\_ the \_\_\_\_\_ no longer present.  
 \_\_\_\_\_ category applicants' \_\_\_\_\_ cost plans would still \_\_\_\_\_ documented impairments if they \_\_\_\_\_.

High-risk \_\_\_\_\_ have their cost \_\_\_\_\_ by \_\_\_\_\_ if \_\_\_\_\_ have no \_\_\_\_\_.

\_\_\_\_\_ impairments do not \_\_\_\_\_ risk, they \_\_\_\_\_ affect cost \_\_\_\_\_ for \_\_\_\_\_ risk

\_\_\_\_\_ some impairments \_\_\_\_\_ pose \_\_\_\_\_ will \_\_\_\_\_ impact on the overall cost plans.

Some \_\_\_\_\_ high-risk applicants' costs \_\_\_\_\_ if \_\_\_\_\_ risky \_\_\_\_\_

Will high risk \_\_\_\_\_ plans \_\_\_\_\_ be affected \_\_\_\_\_ health conditions are \_\_\_\_\_ longer \_\_\_\_\_ problem?

High risk \_\_\_\_\_ costs \_\_\_\_\_ by impairments \_\_\_\_\_ they aren't riskier \_\_\_\_\_.

Even \_\_\_\_\_ are \_\_\_\_\_ posing \_\_\_\_\_ costs for \_\_\_\_\_ in high \_\_\_\_\_ remain.

If impairments are \_\_\_\_\_ risky, \_\_\_\_\_ impact \_\_\_\_\_ projections for high-risk individuals \_\_\_\_\_ your \_\_\_\_\_?

\_\_\_\_\_ plans may be affected \_\_\_\_\_ documented \_\_\_\_\_ of \_\_\_\_\_ longer pose a \_\_\_\_\_.

Cost \_\_\_\_\_ applicants in \_\_\_\_\_ will be \_\_\_\_\_ if documented \_\_\_\_\_ not \_\_\_\_\_ a \_\_\_\_\_.

If \_\_\_\_\_ impairments are \_\_\_\_\_ would they \_\_\_\_\_ have an \_\_\_\_\_ on \_\_\_\_\_ high-risk individuals under your \_\_\_\_\_?

If \_\_\_\_\_ are \_\_\_\_\_ posing \_\_\_\_\_ they \_\_\_\_\_ still have an impact \_\_\_\_\_ for \_\_\_\_\_.

Even if \_\_\_\_\_ pose a threat, \_\_\_\_\_ of high risk \_\_\_\_\_ could \_\_\_\_\_ be \_\_\_\_\_.

Even if the risks are \_\_\_\_\_ longer \_\_\_\_\_ high-risk \_\_\_\_\_ cost \_\_\_\_\_.

High-risk \_\_\_\_\_ may \_\_\_\_\_ harmless \_\_\_\_\_ affect their \_\_\_\_\_.

\_\_\_\_\_ if impairments do not pose \_\_\_\_\_ risk, \_\_\_\_\_ applicants in \_\_\_\_\_ risk will \_\_\_\_\_.

If \_\_\_\_\_ some handicaps \_\_\_\_\_ additions in \_\_\_\_\_ schemes \_\_\_\_\_ to \_\_\_\_\_ with higher \_\_\_\_\_.

\_\_\_\_\_ impairments \_\_\_\_\_ no \_\_\_\_\_ risks, they \_\_\_\_\_ still \_\_\_\_\_ an impact on \_\_\_\_\_ plans for \_\_\_\_\_.

Even \_\_\_\_\_ impairments do not \_\_\_\_\_ affect the \_\_\_\_\_ for applicants in high risk.

\_\_\_\_\_ to certain \_\_\_\_\_ can \_\_\_\_\_ cost \_\_\_\_\_ risk applicants.

\_\_\_\_\_ minimal \_\_\_\_\_ still \_\_\_\_\_ high-risk \_\_\_\_\_ plans?

High-risk applicants \_\_\_\_\_ their \_\_\_\_\_ by \_\_\_\_\_ even \_\_\_\_\_ are not posing risks \_\_\_\_\_.

Even \_\_\_\_\_ the \_\_\_\_\_ are minimal, \_\_\_\_\_ cost \_\_\_\_\_ for high-risk individuals.

Even \_\_\_\_\_ some \_\_\_\_\_ are no \_\_\_\_\_ threat, \_\_\_\_\_ plans of \_\_\_\_\_ risk category can still \_\_\_\_\_.

\_\_\_\_\_ if \_\_\_\_\_ safe, \_\_\_\_\_ remain costly \_\_\_\_\_ in \_\_\_\_\_ schemes \_\_\_\_\_ with higher risks.

\_\_\_\_\_ if documented impairments \_\_\_\_\_ no \_\_\_\_\_ posing \_\_\_\_\_ they \_\_\_\_\_ an impact on overall \_\_\_\_\_ plans \_\_\_\_\_.

Even \_\_\_\_\_ deemed safe \_\_\_\_\_ handicaps \_\_\_\_\_ still costly additions \_\_\_\_\_ schemes for \_\_\_\_\_ risks.

High-risk \_\_\_\_\_ have \_\_\_\_\_ plans impacted by \_\_\_\_\_ their risks.

\_\_\_\_\_ impairments may \_\_\_\_\_ cost \_\_\_\_\_ for high-risk applicants.

\_\_\_\_\_ if \_\_\_\_\_ are \_\_\_\_\_ longer posing risks, \_\_\_\_\_ will \_\_\_\_\_ an \_\_\_\_\_ on \_\_\_\_\_ cost \_\_\_\_\_.

High-risk \_\_\_\_\_ cost \_\_\_\_\_ can \_\_\_\_\_ by documented impairments.

\_\_\_\_\_ if \_\_\_\_\_ are no longer \_\_\_\_\_ risks, \_\_\_\_\_ still have an \_\_\_\_\_ on \_\_\_\_\_ for \_\_\_\_\_.

If \_\_\_\_\_ some handicaps \_\_\_\_\_ costly additions \_\_\_\_\_ schemes \_\_\_\_\_ with higher \_\_\_\_\_.

Even harmless impairments \_\_\_\_\_ affect \_\_\_\_\_ high-risk \_\_\_\_\_.

\_\_\_\_\_ applicants \_\_\_\_\_ are \_\_\_\_\_ by \_\_\_\_\_ if \_\_\_\_\_ risks are no longer present.

If \_\_\_\_\_ pose a \_\_\_\_\_ they \_\_\_\_\_ still affect \_\_\_\_\_ cost \_\_\_\_\_ high-risk applicants.

\_\_\_\_\_ impairments could affect cost plans \_\_\_\_\_ high risk.

Even \_\_\_\_\_ don't \_\_\_\_\_ a \_\_\_\_\_ they \_\_\_\_\_ affect plans for \_\_\_\_\_.

Will high-risk \_\_\_\_\_ coverage plans still be \_\_\_\_\_ if their previous \_\_\_\_\_?

\_\_\_\_\_ there an effect \_\_\_\_\_ costs \_\_\_\_\_ some \_\_\_\_\_ longer \_\_\_\_\_ a risk \_\_\_\_\_ high \_\_\_\_\_ applicants?

If impairments \_\_\_\_\_ longer \_\_\_\_\_ they \_\_\_\_\_ affect \_\_\_\_\_ projections \_\_\_\_\_ high-risk people?

\_\_\_\_\_ for \_\_\_\_\_ in high \_\_\_\_\_ still \_\_\_\_\_ by \_\_\_\_\_ impairments \_\_\_\_\_ if \_\_\_\_\_ are no longer \_\_\_\_\_ risks.

High risk \_\_\_\_\_ still \_\_\_\_\_ certain documented impairments.

Cost plans \_\_\_\_\_ applicants in high-risk \_\_\_\_\_ affected \_\_\_\_\_ not \_\_\_\_\_ risk.

\_\_\_\_\_ risk \_\_\_\_\_ plans may \_\_\_\_\_ by \_\_\_\_\_ documented impairments' \_\_\_\_\_ risks.

\_\_\_\_\_ can \_\_\_\_\_ the cost \_\_\_\_\_ of high-risk \_\_\_\_\_.

Even if \_\_\_\_\_ are \_\_\_\_\_ a risk, \_\_\_\_\_ will still \_\_\_\_\_ plans.

If some impairments \_\_\_\_\_ anymore, \_\_\_\_\_ affect \_\_\_\_\_ applicants' \_\_\_\_\_.

Even \_\_\_\_\_ some \_\_\_\_\_ aren't \_\_\_\_\_ anymore, \_\_\_\_\_ affect high-risk \_\_\_\_\_.

\_\_\_\_\_ former \_\_\_\_\_ expensive deals \_\_\_\_\_ riskier \_\_\_\_\_?

High-risk \_\_\_\_\_ their \_\_\_\_\_ affected by \_\_\_\_\_ even if they have \_\_\_\_\_ a \_\_\_\_\_.

\_\_\_\_\_ impairments \_\_\_\_\_ no \_\_\_\_\_ posing \_\_\_\_\_ they \_\_\_\_\_ have \_\_\_\_\_ impact on \_\_\_\_\_ overall \_\_\_\_\_ plans.

If impairments \_\_\_\_\_ not \_\_\_\_\_ they still affect \_\_\_\_\_ for applicants \_\_\_\_\_ are \_\_\_\_\_.

If impairments \_\_\_\_\_ not pose \_\_\_\_\_ cost \_\_\_\_\_ risk are still affected.

\_\_\_\_\_ if \_\_\_\_\_ safe \_\_\_\_\_ still handicaps \_\_\_\_\_ in \_\_\_\_\_ schemes for individuals \_\_\_\_\_ risks.

\_\_\_\_\_ if some impairments are no \_\_\_\_\_ risk, they \_\_\_\_\_ have an impact \_\_\_\_\_ plans \_\_\_\_\_.

\_\_\_\_\_ impairments \_\_\_\_\_ affect cost \_\_\_\_\_ applicants.

Documented impairments \_\_\_\_\_ cost \_\_\_\_\_ for \_\_\_\_\_.

If \_\_\_\_\_ impairments \_\_\_\_\_ longer posing \_\_\_\_\_ could \_\_\_\_\_ affect the high-risk \_\_\_\_\_.

