

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

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

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to seek assistance with my application for the Qualified Medicare Beneficiary (QMB) program.

I recently learned about the benefits of the QMB program and believe it could significantly aid my healthcare needs. However, I am facing challenges in navigating the application process and would greatly appreciate your guidance.

[Briefly explain your situation, any specific challenges, and why you need assistance.]

I am committed to completing my application and ensuring that I provide all required documentation. Any help or resources you could provide would be invaluable to me during this process.

Thank you for your time and consideration. I look forward to your support.

Sincerely,  
[Your Name]