

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

Dear [Recipient Name],

Subject: Request for QMB Enrollment

I am writing to formally request enrollment in the Qualified Medicare Beneficiary (QMB) program. I believe that I meet the eligibility criteria and would like to provide the necessary information for your review.

[Insert a brief personal introduction and mention why you need QMB enrollment. Include relevant details such as your Medicare number, and any other pertinent information.]

Attached to this letter, you will find copies of the required documentation, including [list any attachments, e.g., proof of income, Medicare card, etc.].

Thank you for your attention to this matter. I look forward to your response and hope for a positive outcome.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]