

[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 apply for the Qualified Medicare Beneficiary (QMB) program. I meet the eligibility requirements and believe that this program will significantly assist me in managing my healthcare expenses. Attached, please find my completed application along with the required documentation for your review.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,
[Your Name]