

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

[Recipient Name]
[Recipient Title]
[UnitedHealthcare]
[Company Address]
[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to formally request enrollment in UnitedHealthcare for [specific plan or coverage type, e.g., Medicare Advantage, Individual & Family Plans].

Please find my information below for your records:

- Full Name: [Your Full Name]
- Date of Birth: [MM/DD/YYYY]
- Social Security Number: [XXX-XX-XXXX]
- Address: [Your Address]
- Contact Number: [Your Phone Number]

I have reviewed the plan details and believe that [mention any specific reasons for choosing the plan, e.g., coverage options, provider network]. Enclosed with this letter, you will find the required documents [list any documents you are including, e.g., proof of identity, previous insurance details].

I look forward to your confirmation of my enrollment. Thank you for your assistance.

Sincerely,

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