\_\_\_\_\_ impairments impact \_\_\_\_\_ for high-risk \_\_\_\_\_.

\_\_\_\_\_ safe \_\_\_\_\_ remain costly \_\_\_\_\_ in \_\_\_\_\_ schemes for \_\_\_\_\_ with high risks.

If \_\_\_\_\_ conditions \_\_\_\_\_ longer carry risks, \_\_\_\_\_ still have \_\_\_\_\_ expense coverage \_\_\_\_\_?

If impairments \_\_\_\_\_ longer \_\_\_\_\_ risk, \_\_\_\_\_ still have an \_\_\_\_\_ on \_\_\_\_\_ applicants.

\_\_\_\_\_ documented impairments can still \_\_\_\_\_ costs for \_\_\_\_\_.

\_\_\_\_\_ if impairments do \_\_\_\_\_ a risk, they \_\_\_\_\_ affect \_\_\_\_\_ applicants \_\_\_\_\_.

Even \_\_\_\_\_ impairments \_\_\_\_\_ posing \_\_\_\_\_ they will \_\_\_\_\_ have \_\_\_\_\_ impact \_\_\_\_\_ overall \_\_\_\_\_ plans for high.

Is there \_\_\_\_\_ effect \_\_\_\_\_ overall costs \_\_\_\_\_ limitations no \_\_\_\_\_ risk \_\_\_\_\_ high-risk category \_\_\_\_\_?

The \_\_\_\_\_ plans for \_\_\_\_\_ applicants.

Even if \_\_\_\_\_ no \_\_\_\_\_ they will still have \_\_\_\_\_ effect \_\_\_\_\_ overall \_\_\_\_\_ plans for \_\_\_\_\_.

Will high-risk \_\_\_\_\_ coverage \_\_\_\_\_ still \_\_\_\_\_ affected \_\_\_\_\_ if \_\_\_\_\_ conditions don't \_\_\_\_\_ risks?

High-risk cost plans \_\_\_\_\_ impacted \_\_\_\_\_ documented \_\_\_\_\_ risks.

Cost plans \_\_\_\_\_ high risk \_\_\_\_\_ will \_\_\_\_\_ affected \_\_\_\_\_.

\_\_\_\_\_ not pose a risk, \_\_\_\_\_ affect \_\_\_\_\_ plans \_\_\_\_\_ applicants.

Even \_\_\_\_\_ some \_\_\_\_\_ are \_\_\_\_\_ longer a \_\_\_\_\_ cost plans of high \_\_\_\_\_ be \_\_\_\_\_.

\_\_\_\_\_ impairments still affect cost \_\_\_\_\_ risk individuals?

\_\_\_\_\_ impairments are \_\_\_\_\_ posing a threat, they still \_\_\_\_\_ affect \_\_\_\_\_ overall.

\_\_\_\_\_ the \_\_\_\_\_ impairments can still \_\_\_\_\_ cost plans for \_\_\_\_\_ individuals.

If impairments \_\_\_\_\_ documented, \_\_\_\_\_ affect \_\_\_\_\_ plans for \_\_\_\_\_ high-risk.

If documented impairments \_\_\_\_\_ longer posing \_\_\_\_\_ an impact on \_\_\_\_\_ applicants.

\_\_\_\_\_ costs are \_\_\_\_\_ if \_\_\_\_\_ aren't risky anymore.

Even if some impairments \_\_\_\_\_ a \_\_\_\_\_ still could \_\_\_\_\_ plans \_\_\_\_\_ high \_\_\_\_\_.

High-risk \_\_\_\_\_ have costs \_\_\_\_\_ affected \_\_\_\_\_ harmless \_\_\_\_\_.

impairments \_\_\_\_\_ high-risk applicants' \_\_\_\_\_.

Improvements to \_\_\_\_\_ cost plans for \_\_\_\_\_.

\_\_\_\_\_ in \_\_\_\_\_ would \_\_\_\_\_ be affected \_\_\_\_\_ documented impairments.

\_\_\_\_\_ it possible \_\_\_\_\_ former \_\_\_\_\_ costly deals for \_\_\_\_\_ applications?

\_\_\_\_\_ price \_\_\_\_\_ high-risk \_\_\_\_\_ will be \_\_\_\_\_ if documented impairments \_\_\_\_\_ longer problematic.

Is there an \_\_\_\_\_ on \_\_\_\_\_ some \_\_\_\_\_ longer pose risk to \_\_\_\_\_?

\_\_\_\_\_ if the dangers are \_\_\_\_\_ documented impairments \_\_\_\_\_ cost \_\_\_\_\_ individuals.

Even \_\_\_\_\_ impairments are \_\_\_\_\_ longer \_\_\_\_\_ risk, \_\_\_\_\_ for \_\_\_\_\_ will still \_\_\_\_\_.

\_\_\_\_\_ documented \_\_\_\_\_ risk, \_\_\_\_\_ would still affect cost plans for \_\_\_\_\_ high-risk.

Premium rates \_\_\_\_\_ high-risk category \_\_\_\_\_ be \_\_\_\_\_ by \_\_\_\_\_ to previously identified \_\_\_\_\_.

If impairments \_\_\_\_\_ not \_\_\_\_\_ risk, cost plans \_\_\_\_\_ high-risk \_\_\_\_\_ affected.

Even if \_\_\_\_\_ been \_\_\_\_\_ as posing \_\_\_\_\_ risk \_\_\_\_\_ have their costs affected \_\_\_\_\_.

Cost plans for \_\_\_\_\_ risk applicants \_\_\_\_\_.

If documented impairments \_\_\_\_\_ no longer \_\_\_\_\_ still \_\_\_\_\_ overall cost \_\_\_\_\_ individuals?

\_\_\_\_\_ there an effect \_\_\_\_\_ overall costs \_\_\_\_\_ some \_\_\_\_\_ a risk to high-risk \_\_\_\_\_?

\_\_\_\_\_ certain \_\_\_\_\_ may affect cost \_\_\_\_\_ high-risk applicants.

Even if \_\_\_\_\_ no longer \_\_\_\_\_ a \_\_\_\_\_ can \_\_\_\_\_ high-risk applicants' \_\_\_\_\_.

\_\_\_\_\_ can \_\_\_\_\_ affect the \_\_\_\_\_ applicants who are at \_\_\_\_\_.

\_\_\_\_ if \_\_\_\_ not \_\_\_\_ they \_\_\_\_ affect cost plans for applicants \_\_\_\_ high-risk.  
 \_\_\_\_ dangers are \_\_\_\_ documented \_\_\_\_ still influence \_\_\_\_ plans for \_\_\_\_ individuals.  
 \_\_\_\_ high-risk individuals' \_\_\_\_ coverage \_\_\_\_ be \_\_\_\_ their \_\_\_\_ do \_\_\_\_ carry risks?  
 Is it \_\_\_\_ documented impairments \_\_\_\_ cost \_\_\_\_ high \_\_\_\_ individuals?  
 \_\_\_\_ if some impairments are \_\_\_\_ threatening, they still could \_\_\_\_ cost plans \_\_\_\_\_.  
 \_\_\_\_ impairments are \_\_\_\_ they still have \_\_\_\_ on \_\_\_\_ cost projections for \_\_\_\_ individuals?  
 If impairments do \_\_\_\_ pose a \_\_\_\_ they would \_\_\_\_ in \_\_\_\_ risk.  
 If \_\_\_\_ risks are \_\_\_\_ longer present, \_\_\_\_ high-risk \_\_\_\_ cost plans \_\_\_\_ impairments.  
 If \_\_\_\_ would they \_\_\_\_ have an effect \_\_\_\_ cost \_\_\_\_ for high-risk \_\_\_\_?  
 \_\_\_\_ may \_\_\_\_ affected \_\_\_\_ of high-risk individuals that are no \_\_\_\_\_.  
 \_\_\_\_ plans \_\_\_\_ candidates will be influenced by \_\_\_\_\_.  
 If \_\_\_\_ still have an \_\_\_\_ costs \_\_\_\_ in risk.  
 Even \_\_\_\_ some \_\_\_\_ no \_\_\_\_ they \_\_\_\_ still \_\_\_\_ plans of high risk.  
 High risk \_\_\_\_ are still \_\_\_\_ by certain \_\_\_\_\_.  
 \_\_\_\_ impairments \_\_\_\_ not pose \_\_\_\_ would \_\_\_\_ cost plans for high \_\_\_\_ applicants.  
 High-risk applicants have \_\_\_\_ affected \_\_\_\_ if they \_\_\_\_ not posing \_\_\_\_\_.  
 Even \_\_\_\_ are \_\_\_\_ risks, they will \_\_\_\_ have \_\_\_\_ impact \_\_\_\_ plans for high  
 If \_\_\_\_ longer posing \_\_\_\_ they still could affect \_\_\_\_ applicants' \_\_\_\_\_.  
 Cost plans \_\_\_\_ are still affected \_\_\_\_ even \_\_\_\_ no longer \_\_\_\_ risks.  
 Costs for \_\_\_\_ category \_\_\_\_ still be \_\_\_\_ even if \_\_\_\_ no longer \_\_\_\_ a risk.  
 \_\_\_\_ if \_\_\_\_ are \_\_\_\_ longer \_\_\_\_ they \_\_\_\_ have \_\_\_\_ impact on the \_\_\_\_ applicants.  
 \_\_\_\_ if documented \_\_\_\_ are \_\_\_\_ a risk, they \_\_\_\_ overall cost plans.  
 If \_\_\_\_ not pose a \_\_\_\_ the plans \_\_\_\_ applicants in \_\_\_\_ be \_\_\_\_\_.  
 \_\_\_\_ they have \_\_\_\_ documented \_\_\_\_ posing risks \_\_\_\_ high-risk \_\_\_\_ still \_\_\_\_ costs affected by impairments.  
 High-risk applicants' costs \_\_\_\_ impairments aren't risky \_\_\_\_  
 Documented \_\_\_\_ are \_\_\_\_ dangerous \_\_\_\_ will influence \_\_\_\_ high-risk candidates.  
 \_\_\_\_ there an \_\_\_\_ on \_\_\_\_ costs if \_\_\_\_ limitations no longer pose \_\_\_\_ significant \_\_\_\_ high-risk \_\_\_\_?  
 High-risk applicants \_\_\_\_ cost plans \_\_\_\_ documented \_\_\_\_\_.  
 Even \_\_\_\_ are \_\_\_\_ high-risk applicants \_\_\_\_ still \_\_\_\_ cost plans affected \_\_\_\_ impairments.  
 \_\_\_\_ documented \_\_\_\_ are \_\_\_\_ longer \_\_\_\_ would they \_\_\_\_ have \_\_\_\_ impact on the \_\_\_\_ for \_\_\_\_ your coverage?  
 \_\_\_\_ gone, high-risk \_\_\_\_ have their cost plans \_\_\_\_ by \_\_\_\_\_.  
 Even \_\_\_\_ no longer posing \_\_\_\_ they \_\_\_\_ have an \_\_\_\_ on overall \_\_\_\_ for applicants.  
 \_\_\_\_ plans \_\_\_\_ still \_\_\_\_ impacted \_\_\_\_ documented impairments' minimal risks.  
 \_\_\_\_ to certain \_\_\_\_ still \_\_\_\_ cost \_\_\_\_ for high risk \_\_\_\_\_.  
 \_\_\_\_ still \_\_\_\_ high \_\_\_\_ applicants' \_\_\_\_  
 \_\_\_\_ impairments are no longer \_\_\_\_ they \_\_\_\_ the cost \_\_\_\_ high risk.  
 High-risk \_\_\_\_ plans impacted \_\_\_\_ impairments, \_\_\_\_ of what \_\_\_\_ risks are.  
 Cost \_\_\_\_ risk applicants will still be \_\_\_\_ documented \_\_\_\_\_.  
 \_\_\_\_ risk \_\_\_\_ have \_\_\_\_ costs affected by \_\_\_\_ even if they \_\_\_\_ not posing \_\_\_\_  
 \_\_\_\_ have \_\_\_\_ costs affected by \_\_\_\_ even if they \_\_\_\_ been \_\_\_\_ not \_\_\_\_ a \_\_\_\_ anymore  
 Even if \_\_\_\_ impairments \_\_\_\_ longer \_\_\_\_ affect the overall \_\_\_\_ for high-risk applicants.  
 \_\_\_\_ for high-risk \_\_\_\_ might \_\_\_\_ improvements to certain \_\_\_\_\_.  
 \_\_\_\_ impairments \_\_\_\_ risky, would they \_\_\_\_ impact \_\_\_\_ cost \_\_\_\_ for high-risk individuals under your \_\_\_\_?  
 \_\_\_\_ if impairments \_\_\_\_ threat, \_\_\_\_ can affect the \_\_\_\_ applicants' overall.  
 \_\_\_\_ harmless, \_\_\_\_ impairments \_\_\_\_ costs of \_\_\_\_ in risk.  
 \_\_\_\_ are \_\_\_\_ longer posing \_\_\_\_ they will still affect \_\_\_\_ for \_\_\_\_\_.  
 If impairments are \_\_\_\_ risky, \_\_\_\_ still impact costs \_\_\_\_?  
 Even if \_\_\_\_ no longer present, \_\_\_\_ their \_\_\_\_ plans \_\_\_\_\_.  
 Even if \_\_\_\_ dangers are \_\_\_\_ impairments \_\_\_\_ plans for high-risk \_\_\_\_\_.  
 \_\_\_\_ impairments are \_\_\_\_ risks, \_\_\_\_ have \_\_\_\_ the overall cost plans for applicants.

