

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

UnitedHealthcare
[Office/Department Name]
[Office Address]
[City, State, ZIP Code]

Subject: Application for Health Coverage

Dear UnitedHealthcare Team,

I hope this letter finds you well. I am writing to formally apply for health coverage under UnitedHealthcare. Please find the details required for my application below:

****Personal Information:****

- Full Name: [Your Full Name]
- Date of Birth: [MM/DD/YYYY]
- Social Security Number: [XXX-XX-XXXX]
- Address: [Your Complete Address]
- Phone Number: [Your Contact Number]
- Email: [Your Email Address]

****Household Information:****

- Marital Status: [Single/Married/Divorced/Widowed]
- Household Size: [Number of People in Household]
- Dependents: [List Names and Ages of Dependents]

****Health Information:****

- Preferred Primary Care Physician: [Doctor's Name and Contact Information]
- Current Health Conditions: [List Any Relevant Health Conditions]
- Medications: [List Any Prescriptions]

****Coverage Needs:****

I am seeking health coverage to ensure access to necessary medical services, including but not limited to preventive care, specialist visits, and prescription medications.

****Attachments:****

I have enclosed/enclosed copies of the following documents for your review:

1. Proof of Identity (e.g., Driver's License or Passport)
2. Proof of Residence (e.g., Utility Bill or Lease Agreement)
3. Income Verification (e.g., Pay Stubs or Tax Returns)
4. Any other required documents as specified in your guidelines.

I appreciate your consideration of my application and look forward to the opportunity to discuss my coverage options with you further. Should you require any additional information or clarification, please do not hesitate to contact me at the phone number or email address listed above. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]