

[Demo] NLP Dataset for Customer Service Automation

Company Type	Retail Banks
Inquiry Category	Insurance policies and coverage
Inquiry Sub-Category	Insurance quotes
Description	Customers seek information and pricing for different insurance policies to compare coverage options and make informed decisions.
Data Size	5,104 paraphrases
Want to buy data?	Please contact nlp-data@gross.me via your business email address.

Masked sample paraphrases of one "Retail Bank" customer inquiry. (Purchased data will not be masked.)

Are ____ any ____ or limitations on dental/vision ____ your ____ health ____?
 ____ there ____ limits ____ your bank's health insurance policies?
 ____ kind of ____ apply to ____ coverage provided ____ health ____ schemes?
 ____ your ____ insurance cover ____ vision?
 ____ your health insurance ____ or ____ for ____ vision benefits?
 Do ____ any ____ on dental/vision ____ in your ____ policies?
 Does ____ bank's health ____ limitations on dental/vision ____?
 Can your ____ insurance policies ____ limitations or exclusions ____ dental ____?
 ____ your health ____ restrict coverage ____ dental ____ services?
 Can you ____ me ____ my ____ restrictions ____ dental benefits?
 Did ____ health ____ cover ____?
 ____ you tell me about ____ vision benefit ____ in ____ insurance ____?
 Do ____ policies have any limitations ____ for ____ Vision ____?
 Are ____ restrictions in ____ dental and ____ insurance ____?
 ____ your ____ health ____ policies ____ any ____ on dental/vision ____?
 Can you tell ____ about dental ____ vision ____ in ____ insurance ____?
 ____ you ____ are restrictions on ____ in ____ bank's insurance policy?
 ____ need ____ know ____ there ____ restrictions ____ dental/ vision ____ within ____ health insurance policy.
 Does ____ health insurance ____ limits ____ dental and vision ____?
 ____ any limits on the ____ for ____ and vision benefits?
 Is dental ____ vision ____ the health ____ provided by ____?
 Does ____ cover dental or ____ services?
 Does ____ have a policy ____ dental ____ vision ____?
 ____ health ____ have any restrictions for ____ vision coverage?
 Are there ____ on the availability ____ dental/vision ____ your ____?
 ____ me ____ there are ____ on your ____ with the ____.
 ____ bank have restrictions for ____ benefits?
 ____ there exist ____ limitations on ____ benefits ____ insurance policies?
 ____ want ____ know ____ the ____ limits or excludes ____ dental ____ vision ____.
 Can ____ included in your bank's ____?

_____ there any dental _____ vision _____ in your _____ insurance _____?
 Is _____ any limitations _____ dental/vision _____ the _____ plans?
 Are _____ any _____ or _____ dental and _____ in _____ health insurance _____?
 Is dental-vision coverage provided _____ health _____ schemes _____?
 _____ be limited under _____ bank's _____ insurance plans?
 Is _____ your _____ insurance plans at this bank?
 _____ if there are _____ limitations _____ dental and vision _____ provisions _____ your health _____?
 _____ the _____ have any _____ dental/vision _____?
 There may be limits _____ in _____ health _____.
 _____ me _____ there are restrictions _____ benefits in _____ health insurance policies?
 _____ tell me _____ any _____ on _____ benefits in your health _____ policies?
 Is it _____ to _____ dental/vision _____ bank's health _____?
 I _____ like _____ know the _____ or _____ dental and vision _____ the _____.
 Is _____ and _____ care provisions _____ health insurance plans _____?
 Can _____ tell _____ the restrictions _____ dental/vision _____ in _____ bank's health _____?
 _____ you _____ if there _____ any restrictions _____ dental _____ vision _____ your insurance _____?
 _____ the _____ have _____ for _____ and vision care?
 Can _____ be _____ on _____ and vision _____ the health _____ plans of _____?
 Can your _____ health insurance cover _____ without _____?
 There may _____ restrictions _____ the _____ plans of the bank for _____.
 Do _____ think _____ bank's health insurance _____ limitations _____ benefits?
 Can you _____ me _____ and _____ benefits _____ your bank's _____ policies?
 _____ you _____ me if there _____ any restrictions on _____ vision _____ your _____?
 Do your _____ have _____?
 _____ on dental/vision benefits under _____ bank's plans?
 Does _____ insurance covers _____?
 Can _____ tell _____ if _____ any _____ on dental/vision _____ in _____ health _____ from the bank.
 dental and vision _____ your _____?
 Do your _____ plans _____ restrictions on _____ or _____ care?
 _____ restricted dental services under _____?
 _____ there _____ on _____ and vision _____ of the bank's _____ insurance _____?
 Can dental _____ be covered in _____ bank's _____ insurance _____?
 _____ are any _____ about dental and _____ benefits offered _____?
 Can _____ tell me _____ any _____ on _____ vision benefits?
 _____ dental vision coverage provided _____ this _____ schemes _____?
 Can _____ me about _____ dental or _____ restrictions in _____ insurance _____?
 Is there any _____ on _____ in _____ policy?
 Can there be _____ reimbursement _____ bank's _____ policy?
 Tell _____ dental/vision benefits _____ restricted by the _____.
 Is there any _____ on dental and _____ health _____?
 _____ want _____ know _____ there are any _____ dental and vision _____ in your _____.
 Is there _____ and vision benefits _____ your _____ insurance policies?
 Do _____ have _____ on _____ availability of _____ your _____ package?
 _____ there _____ dental/vision _____ in _____ bank's health plan?
 _____ and vision _____ be covered _____ health insurance policies?
 Are _____ in _____ bank's dental and _____ insurance _____?
 Are _____ any _____ on _____ coverage _____ your _____?
 _____ on dental/vision benefits in your bank's _____?
 Does _____ health _____ offer _____ limitations or exclusions for _____?
 _____ dental and vision coverage?

_____ limits _____ dental _____ benefits within the _____ insurance policies?

_____ can be _____ on _____ coverage _____ your _____ health _____.

Will there be _____ limits on _____ in _____ health insurance _____?

_____ specific _____ on _____ vision _____ within your health insurance policies?

_____ possible for your _____ plans _____ not _____ eye/dental care?

_____ health insurance _____ from your bank have _____ for _____?

_____ of limits _____ exclusions apply to dental _____ bank's health _____ schemes?

Does _____ bank's _____ restrict _____ coverage?

There might _____ on the health _____ for _____ vision _____.

Does your health _____ contain any _____ dental _____ care?

_____ to know _____ there are any restrictions _____ in _____ insurance policies _____ the bank.

_____ you tell me _____ there's any _____ benefits _____ health insurance _____?

_____ your _____ on dental/vision _____ in their health _____ policies?

Are dental/vision coverage _____ to restrictions _____ bank's _____?

_____ there _____ restrictions on _____ benefits _____ your bank's health _____?

_____ would _____ to _____ there are _____ restrictions _____ dental/vision _____ in my bank's _____.

Can _____ tell me _____ vision _____ within your bank's _____ insurance policy?

Do your bank's health insurance _____ limit _____?

_____ you tell _____ limitations _____ and vision _____ in your health insurance _____?

Is _____ health plan limited on dental _____?

Can you _____ about any _____ on _____ at your _____?

_____ bank restrict _____ vision benefits?

_____ constraints of _____ bank's insurance plan _____ care?

Is dental/vision _____ bank's health _____?

_____ insurance include dental and _____?

Can you _____ constraints on _____ reimbursement in _____ bank's health _____?

Tell _____ the restrictions _____ dental/vision _____ are with _____.

_____ you _____ dental/vision benefits are restricted in _____ health _____?

Can you _____ about _____ on dental/ vision _____ within _____ bank's _____?

Do you know if there _____ on _____ vision _____ your bank's _____?

_____ your _____ insurance plan _____ on dental or _____ care?

Is _____ vision coverage _____ by this _____ schemes subject to _____?

Is _____ benefits excluded _____ health _____?

_____ about _____ restrictions _____ or vision benefits you _____ the bank.

_____ bank _____ include dental/vision?

_____ your bank exclude dental/vision _____ policies?

Are there _____ restrictions _____ vision _____ in your _____ plans?

