

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]

[Date]  
[Recipient Name]  
[Title]  
[Organization Name]  
[Address]

[City, State, ZIP Code]

Subject: Request for QMB Eligibility

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request a determination of eligibility for the Qualified Medicare Beneficiary (QMB) program.

I believe I meet the criteria for the program based on my current financial situation. Below are my details for your consideration:

- \*\*Full Name:\*\* [Your Name]
- \*\*Date of Birth:\*\* [Your Date of Birth]
- \*\*Medicare Number:\*\* [Your Medicare Number]
- \*\*Household Income:\*\* [Your Monthly Income]
- \*\*Number of People in Household:\*\* [Number of Individuals]

Enclosed you will find supporting documentation, including:

1. Proof of income (e.g., pay stubs, tax returns)
2. Current bank statements
3. Any additional relevant documents

I would appreciate your prompt attention to my request. Should you need further information or clarification, please feel free to contact me at the phone number or email address listed above.

Thank you for your assistance.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]