

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Organization/Agency Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to apply for the Qualified Medicare Beneficiary (QMB) program. I understand that this program provides essential assistance for individuals with limited income and resources to help with Medicare costs.

I am currently [briefly describe your current situation, e.g., unemployed, disabled, etc.], which has significantly impacted my financial situation. My current income is [mention your monthly income] and my savings and resources are below the QMB eligibility limits. Attached to this letter are the required documents to support my application, including proof of income, bank statements, and any relevant identification.

I appreciate your time and consideration of my application. Please let me know if you need any additional information or documentation. I look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]