

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

[Recipient Name]  
[Recipient Title]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request coverage under the Qualified Medicare Beneficiary (QMB) program.

As a [brief description of your situation, e.g., low-income individual, senior citizen], I believe that I meet the eligibility criteria for QMB benefits. Specifically, I am [include details about your income, resources, and any other relevant factors that support your eligibility]. I would appreciate any guidance on the application process and any documentation that you may require to support my request. Enclosed with this letter are [list any attached documents, if applicable, e.g., income verification, identification, etc.].

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

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]