

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

Dear [Recipient Name],

I am writing to express my intent to apply for the QMB (Qualified Medicare Beneficiary) program. I believe that my qualifications and circumstances make me a strong candidate for this assistance.

[Paragraph 1: Introduce yourself and explain your background, including relevant experience or education.]

[Paragraph 2: Discuss your reasons for applying to the QMB program. Highlight your financial situation and any challenges you face.]

[Paragraph 3: Mention any specific goals you have and how the QMB program would assist you in achieving them.]

Thank you for considering my application. I look forward to the opportunity to contribute positively to the QMB program and to your organization.

Sincerely,
[Your Name]