

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

[Recipient's Name]
[Recipient's Title]
[Department/Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to express my interest in applying for the Qualified Medicare Beneficiary (QMB) program. As a [brief personal introduction or background], I believe that this program will provide the necessary support for my healthcare needs.

[Paragraph 1: Personal Story]

In [year or situation], I faced [describe a relevant experience/health situation]. This experience has profoundly impacted my life, leading me to seek assistance through the QMB program to ensure I can continue receiving the care I need.

[Paragraph 2: Financial Situation]

Currently, my financial situation is challenging. With [details about income/source of income], it has become increasingly difficult to manage the costs associated with medical care. The support from the QMB program would alleviate this burden significantly.

[Paragraph 3: Closing Statement]

I kindly request your consideration of my application for the QMB program. I am eager to provide any additional documentation or information needed to support my case. Thank you for your time and attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]