

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

Dear [Recipient's Name or "To Whom It May Concern"],  
I am writing to formally apply for Qualified Medicare Beneficiary (QMB)  
coverage under the guidelines established by [State or Federal agency  
name, if applicable].

I am [briefly state your eligibility, e.g., "a Medicare beneficiary and  
meet the financial criteria required for QMB"]. I have attached the  
necessary documentation to support my application.

[Optional: Briefly explain any relevant personal circumstances or needs  
that support your application.]

Please let me know if any further information or documentation is  
required to process my application. I appreciate your attention to this  
matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Attachment List, if applicable]