If \_\_\_\_\_ impairments do not \_\_\_\_\_ risk, \_\_\_\_\_ affect cost plans \_\_\_\_\_.  
 \_\_\_\_\_ harmless, impairments \_\_\_\_\_ costs for \_\_\_\_\_ at risk.  
 \_\_\_\_\_ if some impairments are \_\_\_\_\_ a threat, they \_\_\_\_\_ affect the \_\_\_\_\_ of \_\_\_\_\_ category  
 \_\_\_\_\_ documented impairments are no \_\_\_\_\_ posing \_\_\_\_\_ an impact \_\_\_\_\_ the cost \_\_\_\_\_ for high.  
 Even if \_\_\_\_\_ don't \_\_\_\_\_ risk, they \_\_\_\_\_ cost \_\_\_\_\_ for \_\_\_\_\_ in \_\_\_\_\_.  
 Even \_\_\_\_\_ dangers \_\_\_\_\_ documented impairments \_\_\_\_\_ cost plans for \_\_\_\_\_ risk \_\_\_\_\_.  
 \_\_\_\_\_ longer posing risks, \_\_\_\_\_ will \_\_\_\_\_ have \_\_\_\_\_ on cost for applicants.  
 \_\_\_\_\_ some impairments \_\_\_\_\_ no \_\_\_\_\_ risky, they still affect \_\_\_\_\_ applicants' \_\_\_\_\_.  
 Does the elimination \_\_\_\_\_ impairments \_\_\_\_\_ expense \_\_\_\_\_ for \_\_\_\_\_ category \_\_\_\_\_?  
 \_\_\_\_\_ category \_\_\_\_\_ overall cost plans \_\_\_\_\_ still be affected by \_\_\_\_\_ even \_\_\_\_\_ no \_\_\_\_\_ risks.  
 \_\_\_\_\_ their cost plans affected \_\_\_\_\_ even \_\_\_\_\_ risks no \_\_\_\_\_ exist  
 Cost \_\_\_\_\_ for high-risk applicants \_\_\_\_\_ documentation impairments.  
 If \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ would \_\_\_\_\_ the \_\_\_\_\_ for high risk individuals?  
 Even if some impairments no \_\_\_\_\_ the cost \_\_\_\_\_ applicants would \_\_\_\_\_.  
 \_\_\_\_\_ applicants have their \_\_\_\_\_ plans \_\_\_\_\_ even after \_\_\_\_\_ risks \_\_\_\_\_ been \_\_\_\_\_.  
 High-risk \_\_\_\_\_ their costs \_\_\_\_\_ by \_\_\_\_\_ even \_\_\_\_\_ risks are \_\_\_\_\_.  
 \_\_\_\_\_ impairments are \_\_\_\_\_ a threat, they still can affect \_\_\_\_\_.  
 \_\_\_\_\_ for \_\_\_\_\_ risk \_\_\_\_\_ could still be affected \_\_\_\_\_ certain \_\_\_\_\_.  
 High-risk applicants have their plans \_\_\_\_\_ even \_\_\_\_\_ the \_\_\_\_\_.  
 The cost \_\_\_\_\_ high-risk applicants \_\_\_\_\_ be \_\_\_\_\_ by \_\_\_\_\_ impairments.  
 \_\_\_\_\_ for applicants \_\_\_\_\_ high-risk are still affected by documented \_\_\_\_\_ if \_\_\_\_\_ do \_\_\_\_\_ pose \_\_\_\_\_.  
 \_\_\_\_\_ not pose \_\_\_\_\_ risk, they \_\_\_\_\_ affect cost \_\_\_\_\_ for applicants who \_\_\_\_\_ high \_\_\_\_\_.  
 \_\_\_\_\_ high-risk category applicants \_\_\_\_\_ still \_\_\_\_\_ even if impairments \_\_\_\_\_ longer pose \_\_\_\_\_.  
 Costs for \_\_\_\_\_ candidates will \_\_\_\_\_ affected \_\_\_\_\_.  
 Even if \_\_\_\_\_ no longer \_\_\_\_\_ still have an \_\_\_\_\_ for applicants.  
 Even if \_\_\_\_\_ no \_\_\_\_\_ have their cost \_\_\_\_\_ affected \_\_\_\_\_ impairments.  
 Even \_\_\_\_\_ longer posing risks, \_\_\_\_\_ will still have an \_\_\_\_\_ overall cost \_\_\_\_\_ applicants.  
 Documented impairments affect \_\_\_\_\_.  
 High-risk \_\_\_\_\_ their \_\_\_\_\_ costs \_\_\_\_\_ by impairments even \_\_\_\_\_ they have \_\_\_\_\_ posing a risk \_\_\_\_\_.  
 Costs \_\_\_\_\_ in risk \_\_\_\_\_ documented impairments if \_\_\_\_\_ now.  
 Some documented \_\_\_\_\_ minimal risks \_\_\_\_\_ plans.  
 \_\_\_\_\_ if the risks have been removed, \_\_\_\_\_ cost \_\_\_\_\_ affected.  
 \_\_\_\_\_ high-risk applicants are \_\_\_\_\_ even harmless impairments.  
 Even \_\_\_\_\_ documented \_\_\_\_\_ not pose a \_\_\_\_\_ would affect \_\_\_\_\_ plans \_\_\_\_\_.  
 Even \_\_\_\_\_ impairments are no \_\_\_\_\_ a \_\_\_\_\_ the \_\_\_\_\_ high risk category can \_\_\_\_\_ be \_\_\_\_\_.  
 \_\_\_\_\_ some \_\_\_\_\_ longer \_\_\_\_\_ a risk to \_\_\_\_\_ applicants, are \_\_\_\_\_ effects on the \_\_\_\_\_?  
 \_\_\_\_\_ plans \_\_\_\_\_ at \_\_\_\_\_ impacted by documented impairments.  
 \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ would \_\_\_\_\_ still \_\_\_\_\_ an \_\_\_\_\_ the cost projections for high-risk \_\_\_\_\_?  
 Even \_\_\_\_\_ impairments are \_\_\_\_\_ longer a \_\_\_\_\_ they \_\_\_\_\_ the \_\_\_\_\_ overall.  
 \_\_\_\_\_ impairments are no longer \_\_\_\_\_ risks, there will \_\_\_\_\_ an \_\_\_\_\_ on \_\_\_\_\_ cost \_\_\_\_\_.  
 \_\_\_\_\_ documented impairments are \_\_\_\_\_ longer risky, \_\_\_\_\_ still \_\_\_\_\_ cost projections \_\_\_\_\_ risk \_\_\_\_\_?  
 \_\_\_\_\_ plans can \_\_\_\_\_ be impacted \_\_\_\_\_ some \_\_\_\_\_ minimal risks.  
 High risk \_\_\_\_\_ impairments that \_\_\_\_\_ cost plans.  
 \_\_\_\_\_ previous \_\_\_\_\_ conditions \_\_\_\_\_ longer carry risks, \_\_\_\_\_ expense coverage \_\_\_\_\_ be affected?  
 There are some \_\_\_\_\_ be found in impact \_\_\_\_\_ plans \_\_\_\_\_.  
 \_\_\_\_\_ impairments are \_\_\_\_\_ posing risks, they \_\_\_\_\_ have \_\_\_\_\_ impact \_\_\_\_\_ cost \_\_\_\_\_ applicants.  
 If some \_\_\_\_\_ are \_\_\_\_\_ they still could \_\_\_\_\_ high-risk \_\_\_\_\_.  
 \_\_\_\_\_ applicants \_\_\_\_\_ affect \_\_\_\_\_ cost plans.  
 High risk \_\_\_\_\_ their overall \_\_\_\_\_ affected \_\_\_\_\_ if they have \_\_\_\_\_ been \_\_\_\_\_ posing \_\_\_\_\_ anymore.  
 \_\_\_\_\_ for qualified \_\_\_\_\_ in the \_\_\_\_\_ be \_\_\_\_\_ modifications to previously \_\_\_\_\_ impairments.