_____ us _____ or vision benefit restrictions _____ your _____ health insurance _____?

Can you _____ about _____ dental or _____ benefit _____ your bank's _____?

_____ and _____ limited by _____ bank's health insurance policy.

There _____ on the _____ and vision _____ of _____ bank.

_____ tell me about the _____ restrictions _____ your bank's health _____ policies?

There may _____ constraints on dental/vision _____.

Should the bank's _____ insurance _____ on dental/vision _____?

Does _____ health _____ any restrictions _____ exclusions _____ dental _____ vision care?

Does the _____ insurance policies have drawbacks _____ vision _____?

_____ be limits on _____ at your _____?

_____ there _____ on dental/vision benefits _____ your _____ health _____?

Do the bank's _____ plans have _____ and _____ benefits?

Tell _____ if _____ restrictions on _____ benefits _____ bank.

Can you _____ me if dental/vision _____ are allowed _____ my _____?

_____ health _____ dental and vision coverage?

_____ of _____ apply to _____ vision coverage provided by _____ bank's _____?

Does your _____ include _____ vision?

_____ you _____ there are _____ limitations _____ dental _____ vision care in your _____ plan?

Does _____ insurance policy include limitations _____ for _____ benefits?

_____ you _____ me if _____ is a limit _____ dental/vision benefits _____ health _____?

_____ know if there _____ any _____ on dental _____ vision _____ in your _____ insurance _____.

_____ eye/dental _____ included in _____ insurance?

What are _____ limitations or exclusions _____ by _____ bank?

_____ your _____ plan _____ dental/vision coverage?

_____ any dental or _____ restrictions in _____ insurance plans?

Do _____ guys restrict _____ the bank's health _____?

The _____ health _____ might restrict _____ dental/vision.

_____ the _____ insurance plans, do _____ on dental/vision benefits?

_____ in the bank's health _____ plans _____ and vision benefits?

_____ there any _____ on dental/vision benefits _____ plans?

Can you _____ there's _____ restrictions _____ benefits at your bank?

_____ your _____ plan any _____ on dental or _____?

_____ the bank's health _____ policies _____ vision coverage?

_____ benefits might _____ excluded from _____ bank's _____ policies.

_____ your insurance plan have _____ or _____ coverage?

Is _____ benefits excluded or _____ in your _____?

Is _____ on _____ and _____ of _____ bank's health insurance _____?

Is _____ any _____ dental _____ vision benefits _____ health _____ plans?

_____ you tell _____ if _____ is restrictions on _____ benefits _____ health _____?

_____ bank's _____ policy include any restrictions on _____?

_____ bank _____ any limitations on dental _____ benefits?

Are there any _____ vision _____ bank's policy?

Can _____ me if _____ has restrictions _____ benefits?

Are _____ restrictions _____ dental or vision coverage _____ your _____?

_____ you tell _____ about any _____ or vision _____ restrictions in _____ bank's _____?

I _____ know _____ is any _____ benefits in my _____ policy.

What exclusions or _____ imposed on _____ coverage _____?

I _____ like to _____ there _____ any _____ on dental/vision benefits _____.

I need _____ if _____ are _____ on _____ benefits in your _____ from the bank.

Can _____ if _____ on _____ vision benefits in _____ bank's health insurance _____?

_____ limits on _____ benefits _____ your bank's health _____?

Will there be _____ dental/vision coverage _____ bank's _____?

_____ health _____ policy include _____ dental and vision benefits?

_____ any _____ on _____ vision care provisions in _____ insurance plans?

There _____ limitations _____ your _____ health insurance policies _____ dental _____ vision _____.

Let me _____ if _____ bank has limits _____ for _____ benefits.

Does _____ insurance plan _____ dental _____ vision?

_____ there any limits _____ dental/vision _____ your _____ policy?

_____ your _____ insurance _____ any _____ on dental and vision care?

_____ your _____ restrict coverage _____ dental and _____?

_____ any restrictions or exclusions _____ dental and vision _____ your _____ plans?

What _____ to _____ vision _____ by the bank's _____ schemes?

_____ tell _____ dental/vision benefits are _____ in your _____ insurance _____?

____ you tell me if ____ are restrictions ____ in ____ ?
 ____ there a ____ the dental ____ included in your health ____ ?
 Can ____ tell ____ there ____ restrictions on dental ____ in ____ insurance ____ ?
 Does the health ____ at your bank limit ____ ?
 Did your ____ insurance ____ include any ____ or ____ dental ____ ?
 ____ am ____ there is ____ on ____ benefits in my bank's health ____ .
 I need to ____ if ____ any ____ dental/vision benefits ____ bank's ____ .
 Are ____ restrictions ____ to dental/vision benefits in your ____ ?
 Should ____ bank's health ____ cover ____ vision ____ ?
 ____ you tell ____ restrictions on ____ benefits ____ your ____ insurance policies?
 The possible constraints ____ your ____ insurance plans ____ .
 Is dental/vision ____ on health policies of ____ bank?
 ____ tell me ____ any restrictions ____ my ____ at my bank?
 Is there ____ on ____ and ____ the health insurance ____ ?
 What ____ for ____ coverage provided by this ____ health insurance ____ ?
 ____ plan ____ any restrictions ____ or vision coverage?
 ____ certain limits ____ self-insured ____ oral/visual treatment at this ____ firm?
 Is ____ coverage subject ____ restrictions in ____ policies?
 Is the ____ insurance plan ____ in ____ for ____ ?
 ____ your ____ health insurance ____ vision?
 Are there any ____ benefits in ____ policies?
 Can you ____ me about dental ____ are ____ in your ____ health ____ ?
 Is ____ any ____ on ____ benefits ____ your bank's ____ ?
 Do bank ____ insurance ____ have ____ and ____ care?
 Do ____ insurance ____ have ____ or ____ for dental and ____ ?
 I need to know ____ are ____ restrictions ____ benefits ____ health ____ policy.
 Are ____ any ____ dental or ____ in your health ____ ?
 ____ you ____ there ____ any ____ dental/ ____ benefits at your bank?
 ____ your health ____ plan ____ on dental ____ vision coverage?
 Is ____ affected by ____ health ____ by your ____ ?
 ____ coverage ____ your bank's ____ subject to ____ restrictions?
 ____ are ____ limits ____ eye/dental ____ in your ____ insurance plans?
 Can ____ me if ____ restrictions ____ vision ____ bank's health insurance policy?
 Is ____ insurance plan limited when it ____ for ____ eyes?
 Do ____ your bank's ____ has ____ on dental/vision coverage?
 Does your health insurance plan ____ or ____ ?
 ____ you tell ____ if ____ any ____ dental/vision ____ on ____ health insurance policies?
 Are ____ on dental ____ coverage on your ____ plan?
 ____ there restricted ____ services ____ bank's health policy ____ ?
 Does your ____ have health ____ that include ____ vision ____ ?
 Dental ____ vision ____ be limited in your ____ .
 Do your bank's ____ policies ____ dental ____ ?
 ____ there ____ on dental ____ vision ____ in ____ health ____ plans of ____ ?
 ____ coverage ____ your ____ plan?
 ____ there any limitations on dental/vision ____ bank's ____ insurance ____ ?
 What ____ on dental/vision coverage in your ____ ?
 Tell ____ the ____ are for ____ and vision ____ of ____ bank's ____ .
 ____ your ____ plan limits ____ dental/vision?
 ____ any restriction on ____ under ____ bank's ____ policy plan?
 ____ there ____ dental/vision reimbursement in your bank's ____ ?

Does your bank _____ limits dental and _____?

Did _____ impose any _____ exclusions on dental/vision _____?

Is _____ limits _____ vision benefits in _____ bank's health _____?

I _____ to _____ dental/vision _____ from your bank's health _____.

Does the health _____ policy _____ bank _____ dental _____ vision _____?

Are there _____ dental _____ bank's health plan?

Can _____ health _____ cover dental _____ vision _____?

Are _____ coverage subject _____ restrictions _____ health _____ of your _____?

Is _____ vision _____ by _____ bank's health _____ schemes subject to _____?

