

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

[Recipient Name]
[Title/Department]
[UHC Company Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally apply for the [specific UHC program or service] offered by UnitedHealthcare. I believe that my circumstances align well with the eligibility requirements and please find the necessary details below.

****Personal Information:****

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

****Address:****

[Your Address]
[City, State, Zip Code]

****Health Insurance Information (if applicable):****

- Current Provider: [Name of your current insurance provider]
- Policy Number: [Your policy number]

****Reason for Application:****

[Briefly explain your situation and why you are applying for UHC. Include any relevant details that support your application.]

I have attached [list any documents you are including, such as proof of income, identification, etc.] for your reference.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,
[Your Name]