

****QMB Program Request Template****

****[Your Name]****

****[Your Address]****

****[City, State, Zip Code]****

****[Email Address]****

****[Phone Number]****

****[Date]****

****[Recipient's Name]****

****[Recipient's Title/Organization]****

****[Recipient's Address]****

****[City, State, Zip Code]****

Dear [Recipient's Name],

Subject: Request for QMB Program Enrollment

I am writing to formally request enrollment in the Qualified Medicare Beneficiary (QMB) program. I believe I meet the eligibility criteria and would like to provide the necessary information and documentation to support my application.

****Personal Information:****

- Full Name: [Your Full Name]

- Date of Birth: [Your Date of Birth]

- Social Security Number: [Your SSN]

- Medicare Number: [Your Medicare Number] (if applicable)

****Household Information:****

- Household Size: [Number of individuals in household]

- Total Household Income: [Your total income]

- Source of Income: [Details about income sources]

I have attached the required documentation to verify my eligibility, including:

1. Copy of my income statements (pay stubs, tax returns, etc.)

2. Copy of my Medicare card

3. [Any additional documents relevant to the application]

I appreciate your consideration of my request and look forward to your prompt response. If you require any more information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

****Attachments:****

1. Income Statement

2. Medicare Card Copy

3. [Any Additional Documents]