

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

Dear [Recipient Name],

I am writing to request assistance with my application for the Qualified Medicare Beneficiary (QMB) program. Due to [briefly explain your situation, e.g., financial hardship, health issues, etc.], I believe I may qualify for this program but am uncertain about the application process.

I would greatly appreciate any guidance or support you can provide, including information on required documents, submission timelines, and any available resources to assist me in completing the application. Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,
[Your Name]