

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

Dear [Recipient Name],

Subject: Application for Qualified Medicare Beneficiary (QMB) Program

I hope this letter finds you well. I am writing to formally apply for the Qualified Medicare Beneficiary (QMB) program, as I believe I meet the eligibility requirements and would greatly benefit from the assistance provided.

****Personal Information:****

Full Name: [Your Full Name]

Date of Birth: [Your Date of Birth]

Social Security Number: [Your Social Security Number]

****Statement of Need:****

Due to [briefly explain your financial situation, health conditions, or other circumstances], I am seeking support to help cover my Medicare premiums, co-insurance, and deductibles. This assistance is crucial for my financial well-being and my access to necessary healthcare services.

****Income and Asset Information:****

- Total monthly income: [Your Monthly Income]

- Total assets: [Your Total Assets]

I have attached relevant documentation to support my application, including [list any attached documents such as income statements, bank statements, etc.].

****Additional Information:****

[Include any other relevant information that may support your application, such as medical conditions, dependents, or special circumstances.]

Thank you for considering my application. I look forward to your prompt response and hope to receive the support I need through the QMB program. Should you require any further information or documentation, please do not hesitate to contact me.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

[Your Printed Name]

****Attachments:****

[List of attached documents]