

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

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

Subject: Request for Policy Modifications

Dear [Recipient Name],

I hope this message finds you well. I am writing to request modifications to my current UnitedHealthcare insurance policy, [Policy Number], effective [Current Effective Date].

The specific changes I am seeking include:

1. [Detail Modification 1]
2. [Detail Modification 2]
3. [Detail Modification 3]

I believe these modifications are necessary because [Brief Explanation of Reason for Changes].

Please let me know if any further information or documentation is required to process my request. I appreciate your assistance in this matter and look forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]