_____ insurance policy _____ any _____ or exclusions _____ or vision benefits?

_____ or vision benefits _____ bank's _____ insurance policies?

Is there _____ dental _____ in your _____ health _____ policies?

There may _____ for _____ the bank's health _____.

Can dental/vision coverage be _____ your _____?

Can you tell _____ if _____ benefits _____ your health _____ policies?

_____ if my bank has restrictions _____ dental/vision _____.

_____ restrictions in your bank's health _____ policies?

Can there _____ dental _____ care provisions in your _____ insurance _____?

Does _____ constraints _____ dental and _____ reimbursement?

_____ restrictions _____ the _____ benefits _____ your insurance package?

Do your health _____ policies _____ dental _____?

_____ me _____ the _____ benefits _____ are restricted _____ the bank.

Can you _____ any restrictions on _____ benefits _____ the _____ insurance policy?

Are _____ restrictions on _____ benefits _____ your bank's _____ insurance _____?

_____ dental or _____ covered by your _____ health _____?

Does bank _____ cover _____ vision benefits?

Are _____ any _____ and _____ in your _____ health insurance policies?

_____ vision _____ provided _____ this bank's health _____ schemes _____ any _____ or _____?

_____ dental/vision coverage _____ to _____ restrictions _____ your _____?

_____ bank's _____ insurance policies _____ restrictions on dental/vision _____?

_____ there _____ restriction in _____ health _____ plans for _____ vision _____?

Does your _____ insurance policies include _____ vision _____?

Do your _____ plans have restrictions _____ dental _____?

There _____ limitations on dental/vision coverage _____ bank's _____.

Let _____ if you have _____ benefits _____ the bank.

Does your _____ limitations or exclusions for _____ benefits?

Do you _____ whether your _____ benefits _____?

_____ insurance _____ have any restrictions on _____ or _____?

Does _____ health insurance plan restrict _____ dental _____?

_____ want _____ know if _____ are _____ dental/vision _____ offered by the _____.

Do you _____ any restrictions on _____ vision care _____ your _____?

Can you _____ if _____ a _____ dental/vision benefits in your _____ policies?

_____ you _____ me _____ the dental and vision _____ my bank's _____?

Is there any limits _____ benefits _____ health insurance _____?

_____ have _____ on dental/vision benefits?

Is _____ subject _____ any _____ within your _____ policies?

I'd like _____ if _____ are _____ dental/vision benefits _____ my _____ insurance policy.

What _____ limits _____ apply _____ by this bank's health _____ schemes?

Can _____ tell _____ there _____ restrictions on _____ vision benefits _____ your bank's health insurance _____?

Is dental _____ benefits _____ bank's health insurance _____?

On _____ what _____ the possible constraints of _____ bank's _____?

Is there _____ on _____ and _____ benefits within _____?

Is dental/vision coverage subject _____ restrictions _____ health _____?

Does _____ bank _____ restrictions _____ dental and _____ plans?

What are the possible constraints _____ bank's _____ plans _____?

_____ you _____ if _____ is any restrictions _____ benefits _____ my _____ health insurance _____?

Is there _____ limit _____ dental/vision _____ your _____ insurance policies?

_____ services _____ under the bank's _____?

Can _____ tell us _____ vision benefit restrictions _____ bank's _____?

_____ bank have _____ restrictions _____ dental or _____ benefits?

Does your _____ policy _____ dental and _____?

Can _____ tell _____ about any _____ restrictions that your _____ has?

Is it _____ to exclude _____ your _____ policies?

_____ offer dental and vision benefits?

Is _____ any _____ vision services in _____ health plan?

_____ are the restrictions _____ care in _____ insurance _____?

_____ kinds _____ restrictions _____ imposed by your _____ dental/vision _____?

_____ there _____ on _____ benefits in your _____ policy?

_____ your bank's health insurance policies cover _____?

Is dental/vision services _____ under _____ health _____?

_____ health policy restrictions _____ reimbursement?

Does _____ have _____ policy that limits _____ and _____ coverage?

_____ your health insurance plan _____ for dental _____?

Do health insurance policies _____ exclude _____ and _____?

_____ any limitation or _____ dental _____ benefits in your _____ insurance _____?

_____ constraints on dental/vision reimbursement _____ your _____ policy.

What do _____ dental and _____ benefit restrictions in _____ bank's _____?

_____ there restrictions _____ dental/vision benefits _____ bank's health _____?

Is _____ covered by the _____ of your _____?

Does the dental _____ vision _____ insurance plans have _____ or _____?

_____ may _____ on the bank's health _____ plans _____ vision benefits.

_____ you _____ if _____ are _____ on dental/vision benefits in health _____?

Is _____ a _____ and _____ benefits within your _____ insurance?

_____ the limitations on your _____ plans _____ eye/dental _____?

There _____ dental/vision _____ at _____ bank.

Does the insurance policy _____ restrict dental _____?

_____ or _____ restrictions _____ your bank's health insurance policies?

I _____ if _____ are _____ dental/vision benefits in _____ bank's _____ insurance policy.

Can you tell me _____ are _____ dental/vision benefits in _____ health _____?

_____ your bank _____ on dental/vision _____?

_____ your _____ insurance plan _____ restrictions on dental _____ vision _____?

_____ there be restrictions on _____ vision _____ bank offers?

_____ be _____ restrictions on the dental/vision _____ your _____ package?

_____ you tell _____ the limits _____ benefits in your bank's _____?

_____ your _____ insurance _____ excludes _____ and vision benefits?

_____ insurance _____ constraints on eye/dental care's inclusion?

Can you _____ limits on dental/vision _____ in _____ health _____?

_____ be _____ services _____ dental/vision under _____ bank's health policy _____.

_____ have _____ or vision _____ restrictions?

_____ vision _____ excluded from _____ bank's health policies?

What ____ of limitations apply ____ coverage provided by ____ bank's ____ ?
 There ____ constraints ____ dental/vision reimbursement ____ your ____ health ____ .
 ____ want to know if dental/vision ____ insurance policies.
 Does your health insurance cover ____ limitations ____ exclusions ____ ?
 ____ and vision ____ be limited ____ insurance policy?
 ____ you ____ me if there ____ any ____ dental benefits in your ____ .
 What ____ of ____ apply ____ dental vision coverage ____ insurance schemes?
 Your ____ may have ____ dental/vision benefits.
 Does the health ____ policy ____ your ____ dental ____ vision ____ ?
 Can ____ me if ____ are restrictions ____ benefits in ____ health ____ policy?
 ____ your bank's health insurance ____ vision care?
 Are there dental/vision ____ your ____ ?
 ____ limits ____ the dental and ____ benefits within your ____ ?
 Is ____ of dental/vision benefits ____ in ____ insurance ____ ?
 ____ your ____ health ____ limit dental/vision ____ ?
 What are ____ limits ____ your ____ eye/dental care?
 ____ an exclusion on dental/vision benefits ____ bank's ____ ?
 Is it possible to ____ or vision benefit restrictions ____ insurance ____ ?
 ____ are ____ possible ____ bank's insurance plans on ____ care?
 ____ be restrictions ____ dental/vision benefits in your ____ package.
 Do ____ bank's ____ insurance ____ or ____ ?
 ____ dental/vision ____ in the ____ you have ____ your bank?
 ____ you tell us about ____ benefit restrictions ____ your ____ policies?
 ____ bank's ____ dental or vision?
 Do ____ bank's health ____ cover ____ or ____ ?
 Did ____ limitations on dental/vision ____ ?
 Is ____ on ____ or vision ____ in your insurance ____ ?
 Can ____ know ____ are limits or exclusions for ____ benefits?
 Are ____ health ____ provide ____ in ____ for teeth and ____ ?
 ____ there ____ to dental/vision benefits in ____ bank's ____ ?
 ____ policy ____ any limits or ____ for dental and vision ____ ?
 Do ____ if dental/vision benefits are excluded ____ health ____ ?
 ____ insurance plan restrict ____ for vision and ____ ?
 Is ____ a limit on ____ benefits in ____ health ____ ?
 ____ to ____ if there ____ any restrictions ____ dental/vision ____ my ____ insurance policy.
 ____ any ____ dental/vision benefits ____ their health insurance policies?
 Can you tell ____ about any ____ on dental ____ vision ____ ?
 ____ any ____ and vision benefit ____ in ____ bank's health ____ ?
 ____ are any restrictions on ____ and vision ____ offered ____ ?
 ____ are any constraints ____ dental/vision ____ bank's ____ policy.
 ____ health insurance ____ include ____ limitations ____ dental and vision ____ ?
 ____ health insurance ____ any limitations for dental ____ Vision ____ ?
 Will your ____ insurance ____ limit dental ____ coverage?
 ____ the bank restrict ____ your ____ insurance policies?
 ____ are ____ types of ____ dental/vision coverage by ____ bank?
 Is ____ limited ____ the ____ health insurance ____ ?
 ____ coverage may have limits ____ for ____ and ____ benefits.
 Does your ____ policy ____ any constraints ____ dental/vision ____ ?
 ____ health insurance ____ contain any restrictions for ____ vision ____ ?
 Is your bank's ____ insurance ____ ?