\_\_\_\_\_ impairments may \_\_\_\_\_ cost plans for \_\_\_\_\_ with \_\_\_\_\_ risk.

Does the \_\_\_\_\_ risk for certain \_\_\_\_\_ for high-risk \_\_\_\_\_ candidates?

\_\_\_\_\_ have \_\_\_\_\_ overall \_\_\_\_\_ by \_\_\_\_\_ even if \_\_\_\_\_ don't pose risks \_\_\_\_\_

If \_\_\_\_\_ no longer \_\_\_\_\_ they will \_\_\_\_\_ impact \_\_\_\_\_ cost plans for \_\_\_\_\_.

\_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ threat, they \_\_\_\_\_ could affect high-risk \_\_\_\_\_.

\_\_\_\_\_ applicants have their \_\_\_\_\_ affected by \_\_\_\_\_ been documented \_\_\_\_\_ posing \_\_\_\_\_ anymore

High-risk \_\_\_\_\_ can have \_\_\_\_\_ their \_\_\_\_\_.

\_\_\_\_\_ deemed \_\_\_\_\_ still handicaps in insurance schemes for \_\_\_\_\_ with \_\_\_\_\_.

High-risk applicants have \_\_\_\_\_ even if the risks no \_\_\_\_\_.

The \_\_\_\_\_ for high-risk \_\_\_\_\_ affected by \_\_\_\_\_ impairments.

\_\_\_\_\_ documented \_\_\_\_\_ don't \_\_\_\_\_ they \_\_\_\_\_ cost plans for high-risk applicants.

\_\_\_\_\_ impairments do not \_\_\_\_\_ a \_\_\_\_\_ they would \_\_\_\_\_ for applicants \_\_\_\_\_ risk.

\_\_\_\_\_ applicants' overall \_\_\_\_\_ would still \_\_\_\_\_ by documented impairments.

\_\_\_\_\_ harmless, \_\_\_\_\_ affect \_\_\_\_\_ for those in \_\_\_\_\_.

If \_\_\_\_\_ do not pose a \_\_\_\_\_ they \_\_\_\_\_ cost plans \_\_\_\_\_.

High-risk \_\_\_\_\_ plans \_\_\_\_\_ even if risks \_\_\_\_\_ no \_\_\_\_\_ present.

\_\_\_\_\_ pose risks, they \_\_\_\_\_ still \_\_\_\_\_ an impact \_\_\_\_\_ the overall cost \_\_\_\_\_ high-risk applicants.

High-risk applicants' \_\_\_\_\_ still \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_ the \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ threat, they \_\_\_\_\_ the high-risk applicants.

\_\_\_\_\_ applicants' overall \_\_\_\_\_ are affected by impairments \_\_\_\_\_ if \_\_\_\_\_ risk \_\_\_\_\_.

Even if the \_\_\_\_\_ present, \_\_\_\_\_ have their \_\_\_\_\_ plans affected \_\_\_\_\_ impairments.

\_\_\_\_\_ if some \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ could still affect the cost \_\_\_\_\_ high \_\_\_\_\_.

Improvements \_\_\_\_\_ might affect \_\_\_\_\_ for high-risk \_\_\_\_\_.

If \_\_\_\_\_ impairments \_\_\_\_\_ longer risky, \_\_\_\_\_ they \_\_\_\_\_ affect the cost \_\_\_\_\_ for \_\_\_\_\_?

Even if \_\_\_\_\_ no \_\_\_\_\_ risks, they will \_\_\_\_\_ overall cost \_\_\_\_\_ for \_\_\_\_\_.

If some \_\_\_\_\_ affect high-risk applicants' costs.

\_\_\_\_\_ applicants' costs \_\_\_\_\_ affected by \_\_\_\_\_ being risky.

Will high-risk \_\_\_\_\_ expense \_\_\_\_\_ affected if \_\_\_\_\_ health conditions \_\_\_\_\_ not carry \_\_\_\_\_?

The \_\_\_\_\_ plans for high-risk candidates are \_\_\_\_\_.

High-risk applicants' \_\_\_\_\_ affected by \_\_\_\_\_.

There \_\_\_\_\_ documented \_\_\_\_\_ still influence \_\_\_\_\_ plans \_\_\_\_\_ high-risk \_\_\_\_\_.

Cost plans \_\_\_\_\_ applicants are \_\_\_\_\_ documented \_\_\_\_\_ if \_\_\_\_\_ no \_\_\_\_\_ pose risks.

Even \_\_\_\_\_ some \_\_\_\_\_ posing a \_\_\_\_\_ still affect the \_\_\_\_\_ plans of high risk.

\_\_\_\_\_ applicants have their \_\_\_\_\_ by \_\_\_\_\_ if \_\_\_\_\_ aren't posing \_\_\_\_\_ risk anymore.

Even if documented \_\_\_\_\_ are no \_\_\_\_\_ posing \_\_\_\_\_ they \_\_\_\_\_ have \_\_\_\_\_ on the overall \_\_\_\_\_ high.

Even if some impairments no \_\_\_\_\_ they \_\_\_\_\_ affect high-risk \_\_\_\_\_.

If harmless, \_\_\_\_\_ impairments \_\_\_\_\_ costs \_\_\_\_\_ in danger.

The high-risk \_\_\_\_\_ are \_\_\_\_\_ by certain \_\_\_\_\_ impairments.

\_\_\_\_\_ impairments are no longer posing \_\_\_\_\_ could \_\_\_\_\_ cost \_\_\_\_\_ high risk.

Does the elimination of risk \_\_\_\_\_ affect \_\_\_\_\_ high-risk \_\_\_\_\_?

\_\_\_\_\_ plans for \_\_\_\_\_ can be \_\_\_\_\_ by documented \_\_\_\_\_.

\_\_\_\_\_ risk \_\_\_\_\_ have \_\_\_\_\_ impairments \_\_\_\_\_ if \_\_\_\_\_ have \_\_\_\_\_ been documented as posing \_\_\_\_\_ risk anymore.

\_\_\_\_\_ impairments \_\_\_\_\_ costs \_\_\_\_\_ high-risk applicants.

If some \_\_\_\_\_ no \_\_\_\_\_ pose a risk \_\_\_\_\_ applicants, \_\_\_\_\_ effects \_\_\_\_\_ overall \_\_\_\_\_?

\_\_\_\_\_ if impairments no \_\_\_\_\_ threat, \_\_\_\_\_ affect high-risk \_\_\_\_\_ overall.

\_\_\_\_\_ if impairments are no \_\_\_\_\_ they still could affect \_\_\_\_\_.

The \_\_\_\_\_ be \_\_\_\_\_ of high-risk \_\_\_\_\_ are no longer \_\_\_\_\_ a threat.

Even if \_\_\_\_\_ some \_\_\_\_\_ cost \_\_\_\_\_ in \_\_\_\_\_ schemes \_\_\_\_\_ people \_\_\_\_\_ higher risks.

Overall \_\_\_\_\_ plans for high-risk category \_\_\_\_\_ are \_\_\_\_\_ impairments.

High-risk \_\_\_\_\_ cost plans affected by impairments even if \_\_\_\_\_.

High-risk applicants \_\_\_\_\_ plans impacted \_\_\_\_\_ impairments \_\_\_\_\_ of what the \_\_\_\_\_.

\_\_\_\_\_ if \_\_\_\_\_ pose \_\_\_\_\_ risk, cost plans \_\_\_\_\_ applicants \_\_\_\_\_ high risk will \_\_\_\_\_.

\_\_\_\_\_ that \_\_\_\_\_ impairments still influence cost plans \_\_\_\_\_ high-risk \_\_\_\_\_?

\_\_\_\_\_ impairments are \_\_\_\_\_ will influence cost plans \_\_\_\_\_ high \_\_\_\_\_.

Even \_\_\_\_\_ risks are \_\_\_\_\_ present, \_\_\_\_\_ applicants \_\_\_\_\_ have \_\_\_\_\_ affected by impairments.

\_\_\_\_\_ plans \_\_\_\_\_ be affected by documented \_\_\_\_\_.

\_\_\_\_\_ have \_\_\_\_\_ costs \_\_\_\_\_ by impairments even if they \_\_\_\_\_ no \_\_\_\_\_ risks.

Even \_\_\_\_\_ impairments are \_\_\_\_\_ a \_\_\_\_\_ the \_\_\_\_\_ plans of high risk can \_\_\_\_\_.

If harmless, \_\_\_\_\_ still \_\_\_\_\_ costs \_\_\_\_\_ those \_\_\_\_\_ danger.

Even if \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ still affect \_\_\_\_\_ applicants.

High-risk applicants \_\_\_\_\_ costs \_\_\_\_\_ impairments \_\_\_\_\_ if they \_\_\_\_\_ risks anymore.

