

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

Dear [Recipient Name],

I am writing to request assistance under the Qualified Medicare Beneficiary (QMB) program. I believe I meet the eligibility requirements and am seeking support to help cover my Medicare costs.

I am currently enrolled in Medicare and my income is below the specified limits for the QMB program. My monthly income and household details are as follows:

- Monthly Income: [Your Monthly Income]
- Household Size: [Number of People in Household]

I have attached the necessary documentation to support my application, including:

1. Proof of income (pay stubs, bank statements)
2. A copy of my Medicare card
3. Any other required forms (if applicable)

I would greatly appreciate your assistance in processing my application for the QMB program. Please let me know if you need any additional information or documentation.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Signature (if sending a hard copy)]