

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

Dear [Recipient Name],

I am writing to initiate my application for the Qualified Medicare Beneficiary (QMB) program. I understand that this program assists individuals in reducing their healthcare costs and would greatly benefit from its support.

Enclosed with this letter are the required documents for my application, including proof of income, identification, and any additional forms necessary to complete the process.

Please let me know if there are any further steps I need to take or additional information required. I appreciate your assistance in this matter.

Thank you for your attention to my application.

Sincerely,
[Your Name]