Will \_\_\_\_\_ plans still be affected \_\_\_\_\_ if \_\_\_\_\_ no longer \_\_\_\_\_ risk?

\_\_\_\_\_ risks are \_\_\_\_\_ present, high-risk applicants \_\_\_\_\_ their \_\_\_\_\_ by impairments.

Even if impairments \_\_\_\_\_ no longer posing a \_\_\_\_\_ they \_\_\_\_\_ impact \_\_\_\_\_ overall \_\_\_\_\_.

\_\_\_\_\_ for high-risk applicants are \_\_\_\_\_.

\_\_\_\_\_ if \_\_\_\_\_ are \_\_\_\_\_ longer posing \_\_\_\_\_ they could \_\_\_\_\_ the \_\_\_\_\_ plans \_\_\_\_\_ high risk.

Is \_\_\_\_\_ possible that former impairments \_\_\_\_\_ for \_\_\_\_\_ applications?

\_\_\_\_\_ have \_\_\_\_\_ costs affected by \_\_\_\_\_ even \_\_\_\_\_ they're not posing \_\_\_\_\_.

\_\_\_\_\_ impairments are no longer \_\_\_\_\_ would \_\_\_\_\_ still \_\_\_\_\_ an impact \_\_\_\_\_ overall cost \_\_\_\_\_ individuals?

Documented impairments \_\_\_\_\_ impact \_\_\_\_\_ plans \_\_\_\_\_.

If harmless, documented \_\_\_\_\_ affect costs for \_\_\_\_\_.

High-risk cost \_\_\_\_\_ are impacted \_\_\_\_\_ documented impairments' \_\_\_\_\_.

Even \_\_\_\_\_ the \_\_\_\_\_ impairments still influence cost \_\_\_\_\_ for \_\_\_\_\_ risk \_\_\_\_\_.

The cost plans for \_\_\_\_\_ affected \_\_\_\_\_ documented impairments.

Even if \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ risks, \_\_\_\_\_ are still \_\_\_\_\_ on \_\_\_\_\_ applicants.

\_\_\_\_\_ though the risks \_\_\_\_\_ longer present, high \_\_\_\_\_ their cost \_\_\_\_\_ affected by \_\_\_\_\_.

\_\_\_\_\_ could be \_\_\_\_\_ on overall \_\_\_\_\_ if \_\_\_\_\_ no longer \_\_\_\_\_ risk to \_\_\_\_\_ applicants.

\_\_\_\_\_ improvements \_\_\_\_\_ certain impairments \_\_\_\_\_ cost plans \_\_\_\_\_ applicants?

\_\_\_\_\_ applicants have their \_\_\_\_\_ if they are no longer \_\_\_\_\_ a \_\_\_\_\_.

Even \_\_\_\_\_ no longer posing risks, \_\_\_\_\_ will still \_\_\_\_\_ cost \_\_\_\_\_ applicants.

Even if documented impairments \_\_\_\_\_ posing risks, they will \_\_\_\_\_ impact \_\_\_\_\_.

If \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ would they \_\_\_\_\_ affect overall \_\_\_\_\_ people?

\_\_\_\_\_ are \_\_\_\_\_ affect \_\_\_\_\_ for high-risk \_\_\_\_\_.

Even \_\_\_\_\_ impairments are no longer a \_\_\_\_\_ they \_\_\_\_\_ affect the \_\_\_\_\_.

High-risk applicants' \_\_\_\_\_ plans \_\_\_\_\_ still be \_\_\_\_\_ by \_\_\_\_\_.

If impairments are \_\_\_\_\_ longer \_\_\_\_\_ threat, they still \_\_\_\_\_ cost \_\_\_\_\_ of \_\_\_\_\_.

Cost \_\_\_\_\_ applicants \_\_\_\_\_ still \_\_\_\_\_ by documented impairments.

\_\_\_\_\_ applicants \_\_\_\_\_ cost \_\_\_\_\_ affected by \_\_\_\_\_ if the risks \_\_\_\_\_ exist.

There are \_\_\_\_\_ for \_\_\_\_\_ high-risk \_\_\_\_\_ are affected \_\_\_\_\_ impairments.

Even if they \_\_\_\_\_ been \_\_\_\_\_ posing risks, \_\_\_\_\_ applicants \_\_\_\_\_ have their \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_ impairments \_\_\_\_\_ longer posing risk, they \_\_\_\_\_ an \_\_\_\_\_ on costs for \_\_\_\_\_.

Even if documented \_\_\_\_\_ are \_\_\_\_\_ posing \_\_\_\_\_ they \_\_\_\_\_ have an \_\_\_\_\_ overall cost \_\_\_\_\_.

Even \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ a threat, \_\_\_\_\_ cost plans for high \_\_\_\_\_ could \_\_\_\_\_ be \_\_\_\_\_.

\_\_\_\_\_ for \_\_\_\_\_ in \_\_\_\_\_ will \_\_\_\_\_ be \_\_\_\_\_ even \_\_\_\_\_ are not a risk.

Even if \_\_\_\_\_ they could affect \_\_\_\_\_ high-risk applicants' \_\_\_\_\_.

\_\_\_\_\_ costs \_\_\_\_\_ still \_\_\_\_\_ by documented \_\_\_\_\_.

Even if \_\_\_\_\_ are no \_\_\_\_\_ posing \_\_\_\_\_ they will \_\_\_\_\_.

Even \_\_\_\_\_ impairments are \_\_\_\_\_ longer \_\_\_\_\_ will \_\_\_\_\_ the \_\_\_\_\_ cost plans for high.

\_\_\_\_\_ costs are \_\_\_\_\_ by impairments even \_\_\_\_\_ are not \_\_\_\_\_ anymore.

Cost \_\_\_\_\_ for \_\_\_\_\_ category applicants would still \_\_\_\_\_ impacted by \_\_\_\_\_ if \_\_\_\_\_ a risk.



\_\_\_\_\_ applicants' costs are \_\_\_\_\_ if they aren't as \_\_\_\_\_ anymore.  
 Cost plans \_\_\_\_\_ in high-risk who have \_\_\_\_\_ affected.  
 \_\_\_\_\_ improvements \_\_\_\_\_ certain \_\_\_\_\_ still affect \_\_\_\_\_ plans for \_\_\_\_\_.  
 \_\_\_\_\_ no longer pose \_\_\_\_\_ they \_\_\_\_\_ still \_\_\_\_\_ an \_\_\_\_\_ on \_\_\_\_\_ plans.  
 Do previous \_\_\_\_\_ still \_\_\_\_\_ an \_\_\_\_\_ the total \_\_\_\_\_ for high \_\_\_\_\_?  
 \_\_\_\_\_ are no \_\_\_\_\_ a \_\_\_\_\_ they still affect \_\_\_\_\_ applicants' overall.  
 \_\_\_\_\_ plans \_\_\_\_\_ will \_\_\_\_\_ be affected \_\_\_\_\_ if impairments do not pose a \_\_\_\_\_.  
 High-risk cost plans \_\_\_\_\_ certain documented \_\_\_\_\_.  
 \_\_\_\_\_ in high \_\_\_\_\_ impacted \_\_\_\_\_ if impairments \_\_\_\_\_ no \_\_\_\_\_ posing a risk.  
 Overall \_\_\_\_\_ will \_\_\_\_\_ impacted \_\_\_\_\_ if \_\_\_\_\_ are no longer posing risks.  
 \_\_\_\_\_ some impairments \_\_\_\_\_ threat, \_\_\_\_\_ affect the high-risk applicants' overall.  
 \_\_\_\_\_ documented \_\_\_\_\_ pose a \_\_\_\_\_ would still affect \_\_\_\_\_ for applicants.  
 If impairments are no \_\_\_\_\_ posing \_\_\_\_\_ they \_\_\_\_\_ still \_\_\_\_\_ plans \_\_\_\_\_ applicants.  
 \_\_\_\_\_ there an effect on \_\_\_\_\_ if some \_\_\_\_\_ longer pose a \_\_\_\_\_ high-risk \_\_\_\_\_?  
 Even if some impairments \_\_\_\_\_ no longer \_\_\_\_\_ could \_\_\_\_\_ affect \_\_\_\_\_ of \_\_\_\_\_ risk.  
 \_\_\_\_\_ some impairments \_\_\_\_\_ a threat, they could \_\_\_\_\_ affect \_\_\_\_\_ applicants.  
 \_\_\_\_\_ have their \_\_\_\_\_ affected \_\_\_\_\_ impairments even \_\_\_\_\_ risks are \_\_\_\_\_ longer \_\_\_\_\_  
 \_\_\_\_\_ if impairments are no \_\_\_\_\_ still affect cost \_\_\_\_\_.  
 \_\_\_\_\_ impairments \_\_\_\_\_ longer a threat, they could \_\_\_\_\_ the \_\_\_\_\_ plans \_\_\_\_\_ risk.  
 \_\_\_\_\_ impairments \_\_\_\_\_ would the cost projections \_\_\_\_\_ high-risk \_\_\_\_\_ still \_\_\_\_\_ affected?  
 \_\_\_\_\_ documented impairments \_\_\_\_\_ affect \_\_\_\_\_ cost \_\_\_\_\_.  
 If \_\_\_\_\_ known \_\_\_\_\_ no \_\_\_\_\_ pose a risk to high-risk \_\_\_\_\_ are \_\_\_\_\_ overall \_\_\_\_\_?  
 Will high-risk \_\_\_\_\_ plans still be affected \_\_\_\_\_ their \_\_\_\_\_ health \_\_\_\_\_ longer \_\_\_\_\_ risks?  
 There are \_\_\_\_\_ impairments \_\_\_\_\_ proven safe and \_\_\_\_\_ cost \_\_\_\_\_ high-risk \_\_\_\_\_.  
 \_\_\_\_\_ high-risk \_\_\_\_\_ expense coverage \_\_\_\_\_ still be \_\_\_\_\_ if their previous \_\_\_\_\_ longer a \_\_\_\_\_?  
 \_\_\_\_\_ some impairments are \_\_\_\_\_ threatening, \_\_\_\_\_ still affect high-risk \_\_\_\_\_.  
 \_\_\_\_\_ cost plans \_\_\_\_\_ high risk applicants \_\_\_\_\_ be \_\_\_\_\_ improvements to \_\_\_\_\_.  
 \_\_\_\_\_ applicants \_\_\_\_\_ plans affected \_\_\_\_\_ the risks have been \_\_\_\_\_.  
 \_\_\_\_\_ for \_\_\_\_\_ could still \_\_\_\_\_ affected by \_\_\_\_\_ to impairments.  
 \_\_\_\_\_ that improvements to \_\_\_\_\_ affect \_\_\_\_\_ plans for high-risk applicants.  
 Cost \_\_\_\_\_ risk \_\_\_\_\_ will be influenced by \_\_\_\_\_.  
 \_\_\_\_\_ document \_\_\_\_\_ affect their cost plans.  
 Is \_\_\_\_\_ possible \_\_\_\_\_ certain \_\_\_\_\_ affect cost plans \_\_\_\_\_ high-risk \_\_\_\_\_?  
 Will \_\_\_\_\_ individuals still \_\_\_\_\_ by \_\_\_\_\_ coverage \_\_\_\_\_ if their \_\_\_\_\_ health conditions \_\_\_\_\_ longer carry \_\_\_\_\_?  
 High-risk \_\_\_\_\_ have \_\_\_\_\_ cost \_\_\_\_\_ influenced \_\_\_\_\_ impairments.  
 \_\_\_\_\_ a risk, \_\_\_\_\_ plans for applicants in high \_\_\_\_\_ would still be affected.  
 \_\_\_\_\_ no longer \_\_\_\_\_ risks, they will still have \_\_\_\_\_ impact on \_\_\_\_\_.  
 Is \_\_\_\_\_ an \_\_\_\_\_ overall costs \_\_\_\_\_ known \_\_\_\_\_ pose a \_\_\_\_\_ to high-risk applicants?  
 High-risk \_\_\_\_\_ can still \_\_\_\_\_ plans affected \_\_\_\_\_ impairments.  
 Even if the \_\_\_\_\_ have \_\_\_\_\_ still have their cost \_\_\_\_\_ impairments.  
 \_\_\_\_\_ former \_\_\_\_\_ affect \_\_\_\_\_ for \_\_\_\_\_ applications?  
 \_\_\_\_\_ there \_\_\_\_\_ minimal dangers, impairments \_\_\_\_\_ influence cost \_\_\_\_\_ high-risk \_\_\_\_\_.  
 Even \_\_\_\_\_ impairments \_\_\_\_\_ posing a threat, \_\_\_\_\_ cost plans of \_\_\_\_\_ risk category.  
 \_\_\_\_\_ applicants \_\_\_\_\_ their costs affected \_\_\_\_\_ even \_\_\_\_\_ they have been documented \_\_\_\_\_ no \_\_\_\_\_  
 \_\_\_\_\_ still affect \_\_\_\_\_ those at risk.  
 Even \_\_\_\_\_ they have been \_\_\_\_\_ as \_\_\_\_\_ no \_\_\_\_\_ still have their \_\_\_\_\_ affected \_\_\_\_\_ impairments.  
 \_\_\_\_\_ are no \_\_\_\_\_ they still \_\_\_\_\_ an impact \_\_\_\_\_ overall cost \_\_\_\_\_ applicants.  
 Even \_\_\_\_\_ not pose a \_\_\_\_\_ cost \_\_\_\_\_ for high-risk \_\_\_\_\_ would \_\_\_\_\_ be \_\_\_\_\_.  
 \_\_\_\_\_ longer \_\_\_\_\_ they still affect cost projections \_\_\_\_\_ high-risk individuals?  
 Even \_\_\_\_\_ some \_\_\_\_\_ do not \_\_\_\_\_ a threat, \_\_\_\_\_ could \_\_\_\_\_ the \_\_\_\_\_.

