

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

Dear [Recipient Name],

I am writing to apply for the Qualified Medicare Beneficiary (QMB) program as I believe I meet the eligibility requirements necessary for enrollment.

I am [briefly introduce yourself and your current situation]. Due to [mention any circumstances such as low income, medical expenses, etc.], I am seeking assistance to help cover my medical costs.

I have attached the required documentation, including [list any documents you are including such as proof of income, medical records, etc.]. I appreciate your consideration of my application and hope to receive the support necessary to assist with my healthcare needs.

Thank you for your time and attention to my application. Please feel free to contact me if you need any further information.

Sincerely,
[Your Name]