____ your ____ insurance ____ have any ____ dental ____ vision?

Can ____ be any ____ on ____ benefits in ____ health ____?

____ any limits on dental ____ included in ____ health insurance ____?

Is your bank's ____ insurance limited ____ vision ____?

____ may ____ restrictions ____ dental and vision services ____ the ____ policy ____.

____ of your bank's ____ dental and vision benefits.

____ possible constraints on your ____ insurance ____ for ____ and dental ____?

Does ____ bank's ____ dental ____ coverage?

Does your ____ health ____ cover vision ____?

____ there be ____ dental/vision ____ bank's health insurance policies?

Bank's ____ coverage might have limits or ____ vision ____.

____ the ____ insurance ____ bank drawbacks ____ dental and vision ____?

____ the bank's health ____ plans, ____ you have ____ on ____?

____ limits or ____ for dental and ____ of ____ bank?

Does your ____ insurance ____ restrict coverage ____ dental ____?

____ there any ____ or ____ benefits restrictions ____ health ____ policy?

____ there any limitations on dental ____ care ____ insurance plans?

____ would ____ to know if there are ____ dental/vision ____ in ____ policies.

Does ____ bank's ____ for dental or vision?

____ included ____ your ____ health plan?

There ____ constraints ____ and ____ benefits offered by ____ bank?

Is there any ____ or ____ dental ____ vision ____ in ____ health ____?

____ bank health insurance ____ on dental ____ vision ____.

____ your ____ insurance limit dental/vision ____?

____ restrictions ____ imposed ____ dental and vision ____ the bank?

Is dental/vision coverage ____ any ____ bank?

Are ____ excluded from ____ plans' ____ aid?

____ vision benefits ____ your ____ insurance can ____ limited.

____ there any ____ in your bank's insurance?

____ your bank ____ on ____ and vision ____?

____ you ____ me about dental and ____ in ____ health ____.

____ any limits ____ dental ____ vision ____ within ____ insurance?

Is ____ restriction on ____ availability of ____ in ____ insurance ____?

____ dental and vision ____ covered ____ bank's health ____?

____ dental/vision coverage ____ the health ____ provided ____ your bank?

Can ____ limits on the ____ in ____ health insurance policies?

____ there any limits ____ reimbursement in ____ policy?

Are there ____ dental and ____ in ____ health insurance ____?

Are ____ any dental ____ benefit restrictions ____ bank's health ____?

____ dental/vision coverage ____ by your ____?

Can ____ and vision benefit restrictions in ____ policies?

____ dental/vision services ____ under ____ health ____?

Can you tell ____ about ____ restrictions ____ vision benefits in ____ bank's ____?

Can ____ tell me if ____ restrictions on ____ benefits within ____ bank's ____?

____ restrictions ____ dental services ____ the bank's health ____?

____ bank ____ cover ____ and dental services?

____ your ____ impose ____ on ____ coverage?

____ your ____ insurance ____ coverage for ____ and vision?

____ on dental ____ in your bank's ____ insurance?

____ be ____ limits ____ dental/vision ____ in your bank's ____ policies?

Did _____ insurance policies cover dental _____ benefits?
_____ your _____ insurance _____ have limitations or _____ dental _____ vision _____?
Does _____ bank's health insurance _____ include _____ on _____?
_____ your bank _____ restrictions on _____ and vision _____?
Are there _____ dental _____ care _____ your health _____ plans?
_____ health insurance limit _____ vision coverage?
_____ if your bank _____ any restrictions on dental/vision _____?
_____ policy have restrictions on dental/vision _____?
_____ vision benefits _____ health insurance?
What are the _____ on your _____ eye/dental _____?
_____ dental/vision _____ any _____ within your bank?
Is _____ restrictions on _____ dental _____ vision _____ of the _____?
Is there _____ under the _____?
_____ your bank's _____ insurance _____ limits on dental/vision _____?
_____ your health _____ limit or _____ and vision _____?
Dental _____ vision _____ can be covered _____ your bank's _____.
_____ there _____ limit on _____ benefits in _____ health _____?
_____ your bank's _____ cover _____ or _____?
_____ there dental _____ vision benefit restrictions _____ health _____ policy?
Are _____ and _____ by _____ health insurance policies?
_____ there be limitations on _____ in _____ bank's _____?
What are some _____ restrictions _____ by your bank?
_____ any limitations on dental/vision _____ the _____ plans?
Do you have any _____ dental and _____ your _____ insurance plans?
_____ there _____ dental/vision benefits under _____ health insurance plans?
There _____ some _____ on _____ in your _____ plan.
_____ your bank offer any _____?
Is _____ to _____ within _____ health _____ of your bank?
Can you _____ me _____ there _____ restrictions _____ dental and _____ your bank's health _____?
_____ health plan have any _____ on _____ coverage?
_____ have limitations _____ dental/vision _____ in the _____ health _____ plans?
_____ bank _____ policies have _____ drawbacks _____ dental and _____ needs?
_____ health insurance include _____ for _____ Vision benefits?
_____ there are any _____ dental/ _____ benefits in _____ bank's health insurance policy?
_____ any _____ or _____ on _____ and vision care _____ health _____ plan?
_____ health insurance plan _____ this bank _____ on _____ vision care?
_____ dental or _____ restrictions in your _____ health insurance _____?
Do _____ have any limitations _____ exclusions _____ vision _____ in your health _____?
_____ bank's _____ insurance limits dental _____ benefits?
_____ me of any restrictions _____ have _____ the bank.
_____ bank's health insurance _____ cover dental _____ benefits?
Is _____ insurance plan _____ for the eyes _____ teeth?
Does bank's _____ cover _____ or _____?
_____ are the _____ dental _____ by this _____ health insurance schemes?
_____ are _____ on _____ coverage _____ by this _____ health insurance _____?
Can _____ tell me if _____ plans have _____ on dental/vision _____?
_____ to _____ there are _____ restrictions on _____ and vision _____ in your _____ insurance _____.
_____ me if _____ are _____ benefits at your bank?
Do _____ plans impose any restrictions _____ dental _____ vision _____?
Is _____ coverage _____ the _____ insurance schemes subject _____ any limits?

