

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

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

Dear [Recipient's Name or "Enrollment Department"],

Subject: Enrollment Application for United Healthcare

I am writing to formally apply for enrollment in United Healthcare. I believe that your health insurance plans will provide the necessary coverage to meet my healthcare needs.

Please find my personal information below:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Address: [Your Address]
- Phone Number: [Your Phone Number]
- Email: [Your Email Address]

Attached are the required documents for my application, including:

1. Proof of Identity (e.g., copy of driver's license or passport)
2. Proof of Income (e.g., recent pay stubs or tax returns)
3. Completed Enrollment Form

I appreciate your attention to my application, and I look forward to your prompt response. Should you need any more information, please do not hesitate to contact me.

Thank you for considering my application.

Sincerely,
[Your Name]