

****Subject: QMB Assistance Eligibility Request****

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

[Date]

[Recipient Name]

[Department/Agency Name]

[Department Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to request eligibility determination for the Qualified Medicare Beneficiary (QMB) program. I believe I may qualify for this assistance and would like to provide the necessary information to process my request.

****Personal Information:****

- Full Name: [Your Full Name]

- Date of Birth: [MM/DD/YYYY]

- Medicare Number: [Your Medicare Number]

- Social Security Number: [Last four digits of your SSN]

- Household Income: [\$ Amount]

- Number of Household Members: [Number]

****Supporting Documents Enclosed:****

1. Proof of Income (e.g., pay stubs, tax returns)

2. Proof of Medicare Enrollment

3. [Any other relevant documents]

I kindly ask that you review my request and contact me at your earliest convenience. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]