____ you tell me if there ____ dental/vision benefits ____ your ____?
 ____ plan you ____ have limited coverage for ____ eyes?
 Do ____ any ____ on dental ____ restrictions in ____ bank's policies?
 Some limitations ____ your bank's health insurance policies.
 Does ____ health ____ include ____ limitations on ____ benefits?
 ____ you ____ me if ____ bank ____ restrictions on ____ vision ____?
 ____ your bank ____ dentistry and ____?
 What ____ the ____ and limitations imposed on ____ coverage ____?
 Dental ____ benefits in your ____?
 What ____ the ____ your bank's insurance ____ when ____ to eye/dental ____?
 ____ bank have restrictions ____ vision reimbursement?
 ____ tell ____ dental ____ vision benefits in your bank's ____?
 ____ health insurance ____ from your ____ have ____ needs?
 Is ____ any ____ dental ____ vision ____ health plans?
 ____ there ____ on dental or vision care in ____?
 ____ are ____ limitations ____ dental ____ vision coverage ____ your bank?
 ____ bank's health ____ limits dental/vision ____?
 Can ____ me ____ dental ____ vision benefit restrictions ____ my ____ insurance ____?
 Can ____ me if there ____ any restrictions ____ vision ____ in ____ health ____ policy?
 ____ on ____ and vision care in ____ health insurance plans ____ this ____?
 ____ restrictions on dental services under the ____ plan?
 Can ____ health insurance allow me ____ vision ____?
 Is dental and ____ benefits excluded ____ your ____?
 ____ you tell ____ is ____ restrictions ____ dental/ vision benefits ____ your ____.
 Can ____ tell ____ the ____ on ____ benefits ____ health insurance policies?
 ____ vision coverage could ____ your bank's health insurance ____.
 Do ____ any ____ on dental/vision ____ bank's health ____ plans?
 Can you tell ____ about ____ benefit ____ in ____ health ____ policies?
 ____ if there are ____ on dental/vision ____ in your ____ from ____ bank.
 Can you ____ me ____ the ____ are ____ dental/vision ____ bank's health insurance ____?
 ____ coverage restricted by the health ____ by ____?
 ____ you ____ me if ____ any restrictions ____ and ____ in my bank's health insurance ____?
 Is there ____ on ____ coverage ____ health plan?
 Is ____ restrictions on dental/vision reimbursement ____ your ____?
 Is ____ restrictions on ____ in ____ bank's insurance plans?
 ____ on ____ insurance plans ____ dental and vision ____?
 Do health ____ policies ____ your ____ drawbacks ____ and dental ____?
 Can ____ tell ____ if there ____ any ____ dental/ vision ____ bank's ____ insurance policy.
 Does your ____ insurance plan ____ any ____ or exclusions ____ and ____?
 Does ____ any ____ dental/vision benefits?
 Can ____ tell ____ if there are ____ dental/vision benefits ____ insurance ____?
 ____ your health plan ____ dental and ____ services?
 ____ me about ____ restrictions on dental/vision ____ bank ____.
 Can ____ about ____ dental ____ vision ____ in my bank's health insurance ____?
 ____ you tell ____ restrictions on dental/vision benefits?
 ____ you know if ____ plan ____ restrictions for dental ____ coverage?
 Are there any ____ exclusions for ____ and vision services ____?
 Does ____ policies include ____ and vision benefits?
 Are there any ____ benefits ____ bank's insurance?
 ____ you tell ____ if there ____ any ____ dental/vision ____ bank's ____ insurance policy?

Is _____ on _____ vision benefits for the _____ plans?
 _____ curious _____ there are _____ benefits _____ my _____ health insurance policy.
 _____ me _____ about restrictions on _____ benefits you _____ bank.
 _____ insurance _____ coverage for dental _____ vision care?

Is there _____ on dental/vision benefits _____ plans?
 Is dental _____ coverage provided _____ this _____ insurance schemes _____ limits?
 _____ the dental _____ vision _____ of the bank's health insurance _____?

Can _____ tell _____ about _____ dental and _____ coverage _____ your plan?
 Can your bank's _____ or _____?
 _____ your _____ any limitations _____ dental and Vision _____?

Is _____ limitations on _____ coverage in _____ bank's _____?
 Is _____ on _____ benefits in your health _____ policy _____ the _____?
 _____ there be _____ rules _____ offered by the bank?
 _____ your health _____ policies restrict _____ dental and _____?

Does your _____ insurance _____ and vision _____?
 Dental and _____ in _____ bank's _____ insurance _____ limited.
 Have there _____ on dental/vision _____ health insurance?
 _____ bank's health _____ limits _____ dental and _____ benefits?
 _____ there any _____ on dental _____ coverage _____ your _____ insurance?

Is _____ any _____ on _____ reimbursement within _____ policy?
 Is there _____ restrictions _____ the _____ and _____ benefits?
 Can _____ dental or _____ benefits restrictions _____ your bank's _____ insurance _____?
 _____ you tell me _____ restrictions _____ vision benefits _____ your bank.
 _____ restrictions on dental/vision _____ bank?
 _____ provided by this _____ insurance schemes _____ to any _____?

Is there _____ or _____ restrictions on your _____?
 _____ there be _____ restrictions on the _____ of dental/vision _____ insurance _____?

Can you confirm if _____ restrictions _____ dental/vision _____ in _____ bank's _____ policy?
 _____ possible to provide _____ on dental _____ in _____ health insurance policies?

Is _____ limitations or exclusions _____ dental _____ vision _____ health insurance _____?
 Do your health insurance policies _____ benefits?
 Is there _____ dental/vision _____ bank's health _____ plan?
 _____ insurance _____ have any _____ dental and vision benefits?
 _____ tell me _____ restrictions _____ dental benefits in _____ health insurance policy?

Is there _____ limitations or exclusions _____ vision benefits _____ your _____?
 _____ dental/vision _____ to _____ restrictions _____ health policies of _____ bank?

Are there _____ restrictions on _____ your _____ policy?
 _____ be _____ or exclusions on dental and vision care _____ insurance _____?
 _____ there _____ on _____ dental _____ benefits _____ bank's health insurance plans?

Is _____ any restrictions on _____ vision care _____ your _____?
 Does _____ know _____ are _____ from your _____ health policies?
 Does _____ bank's _____ policy _____ constraints _____ dental/vision _____?
 Does _____ restrict dental/vision coverage?

I _____ like _____ is any _____ on dental/vision benefits _____ health _____ policies.
 _____ there any limits or exclusions _____ benefits _____ your health _____?

Can you _____ me if _____ restrictions on _____ benefits in _____?
 _____ bank's health _____ limited _____ or vision coverage?
 _____ health _____ of your bank _____ dental or _____?

Can you _____ on dental benefits in _____ bank's policy?
 _____ bank's health insurance _____ dental _____ vision?

What are _____ of _____ insurance _____ it comes _____ eye/dental care?

Will _____ plans restrict _____ care's _____?

_____ constraints on eye/dental care's _____ your insurance _____.

I _____ curious _____ there _____ restrictions _____ benefits in your _____ policies.

What _____ of _____ imposed on dental _____ by your _____?

_____ dental _____ vision benefit _____ your bank has?

I _____ know _____ there are restrictions _____ benefits in _____ policies.

There may _____ restrictions on dental and _____ in _____.

_____ me _____ any _____ on _____ that the bank may _____.

Can you _____ about any dental _____ benefit restrictions in _____ policies?

Any rules _____ to dental _____ benefits offered _____?

_____ the constraints on _____ reimbursement _____ your _____ health _____?

_____ you tell me if _____ restrictions on _____ your bank's _____.

Do your _____ insurance plans restrict _____ vision?

_____ there _____ on dental/vision benefits in your _____?

Is there any _____ on _____ dental _____ vision _____ within your _____?

Is it possible _____ have _____ oral/optical aid?

_____ about _____ coverage in _____ health _____?

Tell _____ about _____ limitations _____ benefits _____ have _____ the bank.

Is _____ on dental _____ provisions in your health _____ plans?

Does this bank _____ any _____ exclusions on dental _____?

_____ limits _____ dental/vision coverage in your _____ plan?

Is _____ any _____ dental/vision _____ in your _____ insurance policies?

Do your _____ health _____ policies _____ dental/vision benefits?

_____ plan restrict coverage for _____ dental?

_____ you say if _____ restrictions _____ benefits _____ my bank's _____ insurance policy?

Can _____ on dental/vision benefits in _____ bank's insurance _____?

Do you think the bank's _____ insurance _____ benefits?

There are _____ surrounding _____ and _____ benefits _____ by the _____?

_____ there be constraints _____ within your _____ health _____?

_____ your _____ insurance _____ include _____ limits _____ exclusions for _____ vision benefits?

_____ bank _____ any constraints on reimbursement _____?

Does your _____ policy _____ vision _____ benefits?

_____ there _____ on _____ health _____ dental aid?

Can dental/vision _____ be excluded from _____?

_____ if there are limits on _____ benefits in _____?

_____ you tell me _____ restrictions on dental/vision _____ in _____ policy?

_____ there any _____ or _____ on _____ and _____ care in your _____?

_____ any _____ dental/vision services under _____ bank's plan?

Can _____ have _____ and vision _____ with your _____?

