

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

Dear [Recipient Name],

Subject: Termination of Coverage

I am writing to formally notify you of my decision to terminate my health insurance coverage with UnitedHealthcare (UHC), effective [termination date].

My policy details are as follows:

- Policy Number: [Your Policy Number]
- Member ID: [Your Member ID]

Please confirm the receipt of this termination notice and provide any necessary information regarding the finalization of my coverage. I kindly ask that you ensure there are no further charges or premiums deducted from my account following the effective date of termination.

Thank you for your assistance.

Sincerely,

[Your Name]