

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Title/Position]
[Insurance Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to request confirmation of my eligibility for UnitedHealthcare (UHC) insurance coverage.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Policy Number: [Your Policy Number] (if applicable)
- Member ID: [Your Member ID] (if applicable)

I would appreciate your prompt response to ensure I understand my insurance benefits and coverage options. If further information is required, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]