Is dental/vision _____ in the _____ policies _____ your _____?

Does _____ vision coverage _____ by this _____ insurance schemes _____?

_____ me if your _____ policies exclude dental/vision _____?

_____ is any restrictions on _____ benefits _____ my bank's health _____ policy.

Is _____ and _____ under the bank's health _____?

_____ limitations or exclusions _____ dental _____ vision _____ provisions _____ health insurance plans?

Can _____ tell me _____ the restrictions _____ benefits _____ your bank's _____ insurance _____?

_____ are _____ dental _____ vision _____ in _____ bank's _____ insurance policies?

Does _____ bank's health insurance _____ dental _____?

Do your _____ policies _____ dental _____ vision _____?

Is there _____ restrictions on dental _____ care provisions _____ your health _____?

The bank's health _____ plan _____ for _____ and _____.

Under _____ insurance plans, do you _____ dental/vision benefits?

_____ you tell me about dental and _____ restrictions in _____?

_____ there any restrictions _____ dental/vision _____ under _____ bank's _____ plans?

Is _____ care _____ in _____ bank's _____?

What _____ limitations _____ imposed on _____ coverage by _____ bank?

Are _____ and _____ the health policy plan?

_____ may be _____ on _____ under the bank's _____.

Are _____ and _____ benefits _____ the _____ of your bank?

What _____ the limitations _____ on dental/vision _____ by your _____?

_____ plan _____ have limitations on _____ and vision _____.

What _____ the possible _____ bank's insurance plans _____ eye/dental _____?

_____ health _____ have any _____ on dental or vision _____?

_____ you _____ me _____ are restrictions on _____ benefits _____ your _____ insurance _____?

Is dental/vision coverage subject to _____ health _____?

What _____ the possible constraints _____ insurance _____ eye/dental care?

Is _____ on dental/vision _____ in your _____ policies _____ bank?

_____ dental/vision _____ be _____ from your bank's _____?

What limits _____ dental-vision coverage provided _____ health insurance _____?

_____ dental/vision _____ limitations _____ bank's health _____?

_____ the restrictions _____ dental/ vision benefits in _____ insurance policy?

_____ need to _____ restrictions on dental/vision _____ in _____ insurance policies from _____ bank.

_____ restrictions on dental and _____ benefits?

_____ coverage fall under the _____ policies of _____?

Does the _____ dental and vision coverage?

Can _____ me _____ restrictions on the dental/vision benefits _____ your health _____?

_____ your bank have restrictions _____?

_____ and _____ benefits _____ be _____ by _____ bank's _____ insurance policies.

Do _____ health _____ plans limit _____ vision benefits?

_____ there restrictions _____ the dental and vision benefits _____?

_____ of _____ imposed _____ dental/vision _____ by your bank.

_____ your _____ insurance _____ any _____ or exclusions for _____ and _____?

Can _____ if there are any _____ vision _____ your health _____ policy?

Is _____ coverage _____ bank's health policy _____?

_____ your _____ policy _____ any _____ on dental/ vision benefits?

Are dental/vision _____ excluded or _____ your bank's _____?

What _____ restrictions are _____ dental/vision _____ your bank?

_____ limitations _____ dental/vision coverage in _____ plan?

_____ there be any _____ dental/vision benefits in _____ health _____?

_____ are the _____ your _____ insurance plans _____ eye _____ dental _____?

Is there _____ restrictions _____ dental and vision _____ plan?

_____ your health _____ on dental or vision _____?

_____ bank's health _____ have _____ limitations on _____ vision benefits?

What kind of _____ on dental _____ coverage _____ bank?

_____ there a _____ on dental _____ vision _____ within _____ policies?

_____ apply to _____ coverage provided by _____ bank's _____ insurance _____?

Can you tell _____ dental and vision _____ bank's _____ insurance?

_____ there be _____ on _____ of _____ in your _____ package?

_____ you provide _____ or vision _____ restrictions _____ bank's health _____ policies?

dental and vision benefits ____ in ____ ____ ____ ?

Does your ____ insurance ____ limits ____ or vision ____ ?

What ____ the constraints ____ eye/dental care's inclusion ____ ____ plan?

Can you ____ ____ ____ restrictions ____ dental/vision ____ in my insurance?

Does ____ bank's health plan ____ limitations on ____ ____ ____ ?

____ your ____ any limits on ____ and vision ____ ?

Are dental ____ the bank?

Tell me about ____ restrictions ____ offered ____ bank.

Does your ____ have any limitations ____ exclusions ____ or Vision ____ ?

____ bank ____ insurance cover ____ and ____ benefits?

____ ____ ____ limits by your bank's ____ insurance policy?

____ if there are ____ on ____ and vision care ____ your health insurance ____ at ____ bank?

Does your ____ insurance policy cover ____ and ____ ?

Does your ____ policy ____ dental/vision ____ ?

Do you have ____ limitations ____ benefits ____ the ____ ?

____ you tell me ____ dental or ____ benefit ____ ____ policies?

____ the health insurance for your ____ or ____ ?

Is ____ any ____ vision benefits ____ your health insurance policies?

What ____ the limits ____ your ____ eye/dental care?

Is there any ____ on ____ dental/vision ____ my bank's ____ ?

Do ____ any restrictions ____ under ____ health insurance plans?

Does ____ bank limit ____ or ____ ?

____ wondering if there ____ restrictions ____ benefits ____ bank's ____ insurance policy.

I was ____ was ____ on dental/vision ____ bank's health insurance policy.

____ there ____ on ____ benefits ____ the bank's plans?

Are there dental ____ in your bank's ____ ?

Can you ____ me ____ there are ____ dental/ vision ____ at ____ ?

____ possible for ____ bank's health policies ____ vision benefits?

____ you ____ if there's any ____ on dental/vision ____ bank?

Can your bank's ____ dental and ____ benefits?

Can ____ tell us ____ there ____ dental or ____ your bank's health ____ ?

____ any ____ dental and ____ benefits ____ the bank's health ____ plans?

Are ____ benefits ____ bank's ____ policies?

What are the ____ on ____ coverage provided ____ this ____ insurance schemes?

Any restrictions ____ dental and ____ health insurance?

____ health insurance ____ or exclude ____ Vision benefits?

____ you ____ us ____ dental or vision ____ in your bank's ____ ?

____ insurer have ____ restrictions ____ dental or ____ coverage?

____ the ____ constraints ____ your bank's insurance plans on ____ ?

Does ____ have any restrictions ____ dental ____ vision?

____ insurance cover any limits ____ for dental and ____ ?

Can ____ me if there are any ____ benefits ____ the ____ ?

____ sort ____ are imposed ____ coverage by the ____ ?

____ tell me ____ there ____ any ____ on dental/ vision ____ in your ____ health ____ ?

____ the ____ policies from ____ bank ____ for dental and ____ ?

____ benefits can ____ excluded ____ your ____ policies.

What do ____ bank's health ____ on ____ ?

____ included in ____ bank's insurance plans ____ constraints?

____ any restrictions ____ dental/vision ____ the bank provides.

Do you ____ restrictions on dental/vision ____ in ____ health ____ ?

_____ there _____ limitations on dental _____ your health insurance _____?

_____ your bank's _____ include _____ on dental/vision benefits?

_____ your _____ health insurance _____ any _____ on dental and _____?

_____ there _____ limitations _____ coverage in the _____ health _____?

What kind of _____ or _____ apply _____ coverage provided _____ this _____?

Can _____ tell _____ if _____ any _____ benefits _____ the bank?

_____ dental _____ vision _____ of your _____ health _____?

_____ dental/vision coverage _____ exist in _____ plan?

Can _____ be _____ by your _____ health _____?

_____ your _____ plan _____ dental and vision services?

_____ your _____ health _____ have restrictions _____ dental/vision _____?

Do _____ insurance policies from your _____ have _____ drawbacks _____ vision _____?

Do _____ have any _____ on dental/vision _____ in _____ health _____?

Is _____ any _____ and vision care in _____ health _____ plans _____ this bank?

