

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

[Recipient's Name]
[Recipient's Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to express my interest in applying for the Qualified Medicare Beneficiary (QMB) program. As a [briefly describe your situation, such as your age, medical condition, or financial circumstances], I believe that this program could greatly assist me in managing my healthcare expenses.

I meet the eligibility criteria for the QMB program and have attached the necessary documentation, including [list any documents such as proof of income, identification, etc.], to support my application.

Thank you for considering my application. I look forward to the opportunity to benefit from the support provided by the QMB program.

Sincerely,
[Your Name]