

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

[Recipient Name]  
[UHC or Insurance Company's Name]  
[Company's Address]  
[City, State, Zip Code]

Dear [Recipient Name or "To Whom It May Concern"],  
Subject: Application for UHC Health Insurance

I am writing to formally apply for health insurance coverage with UnitedHealthcare (UHC). Please find the necessary details and documents attached for your review.

**\*\*Applicant Information:\*\***

- 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 Address: [Your Email Address]

**\*\*Coverage Selection:\*\***

I am interested in the following plan options:

1. [Plan Name/Type]
2. [Plan Name/Type]

**\*\*Eligibility Information:\*\***

- Employment Status: [Employed/Unemployed/Retired]
- Current Insurance Provider (if any): [Provider Name]
- Reason for Change: [Brief explanation as applicable]

**\*\*Attached Documents:\*\***

1. Completed application form
2. Proof of income
3. Identification documents
4. [Any other relevant documents]

I confirm that all information provided is accurate and up to date. I understand that any false information may result in denial of coverage. Thank you for considering my application. I look forward to your response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]