Are there _____ for dental or vision _____ in _____?

_____ me if there _____ restrictions _____ dental/vision benefits _____ offers.

_____ your bank's _____ insurance _____ on dental/vision _____?

Has your _____ dental/vision reimbursement?

_____ you tell me if there is restrictions _____ bank's _____ policy?

Does your _____ insurance plan _____ coverage _____ or _____?

Does your _____ insurance _____ limit or _____ dental _____?

_____ bank's health _____ related _____ dental/vision _____?

Is _____ bank's health insurance schemes limited?

_____ health _____ this bank have any _____ dental or _____ care?

_____ me _____ any limits or _____ dental _____ in your health insurance plans?

_____ are the _____ your _____ for eye and dental _____?

_____ me if dental/vision benefits _____ be _____ from _____ bank's health _____?

Is there _____ dental _____ vision _____ your _____ insurance policies?

Does _____ health insurance plan at _____ have _____ on _____ and _____ care?

Does _____ insurance plan _____ restrictions _____ dental and vision _____?

_____ benefits could _____ bank's health policies.

_____ on _____ care in your _____ insurance plan?

Can _____ me _____ there are any _____ or _____ in _____ health insurance policies?

Does your _____ health insurance _____ dental _____ vision _____?

_____ there _____ on dental/vision _____ in _____?

Does the health _____ your bank _____ vision?

_____ dental/vision coverage _____ to _____ your bank?

_____ any limitations on _____ vision care _____ your _____ insurance?

_____ your _____ insurance _____ on _____ and vision coverage?

The health _____ provided _____ your bank _____ on _____ coverage.

Can _____ me _____ limits or _____ for dental _____ vision benefits?

Can you _____ me _____ dental or _____ restrictions _____ insurance?

_____ are _____ bank's _____ plans when _____ to _____ care?

_____ the _____ health _____ do _____ have _____ limitations _____ dental/vision benefits?

Can _____ me if _____ are any _____ on dental _____ vision benefits in _____ policies _____ bank?

I'm _____ there's any _____ benefits _____ my bank's health _____ policy.

Can _____ tell _____ any _____ benefits _____ your _____ insurance policies _____ the bank?

_____ the health _____ plan _____ on _____ or vision coverage?

Does your _____ have any _____ restrictions?

Does your _____ any limits _____ or _____ benefits?

Do the _____ insurance _____ have limits _____ benefits?

_____ tell _____ what dental and vision _____ in your _____ health _____ policies?

_____ your _____ any _____ or vision _____ restrictions?

Has _____ insurance plan had any _____ or _____ coverage?

Can you tell me about _____ of _____ and _____ in _____?

Do _____ health insurance _____ have _____ on dental _____?

_____ about any restrictions _____ benefits that the _____.

Is _____ any limitations _____ within your _____ health _____?

_____ there _____ constraints on _____ in your _____?

_____ to _____ if _____ are any restrictions on _____ benefits in your _____.

Is there _____ dental/vision _____ under the _____ plans?

_____ me _____ are any restrictions _____ dental and vision benefits _____ policy?

_____ or exclusions _____ dental vision coverage provided _____ bank?

Does your bank have _____ limiting _____ coverage?

_____ want _____ know _____ are any restrictions _____ in your bank's _____ insurance _____.

Does your _____ cover dental/vision _____ limits and _____?

What _____ the limits for dental _____ coverage _____ by _____ schemes?

Are there _____ on dental coverage _____ bank's _____?

Can you _____ there _____ any _____ on dental _____ in your _____?

Is there _____ limit _____ and vision benefits _____ insurance policies?

Is _____ provided _____ your _____ to restrictions?

Does bank health _____ dental _____?

_____ restrictions _____ the dental and _____ offered _____ bank?

Does your _____ include _____ or _____ for _____ and vision benefits?

_____ your _____ insurance _____ coverage for dental _____ vision?

_____ your bank's _____ insurance _____ dental and _____?

_____ you _____ about _____ restrictions _____ dental and _____ your health insurance plans?

_____ your _____ health _____ contain any limits _____ dental/vision _____?

There are any _____ on _____ bank's health _____.

_____ restrictions _____ and vision benefits _____ bank's health insurance _____?

Is there _____ or vision _____ in _____ health insurance _____ your _____?

_____ restrictions on _____ vision benefits in your bank's _____ policy?

Can you _____ is any _____ on _____ your _____ health insurance policy?

Can _____ dental or vision benefit restrictions in _____ health _____ policies?

_____ us _____ dental and _____ restrictions are in _____ bank's policies?

_____ there be specific _____ on _____ dental/vision _____ your insurance package?

_____ there any limitations _____ your bank's health insurance _____?

_____ health insurance policy limit dental _____ vision _____?

There may be _____ on dental/ _____ your _____ policy.

_____ bank's insurance _____ vision _____ dental _____?

_____ there _____ specific limits on _____ benefits within _____ health insurance _____?

Does _____ bank's _____ policy have _____ reimbursement?

Is _____ health _____ to _____ on dental/vision coverage?

_____ think _____ plans have any limits on dental/vision _____?

Are _____ limitations on _____ coverage in _____ bank's health _____?

_____ your bank exclude _____ their _____ policies?

Does _____ bank's _____ plan include any _____ dental _____ vision _____?

_____ there restrictions _____ dental/vision _____ your bank's health _____?

_____ am _____ if there _____ restrictions _____ vision benefits in your _____ health _____.

_____ there any dental _____ vision benefit _____ the bank's _____?

_____ and vision benefits in _____?

Does the _____ policies of your bank _____ and _____?

_____ your bank's _____ include dental/vision _____?

I wonder _____ there are _____ bank's health insurance _____ for dental _____.

Can you _____ there _____ any restrictions on _____ your health insurance _____?

_____ your _____ have limits _____ benefits?

Let me know if _____ or _____ for _____ and _____ at the _____.

Does your bank's health insurance _____ have _____?

_____ your health _____ have any limits _____ for _____ benefits?

Are dental/vision _____ restrictions _____ health policies provided _____ your bank?

Is _____ any dental _____ vision benefit _____ bank's _____?

Does the _____ restrictions _____ and vision care?

_____ you tell _____ if there _____ dental/vision _____ with _____ health insurance policies?

_____ your bank's _____ entitle _____ to _____ and vision _____?

_____ there any _____ health _____ for dental and vision?

_____ your health insurance _____ have restrictions on _____?

There may _____ on dental _____ vision _____ your _____ plan.

Can _____ if the _____ limited _____ the bank's health insurance _____?

_____ exclusions _____ and vision benefits _____ by the bank's health _____.

_____ dental/vision _____ subject to _____ restrictions _____ health _____ your bank?

_____ your _____ policy have any _____ for dental _____ benefits?

_____ dental/vision _____ to _____ on your bank _____ policies?

Can you _____ dental/vision _____ excluded _____ your policies?

_____ bank's health _____ contain _____ on _____ benefits?

Is there any _____ on _____ vision _____ within your _____?

I am _____ is _____ restrictions on _____ benefits _____ your _____ policies _____ the bank.

Is _____ coverage _____ to _____ on _____?

There _____ on dental/vision reimbursement _____ health policy.

I want _____ if _____ is _____ restrictions on dental/vision benefits in _____.

Do your health _____ policies have _____ for _____ and Vision _____?

_____ health _____ plan of _____ may restrict dental/vision _____.

_____ bank offer any limits _____?

Can you tell _____ dental and _____ benefit restrictions _____ bank's _____?

Is _____ on _____ and vision benefits of the _____ insurance _____?

Does your health _____ plan have _____ regarding _____ or _____?

_____ there be restrictions _____ and _____ benefits _____ your _____ insurance _____?

Can your bank's _____ policies _____ vision _____?

Is the _____ services _____ bank's health policy _____?

_____ bank's _____ cover dental _____ vision benefits?

Do _____ limit the _____ the bank's health insurance _____?

Is _____ limits applied _____ dental _____ benefits _____ your health _____ policies?

_____ you tell me _____ the restrictions on _____ benefits _____ insurance _____?

Does _____ insurance policies _____ any _____ and vision benefits?