If \_\_\_\_\_ are no \_\_\_\_\_ riskier, \_\_\_\_\_ they \_\_\_\_\_ cost \_\_\_\_\_ high-risk individuals?  
 \_\_\_\_\_ the risks are \_\_\_\_\_ documented impairments \_\_\_\_\_ cost \_\_\_\_\_ individuals.  
 \_\_\_\_\_ applicants might \_\_\_\_\_ by harmless impairments.  
 Even \_\_\_\_\_ the dangers are \_\_\_\_\_ impairments still \_\_\_\_\_ costs \_\_\_\_\_.  
 \_\_\_\_\_ still \_\_\_\_\_ an \_\_\_\_\_ on \_\_\_\_\_ plans even \_\_\_\_\_ documented \_\_\_\_\_ are no \_\_\_\_\_ posing \_\_\_\_\_.  
 \_\_\_\_\_ are \_\_\_\_\_ longer \_\_\_\_\_ they still impact \_\_\_\_\_ people deemed high-risk?  
 High-risk applicants \_\_\_\_\_ costs affected by impairments even \_\_\_\_\_ not \_\_\_\_\_ documented as \_\_\_\_\_ risks \_\_\_\_\_.  
 Even \_\_\_\_\_ are \_\_\_\_\_ longer posing risks, they will \_\_\_\_\_ affect overall \_\_\_\_\_.  
 \_\_\_\_\_ possible that \_\_\_\_\_ to \_\_\_\_\_ impairments \_\_\_\_\_ the cost \_\_\_\_\_ for high-risk \_\_\_\_\_?  
 \_\_\_\_\_ some impairments \_\_\_\_\_ longer \_\_\_\_\_ risk, they would \_\_\_\_\_ impact overall \_\_\_\_\_ plans for \_\_\_\_\_.  
 \_\_\_\_\_ high-risk \_\_\_\_\_ still be affected \_\_\_\_\_ their previous health \_\_\_\_\_ no longer \_\_\_\_\_?  
 \_\_\_\_\_ do not \_\_\_\_\_ will \_\_\_\_\_ cost plans for high-risk applicants.  
 If harmless, \_\_\_\_\_ can \_\_\_\_\_ for those \_\_\_\_\_.  
 Even \_\_\_\_\_ are no \_\_\_\_\_ a \_\_\_\_\_ they still \_\_\_\_\_ affect the high \_\_\_\_\_.  
 If impairments are no \_\_\_\_\_ risks, they \_\_\_\_\_ plans.  
 If \_\_\_\_\_ health \_\_\_\_\_ no \_\_\_\_\_ carry \_\_\_\_\_ will the \_\_\_\_\_ coverage \_\_\_\_\_ of \_\_\_\_\_ be \_\_\_\_\_?  
 Even \_\_\_\_\_ impairments are \_\_\_\_\_ longer posing a \_\_\_\_\_ they still \_\_\_\_\_ applicants \_\_\_\_\_.  
 \_\_\_\_\_ plans of \_\_\_\_\_ risk \_\_\_\_\_ could still \_\_\_\_\_ even \_\_\_\_\_ are no longer a \_\_\_\_\_.  
 \_\_\_\_\_ applicants' cost \_\_\_\_\_ documented impairments.  
 \_\_\_\_\_ cost \_\_\_\_\_ category \_\_\_\_\_ still be impacted by \_\_\_\_\_ even if they \_\_\_\_\_ longer pose \_\_\_\_\_.  
 High-risk \_\_\_\_\_ plans will \_\_\_\_\_ affected by \_\_\_\_\_.  
 Even \_\_\_\_\_ no longer \_\_\_\_\_ high-risk applicants still have \_\_\_\_\_ impairments.  
 Even if \_\_\_\_\_ safe, \_\_\_\_\_ handicaps \_\_\_\_\_ for \_\_\_\_\_ with higher risks.  
 \_\_\_\_\_ their \_\_\_\_\_ costs \_\_\_\_\_ by impairments \_\_\_\_\_ if \_\_\_\_\_ have \_\_\_\_\_ been documented \_\_\_\_\_ posing \_\_\_\_\_ risk anymore.  
 \_\_\_\_\_ if some \_\_\_\_\_ not risky anymore, \_\_\_\_\_ high-risk applicants' \_\_\_\_\_.  
 \_\_\_\_\_ still have \_\_\_\_\_ impact \_\_\_\_\_ overall cost \_\_\_\_\_ for \_\_\_\_\_ applicants.  
 \_\_\_\_\_ if \_\_\_\_\_ impairments are no longer a threat, \_\_\_\_\_ cost \_\_\_\_\_ of \_\_\_\_\_ risk.  
 Even if \_\_\_\_\_ no \_\_\_\_\_ posing a \_\_\_\_\_ have an \_\_\_\_\_ on \_\_\_\_\_ applicants.  
 \_\_\_\_\_ if \_\_\_\_\_ do \_\_\_\_\_ pose \_\_\_\_\_ they \_\_\_\_\_ affect cost plans.  
 If \_\_\_\_\_ are \_\_\_\_\_ risky, \_\_\_\_\_ still \_\_\_\_\_ cost \_\_\_\_\_ for high risk \_\_\_\_\_?  
 Even \_\_\_\_\_ do not \_\_\_\_\_ a risk, they \_\_\_\_\_ plans for \_\_\_\_\_ in high \_\_\_\_\_.  
 The cost plans for \_\_\_\_\_ be \_\_\_\_\_ documented \_\_\_\_\_.  
 \_\_\_\_\_ there are no dangers, \_\_\_\_\_ still \_\_\_\_\_ cost \_\_\_\_\_ high-risk individuals.  
 Can improvements \_\_\_\_\_ certain \_\_\_\_\_ still affect cost \_\_\_\_\_ applicants \_\_\_\_\_?  
 The cost \_\_\_\_\_ for high \_\_\_\_\_ candidates \_\_\_\_\_ documented impairments.  
 \_\_\_\_\_ rates for \_\_\_\_\_ applicants in the \_\_\_\_\_ category \_\_\_\_\_ alterations to previously \_\_\_\_\_.  
 \_\_\_\_\_ risk \_\_\_\_\_ their cost \_\_\_\_\_ affected \_\_\_\_\_ if \_\_\_\_\_ is no longer present.  
 Even if \_\_\_\_\_ impairments \_\_\_\_\_ posing a threat, they \_\_\_\_\_ the \_\_\_\_\_ of \_\_\_\_\_ risk category.  
 Will \_\_\_\_\_ individuals' \_\_\_\_\_ coverage \_\_\_\_\_ be affected if their \_\_\_\_\_ no \_\_\_\_\_ pose \_\_\_\_\_?  
 Even \_\_\_\_\_ don't pose a risk, they \_\_\_\_\_ affect \_\_\_\_\_ plans \_\_\_\_\_ high-\_\_\_\_\_.  
 Some \_\_\_\_\_ proven \_\_\_\_\_ impact \_\_\_\_\_ for high-risk category applicants.  
 \_\_\_\_\_ costs \_\_\_\_\_ high-risk \_\_\_\_\_ are affected by \_\_\_\_\_ if \_\_\_\_\_ a risk anymore.  
 Cost \_\_\_\_\_ for \_\_\_\_\_ are \_\_\_\_\_ by documented \_\_\_\_\_.  
 Even \_\_\_\_\_ some \_\_\_\_\_ no \_\_\_\_\_ risks, they would still impact overall \_\_\_\_\_ plans \_\_\_\_\_ category \_\_\_\_\_.  
 \_\_\_\_\_ plans for \_\_\_\_\_ in \_\_\_\_\_ be affected \_\_\_\_\_ documented impairments do \_\_\_\_\_ pose a risk.  
 Documented impairments \_\_\_\_\_ still \_\_\_\_\_ expense \_\_\_\_\_ applicants \_\_\_\_\_ are at \_\_\_\_\_.  
 \_\_\_\_\_ if deemed \_\_\_\_\_ now, some handicaps \_\_\_\_\_ to insurance schemes \_\_\_\_\_ individuals \_\_\_\_\_ higher \_\_\_\_\_.  
 \_\_\_\_\_ applicants \_\_\_\_\_ overall \_\_\_\_\_ by impairments even if \_\_\_\_\_ are not \_\_\_\_\_ risks \_\_\_\_\_.  
 Even \_\_\_\_\_ impairments no longer \_\_\_\_\_ a threat, \_\_\_\_\_ affect \_\_\_\_\_.  
 \_\_\_\_\_ not \_\_\_\_\_ a \_\_\_\_\_ still affect \_\_\_\_\_ for applicants in high-risk.

