

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

[Insurance Provider's Name]  
[Insurance Provider's Address]  
[City, State, Zip Code]

Subject: Request for Change of UHC Insurance Service Provider

Dear [Insurance Provider's Name/Customer Service Team],  
I hope this message finds you well. My name is [Your Name], and I am writing to formally request a change in my UnitedHealthcare (UHC) insurance service provider. My policy number is [Your Policy Number], and my account details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Address: [Your Current Address]
- Contact Number: [Your Contact Number]

I have decided to change my insurance service provider to better suit my healthcare needs. I would appreciate your assistance in initiating this change effective [Desired Effective Date].

Please let me know the necessary steps I need to take to ensure a smooth transition. If there are any forms required or additional information needed, feel free to reach out to me at your earliest convenience.

Thank you for your attention to this matter and for your continued service.

Sincerely,

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