Can _____ tell me if _____ on _____ in your bank's _____ insurance policy.

_____ tell _____ if _____ restrictions on _____ in your insurance policy?

Is _____ of _____ health policy?

Is _____ any restrictions on _____ vision _____ your health _____ policies _____ bank?

_____ the _____ insurance plans _____ you _____ limitations on _____ benefits?

Can you tell _____ whether _____ are _____ dental and _____ your health _____ plans?

Can dental _____ vision _____ excluded from _____ bank's _____ insurance _____?

_____ the _____ health insurance plans _____ restrictions _____ dental _____ benefits?

Do _____ is restrictions on dental/vision _____ your health _____ policies?

_____ you tell me _____ restrictions _____ dental benefits in _____ policy?

_____ do _____ plans have for eye/dental care?

Does _____ insurance _____ any limitations for _____ vision _____?

_____ there _____ on dental and vision _____ health _____ plans?

_____ health insurance _____ any _____ exclusions for _____ and vision _____?

_____ you _____ me if _____ are any _____ on dental benefits _____ insurance _____?

_____ there _____ applied _____ dental _____ vision _____ your health insurance?

Does _____ insurance _____ limit dental _____ vision _____ from your _____?

Under _____ bank's health _____ plans, _____ put _____ on dental/vision _____?

Does your bank's health plan have _____?

_____ your _____ policies _____ or _____ dental benefits?

dental _____ benefits in your _____?

_____ there any limits on _____ benefits in _____ insurance?

_____ there limitations on dental/vision _____ your _____ health _____?

_____ the _____ benefits be _____ from your _____ policies?

Does _____ coverage _____ by _____ health insurance _____ have any _____?

_____ want to know _____ are restrictions _____ dental/vision _____ my _____ policy.

_____ health insurance policy include _____ for dental and _____?

_____ are the _____ your _____ eye and dental care?

Are _____ the bank's _____ plan?

_____ you tell _____ if _____ dental/vision benefits in _____ bank's _____ insurance?

Do _____ health plan _____ dental/vision _____?

Can _____ tell me if _____ benefits in your health _____?

_____ bank's health _____ include dental _____ coverage?

Does your _____ have _____ restrictions _____ or vision coverage?

Can _____ any _____ dental/vision benefits in _____ policies?

_____ you tell _____ about dental or _____ benefit _____ insurance _____?

_____ you tell _____ whether _____ any _____ on dental/vision benefits in _____ bank's _____?

Does _____ plan _____ limitations on dental or _____?

_____ me _____ any dental _____ benefit _____ in my bank's _____ insurance policies?

Questions _____ and vision _____ your bank's _____ insurance.

Can _____ be any constraints _____ dental/vision _____ bank?

_____ your bank's _____ policy _____ dental _____?

_____ could _____ the availability _____ dental/vision benefits in _____ package.

Can your _____ dental _____ coverage?

Can there be _____ on _____ benefits _____ bank's _____ insurance _____?

_____ bank's _____ plan _____ dental coverage?

There may be _____ dental/vision _____ bank's plan.

Is dental/vision coverage subject _____ the _____ of _____?

Does _____ bank's _____ have limits on _____ and _____?

Does your _____ restrictions _____ dental or _____ reimbursement?

Is there _____ dental/vision benefits in the _____ health _____?

Can _____ know _____ there _____ restrictions _____ dental/vision benefits _____ your health _____ policies?

Dental _____ vision benefits _____ not be _____ bank's health policies.

_____ know _____ restrictions on dental/ vision benefits within your _____ insurance _____.

Is _____ on dental/vision services _____ bank's health policy _____?

What _____ limits _____ exclusions for dental _____ this bank's health _____?

I'm _____ there _____ any restrictions on dental/vision _____ in your _____.

Are _____ on _____ and _____ benefits _____ your _____ insurance plans?

Is dental/vision _____ subject _____ restrictions _____ bank's _____ policies?

What types _____ limitations or _____ are imposed _____ by _____?

Can you _____ if _____ is _____ restrictions on dental/vision _____ my _____?

_____ there _____ on dental and _____ benefits in the _____ health _____?

_____ you tell _____ about dental _____ in _____ insurance policies?

Inform _____ there are _____ benefits with the _____.

_____ tell _____ if there are restrictions _____ and _____ benefits _____ health insurance _____?

_____ your health _____ policies include _____ or Vision benefits?

_____ am _____ are _____ restrictions on dental/vision benefits _____ health _____ policies from _____ bank.

Is _____ within the health _____ your bank?

_____ you _____ if there are limits _____ applied _____ dental _____ vision _____?

What _____ the limitations _____ eye/dental care's _____ bank's _____ plan?

_____ bank _____ limitations or exclusions _____ dental _____ vision care?

_____ and _____ coverage be subject to _____ health _____ by _____ bank?

Did _____ limits _____ dental/vision benefits?

Is there _____ restrictions _____ dental and vision _____ in _____ plans?

Does _____ package _____ restrictions on _____ benefits?

_____ your _____ plans restrict eye/dental _____?

Does _____ bank's health _____ limit _____?

_____ your _____ policies have any limitations or _____ or _____ benefits?

Does _____ insurance _____ and dental _____?

Can you tell _____ are _____ vision _____ at your bank?

What _____ the possible _____ insurance plans _____ eye/dental care?

_____ on dental _____ vision benefits in your bank's _____?

_____ limits _____ dental and vision benefits within your _____ insurance policies?

_____ there _____ or exclusions _____ vision services in your _____ plan?

Are _____ the bank's plans?

_____ you _____ me if _____ is any restrictions _____ benefits in _____ insurance _____?

What are _____ limitations _____ care's inclusion in _____ insurance _____?

Do you _____ the _____ benefit restrictions _____ your bank's _____ policies?

_____ there _____ vision _____ restrictions in your _____ health _____ policies?

Can you _____ if _____ is _____ dental and _____ your health insurance policies?

Are dental/vision _____ under _____ plan?

_____ insurance plan have _____ on dental _____ vision _____?

Can you _____ if _____ any restrictions on _____ vision benefits _____ your _____.

Can _____ limits on _____ benefits _____ your _____?

Under _____ plan, are _____ services restricted?

_____ be _____ on the _____ and vision _____ of _____ health _____ policies?

_____ there a limit on _____ in _____ policies?

Does _____ insurance include _____ limits _____ dental/vision benefits?

If _____ provides health _____ dental/vision _____ to any restrictions?

_____ if you _____ restrictions _____ dental/vision benefits _____ the _____.

_____ health plan have _____ on _____?

Is the dental/vision _____ bank's _____ insurance plans?

_____ any _____ on the _____ of dental/vision _____ in your insurance _____?

_____ your bank's _____ insurance limits _____?

Is _____ included in _____ bank _____?

_____ on dental/vision _____ in your bank's _____ insurance?

What _____ are _____ dental/vision _____ at the bank?

_____ tell me _____ dental/ _____ benefits _____ bank's health insurance policy?

Can _____ bank's _____ policies cover dental and _____?

Does _____ health _____ have any _____ on _____ vision coverage?

Has your _____ dental/vision coverage?

_____ dental/vision benefits _____ health policies?

_____ and _____ can be excluded _____ bank's health _____.

_____ limits or exclusions apply _____ coverage provided by _____?

Tell me _____ limits _____ for dental _____ bank's health coverage.

Can there be _____ on _____ in _____ policy?

Will dental _____ coverage be limited _____ bank's _____ insurance _____?

_____ was wondering if _____ were _____ benefits in _____ health insurance _____.

Is the dental/vision _____ bank's _____?

_____ tell me _____ there are _____ dental/vision benefits from _____ bank?

_____ do your _____ policies _____ dental/vision _____?

_____ the _____ insurance policies from _____ used for _____ vision needs?

_____ there limits _____ vision benefits in the _____ health coverage?

_____ the _____ insurance _____ at _____ bank include any _____ dental _____ care?

Tell _____ restrictions _____ dental/vision benefits you _____ with _____.

Can _____ tell me _____ restrictions on dental/vision _____ in _____ health _____?

_____ your _____ plans have any restrictions on _____ vision _____?