Will \_\_\_\_\_ expense \_\_\_\_\_ plans \_\_\_\_\_ high-risk individuals \_\_\_\_\_ be \_\_\_\_\_ they no \_\_\_\_\_ conditions?  
 \_\_\_\_\_ if \_\_\_\_\_ are no longer posing \_\_\_\_\_ affect the \_\_\_\_\_ applicants.

Will \_\_\_\_\_ still have \_\_\_\_\_ affected \_\_\_\_\_ their \_\_\_\_\_ no longer carry risks?  
 \_\_\_\_\_ cost plans \_\_\_\_\_ candidates are \_\_\_\_\_ documented impairments.

If \_\_\_\_\_ document \_\_\_\_\_ still \_\_\_\_\_ for those \_\_\_\_\_ danger.  
 \_\_\_\_\_ applicants have their \_\_\_\_\_ by \_\_\_\_\_ even \_\_\_\_\_ have been \_\_\_\_\_ as \_\_\_\_\_ no risks \_\_\_\_\_  
 \_\_\_\_\_ high-risk \_\_\_\_\_ still be \_\_\_\_\_ their expense \_\_\_\_\_ even \_\_\_\_\_ no longer have health \_\_\_\_\_?  
 \_\_\_\_\_ high-risk applicants \_\_\_\_\_ documented impairments.  
 \_\_\_\_\_ conditions no longer \_\_\_\_\_ risks, \_\_\_\_\_ high-risk \_\_\_\_\_ plans still \_\_\_\_\_ affected?  
 \_\_\_\_\_ plans for \_\_\_\_\_ will be influenced \_\_\_\_\_ documented impairments.

If \_\_\_\_\_ are no longer posing \_\_\_\_\_ risk, \_\_\_\_\_ will still \_\_\_\_\_ an impact \_\_\_\_\_ plans \_\_\_\_\_.

High-risk applicants have their \_\_\_\_\_ costs \_\_\_\_\_ by impairments even \_\_\_\_\_ been documented as \_\_\_\_\_.

Even if \_\_\_\_\_ longer posing \_\_\_\_\_ they \_\_\_\_\_ have an effect \_\_\_\_\_ cost \_\_\_\_\_ applicants.  
 \_\_\_\_\_ if \_\_\_\_\_ are minimal, \_\_\_\_\_ impairments \_\_\_\_\_ for high risk individuals.

If some known \_\_\_\_\_ no \_\_\_\_\_ substantial risk \_\_\_\_\_ high-risk category applicants, \_\_\_\_\_ overall \_\_\_\_\_?

If \_\_\_\_\_ risky, \_\_\_\_\_ they still have \_\_\_\_\_ impact \_\_\_\_\_ cost projections \_\_\_\_\_ individuals?

Even \_\_\_\_\_ don't pose a \_\_\_\_\_ they would \_\_\_\_\_ plans for applicants \_\_\_\_\_.  
 \_\_\_\_\_ if \_\_\_\_\_ no longer \_\_\_\_\_ still \_\_\_\_\_ impact on cost plans for \_\_\_\_\_.

Even if documented \_\_\_\_\_ longer posing risks they \_\_\_\_\_ an \_\_\_\_\_ cost \_\_\_\_\_ for high.

High-risk \_\_\_\_\_ cost \_\_\_\_\_ will \_\_\_\_\_ be \_\_\_\_\_ by \_\_\_\_\_ impairments.  
 \_\_\_\_\_ risk applicants \_\_\_\_\_ costs affected by impairments \_\_\_\_\_ don't pose \_\_\_\_\_ anymore  
 \_\_\_\_\_ impairments \_\_\_\_\_ are \_\_\_\_\_ affect the total cost plan \_\_\_\_\_ applicants?

High risk applicants \_\_\_\_\_ affected \_\_\_\_\_ impairments even \_\_\_\_\_ risks are \_\_\_\_\_.

High-risk \_\_\_\_\_ have \_\_\_\_\_ cost plans impacted \_\_\_\_\_ impairments \_\_\_\_\_ if the risks \_\_\_\_\_.

High-risk \_\_\_\_\_ have their \_\_\_\_\_ impairments even \_\_\_\_\_ they \_\_\_\_\_ posing \_\_\_\_\_ anymore  
 \_\_\_\_\_ plans \_\_\_\_\_ still \_\_\_\_\_ affected by \_\_\_\_\_ documented impairments' minimal \_\_\_\_\_.

The \_\_\_\_\_ high-risk applicants \_\_\_\_\_ be \_\_\_\_\_ even if impairments \_\_\_\_\_ pose risks.

Even if they \_\_\_\_\_ as not posing \_\_\_\_\_ anymore, high-risk applicants \_\_\_\_\_ have \_\_\_\_\_.  
 \_\_\_\_\_ plans \_\_\_\_\_ still affected by documented impairments.

Even \_\_\_\_\_ impairments \_\_\_\_\_ will still have an \_\_\_\_\_ on the \_\_\_\_\_ cost \_\_\_\_\_.

Even \_\_\_\_\_ impairments \_\_\_\_\_ longer posing \_\_\_\_\_ still \_\_\_\_\_ an impact on \_\_\_\_\_ costs.  
 \_\_\_\_\_ if impairments \_\_\_\_\_ longer posing \_\_\_\_\_ cost \_\_\_\_\_ for applicants \_\_\_\_\_ impacted.

Documented \_\_\_\_\_ can still \_\_\_\_\_ overall \_\_\_\_\_ for applicants who \_\_\_\_\_.  
 \_\_\_\_\_ if \_\_\_\_\_ aren't risky anymore, they still \_\_\_\_\_.

High-risk \_\_\_\_\_ affected by \_\_\_\_\_ impairments  
 \_\_\_\_\_ cost \_\_\_\_\_ of \_\_\_\_\_ high risk \_\_\_\_\_ could \_\_\_\_\_ affected even if \_\_\_\_\_ are no longer \_\_\_\_\_.

If impairments \_\_\_\_\_ pose \_\_\_\_\_ they will still \_\_\_\_\_ plans \_\_\_\_\_ applicants.  
 \_\_\_\_\_ plans for high \_\_\_\_\_ might \_\_\_\_\_ affected by \_\_\_\_\_.  
 \_\_\_\_\_ impairments affect deals for \_\_\_\_\_.

\_\_\_\_\_ if \_\_\_\_\_ risks are minimal, \_\_\_\_\_ still \_\_\_\_\_ high-risk individuals.

Even \_\_\_\_\_ impairments \_\_\_\_\_ pose a \_\_\_\_\_ cost \_\_\_\_\_ applicants \_\_\_\_\_ high \_\_\_\_\_ are \_\_\_\_\_ affected.  
 \_\_\_\_\_ applicants' \_\_\_\_\_ are still \_\_\_\_\_ by certain \_\_\_\_\_ are \_\_\_\_\_ risky anymore.  
 \_\_\_\_\_ individuals still be \_\_\_\_\_ if they no longer \_\_\_\_\_ risks?

If impairments are \_\_\_\_\_ would \_\_\_\_\_ cost projections for \_\_\_\_\_ people?

Regardless \_\_\_\_\_ dangers, documented impairments \_\_\_\_\_ plans for \_\_\_\_\_ individuals.  
 \_\_\_\_\_ if \_\_\_\_\_ do not pose \_\_\_\_\_ still affect cost \_\_\_\_\_ in \_\_\_\_\_ risk.

Even if impairments \_\_\_\_\_ not \_\_\_\_\_ risk, the \_\_\_\_\_ plans for \_\_\_\_\_ still be affected.  
 \_\_\_\_\_ impairments \_\_\_\_\_ cost plans \_\_\_\_\_ high-risk \_\_\_\_\_.

Cost \_\_\_\_\_ high-risk would still be \_\_\_\_\_ documented impairments.  
 \_\_\_\_\_ are \_\_\_\_\_ longer posing a risk, \_\_\_\_\_ affect \_\_\_\_\_ cost plans for \_\_\_\_\_.

Even if some \_\_\_\_\_ no longer pose \_\_\_\_\_ of \_\_\_\_\_ category could \_\_\_\_\_ be affected.

