

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

Dear [Recipient Name],

Subject: Application for QMB Eligibility

I am writing to formally apply for eligibility under the Qualified Medicare Beneficiary (QMB) program. My personal details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Medicare Number: [Your Medicare Number]
- Social Security Number: [Your SSN]

I meet the financial and non-financial eligibility criteria defined for the QMB program, and I have enclosed the required documentation to support my application. This includes:

- Proof of income (e.g., pay stubs, tax returns)
- Proof of residency (e.g., utility bill, lease agreement)
- Any other relevant documentation

Please let me know if you need any additional information to process my application. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for considering my application.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]