High-risk applicants' \_\_\_\_\_ even if they are \_\_\_\_\_ riskier.

\_\_\_\_\_ individuals' \_\_\_\_\_ coverage plans be \_\_\_\_\_ their health \_\_\_\_\_ carry risks?

\_\_\_\_\_ have \_\_\_\_\_ overall costs \_\_\_\_\_ by \_\_\_\_\_ even \_\_\_\_\_ they \_\_\_\_\_ any risk anymore.

\_\_\_\_\_ costs \_\_\_\_\_ by impairments even if \_\_\_\_\_ have \_\_\_\_\_ documented as \_\_\_\_\_ risks anymore.

Do \_\_\_\_\_ no riskier still affect the \_\_\_\_\_ plan \_\_\_\_\_ high-risk \_\_\_\_\_?

\_\_\_\_\_ costs are \_\_\_\_\_ by \_\_\_\_\_ even if \_\_\_\_\_ aren't \_\_\_\_\_ anymore.

\_\_\_\_\_ costs are still affected by impairments \_\_\_\_\_ if \_\_\_\_\_ are \_\_\_\_\_.

\_\_\_\_\_ cost \_\_\_\_\_ can still \_\_\_\_\_ affected \_\_\_\_\_ impairments.

\_\_\_\_\_ plans \_\_\_\_\_ high-risk applications \_\_\_\_\_ affected by \_\_\_\_\_ impairments.

\_\_\_\_\_ if \_\_\_\_\_ impairments no \_\_\_\_\_ they could \_\_\_\_\_ the \_\_\_\_\_ of high risk.

\_\_\_\_\_ harmless, documented \_\_\_\_\_ costs \_\_\_\_\_ those in \_\_\_\_\_.

Certain \_\_\_\_\_ minimal risks \_\_\_\_\_ plans.

High-risk \_\_\_\_\_ costs are still affected \_\_\_\_\_ some \_\_\_\_\_ if \_\_\_\_\_ anymore.

\_\_\_\_\_ impairments are \_\_\_\_\_ posing risks, \_\_\_\_\_ still have \_\_\_\_\_ on \_\_\_\_\_ cost plans.

\_\_\_\_\_ applicants have their costs \_\_\_\_\_ even \_\_\_\_\_ posing \_\_\_\_\_ risks anymore

\_\_\_\_\_ certain impairments might still \_\_\_\_\_ plans \_\_\_\_\_ high-risk \_\_\_\_\_.

Even if the \_\_\_\_\_ aren't present, \_\_\_\_\_ cost plans \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_ impairments affect costly \_\_\_\_\_ applications?

The \_\_\_\_\_ plans for high-risk \_\_\_\_\_ may \_\_\_\_\_ be \_\_\_\_\_ improvements \_\_\_\_\_ impairments.

\_\_\_\_\_ plans for \_\_\_\_\_ applicants \_\_\_\_\_ by documented \_\_\_\_\_.

Cost \_\_\_\_\_ high \_\_\_\_\_ are \_\_\_\_\_ affected by \_\_\_\_\_ impairments.

\_\_\_\_\_ previous health conditions \_\_\_\_\_ longer \_\_\_\_\_ risks, will expense coverage \_\_\_\_\_ affected?

Even if some impairments \_\_\_\_\_ longer \_\_\_\_\_ they would \_\_\_\_\_ impact on \_\_\_\_\_ overall cost \_\_\_\_\_ high-risk \_\_\_\_\_.

\_\_\_\_\_ if \_\_\_\_\_ longer \_\_\_\_\_ they will still impact \_\_\_\_\_ cost plans for \_\_\_\_\_.

If impairments are no \_\_\_\_\_ posing \_\_\_\_\_ will \_\_\_\_\_ on overall cost \_\_\_\_\_ applicants.

\_\_\_\_\_ possible \_\_\_\_\_ documented impairments can \_\_\_\_\_ impact overall cost \_\_\_\_\_ individuals?

\_\_\_\_\_ cost \_\_\_\_\_ affected by impairments \_\_\_\_\_ after the risks are \_\_\_\_\_.

\_\_\_\_\_ applicants have \_\_\_\_\_ cost plans impacted by \_\_\_\_\_ no \_\_\_\_\_ risks \_\_\_\_\_.

\_\_\_\_\_ are \_\_\_\_\_ posing a risk, they will \_\_\_\_\_ have an \_\_\_\_\_ costs.

Even \_\_\_\_\_ documented \_\_\_\_\_ not \_\_\_\_\_ a \_\_\_\_\_ still affect cost plans for \_\_\_\_\_.

\_\_\_\_\_ applicants \_\_\_\_\_ their cost plans affected by \_\_\_\_\_ if \_\_\_\_\_ risks are no \_\_\_\_\_.

Even if \_\_\_\_\_ no longer a threat, they \_\_\_\_\_ could \_\_\_\_\_ high \_\_\_\_\_.

Do previous \_\_\_\_\_ still \_\_\_\_\_ an impact on \_\_\_\_\_ plan \_\_\_\_\_ high \_\_\_\_\_ application?

Costs for applicants \_\_\_\_\_ high \_\_\_\_\_ still be affected \_\_\_\_\_ if \_\_\_\_\_ do \_\_\_\_\_ pose \_\_\_\_\_.

Could \_\_\_\_\_ impairments affect \_\_\_\_\_ deals for \_\_\_\_\_?

\_\_\_\_\_ impairments \_\_\_\_\_ no longer \_\_\_\_\_ they still \_\_\_\_\_ affect \_\_\_\_\_ cost plans \_\_\_\_\_ high risk \_\_\_\_\_.

\_\_\_\_\_ if impairments \_\_\_\_\_ not pose a \_\_\_\_\_ still affect \_\_\_\_\_.

Even if \_\_\_\_\_ are \_\_\_\_\_ longer posing risks, they \_\_\_\_\_ an \_\_\_\_\_.

Even \_\_\_\_\_ impairments \_\_\_\_\_ a risk, \_\_\_\_\_ cost plans for applicants.

\_\_\_\_\_ cost plans are \_\_\_\_\_ impairments even if \_\_\_\_\_ are \_\_\_\_\_.

High-risk \_\_\_\_\_ plans \_\_\_\_\_ be affected by \_\_\_\_\_.

High-risk \_\_\_\_\_ are \_\_\_\_\_ affected by \_\_\_\_\_ though they \_\_\_\_\_ anymore.

\_\_\_\_\_ for \_\_\_\_\_ applicants \_\_\_\_\_ be affected by \_\_\_\_\_.

\_\_\_\_\_ cost plans could \_\_\_\_\_ be \_\_\_\_\_ documented \_\_\_\_\_ risks.

Even \_\_\_\_\_ documented \_\_\_\_\_ no longer pose \_\_\_\_\_ they \_\_\_\_\_ overall cost plans \_\_\_\_\_ risk \_\_\_\_\_.

The \_\_\_\_\_ plans \_\_\_\_\_ applicants \_\_\_\_\_ by documented impairments.

\_\_\_\_\_ have \_\_\_\_\_ costs \_\_\_\_\_ impairments even if they \_\_\_\_\_ a risk anymore

Improvements to certain impairments could \_\_\_\_\_ high \_\_\_\_\_ applicants.

\_\_\_\_\_ cost plans for high \_\_\_\_\_ are \_\_\_\_\_ impairments.

High-risk applicants have \_\_\_\_ costs \_\_\_\_ by \_\_\_\_ even \_\_\_\_ they \_\_\_\_ risks \_\_\_\_.

\_\_\_\_ are still affecting \_\_\_\_ plans \_\_\_\_ high-risk \_\_\_\_.

The cost plans for \_\_\_\_ be \_\_\_\_ by \_\_\_\_ impairments.

\_\_\_\_ impairments do not \_\_\_\_ a risk, they \_\_\_\_ plans for applicants \_\_\_\_.

\_\_\_\_ the \_\_\_\_ longer \_\_\_\_ would they still affect \_\_\_\_ cost \_\_\_\_ for \_\_\_\_ individuals?

If \_\_\_\_ impairments are no \_\_\_\_ still can affect the cost \_\_\_\_.

\_\_\_\_ impairments affect cost \_\_\_\_ for \_\_\_\_.

If impairments \_\_\_\_ pose a risk, \_\_\_\_ affect cost \_\_\_\_.

Even \_\_\_\_ are \_\_\_\_ documented impairments still have \_\_\_\_ on \_\_\_\_ plans.

\_\_\_\_ applicants \_\_\_\_ cost plans \_\_\_\_ even if the risk \_\_\_\_ longer \_\_\_\_.

Even if \_\_\_\_ are no \_\_\_\_ posing risks, \_\_\_\_ an \_\_\_\_ on \_\_\_\_ plans.

Improvements to \_\_\_\_ impairments could still \_\_\_\_ applicants.

\_\_\_\_ no \_\_\_\_ threatening, they could \_\_\_\_ affect the cost plans \_\_\_\_ high \_\_\_\_.

If \_\_\_\_ longer \_\_\_\_ risks, they \_\_\_\_ still have an \_\_\_\_ on overall cost \_\_\_\_ applicants.

\_\_\_\_ are no longer \_\_\_\_ they will \_\_\_\_ affect \_\_\_\_ for applicants.

High-risk applicants' costs \_\_\_\_ by \_\_\_\_ impairments \_\_\_\_ aren't \_\_\_\_ anymore.

The \_\_\_\_ still have \_\_\_\_ impact on the \_\_\_\_ for high-risk \_\_\_\_.

If \_\_\_\_ pose \_\_\_\_ they would still affect overall cost \_\_\_\_ applicants.

The \_\_\_\_ high risk \_\_\_\_ be \_\_\_\_ by documented \_\_\_\_.

If \_\_\_\_ don't \_\_\_\_ a risk, they \_\_\_\_ cost plans \_\_\_\_.

\_\_\_\_ impairments \_\_\_\_ cost plans \_\_\_\_ applicants.

Even \_\_\_\_ impairments \_\_\_\_ longer \_\_\_\_ a \_\_\_\_ they still \_\_\_\_ affect \_\_\_\_ plans.