

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

[Recipient's Name]  
[Organization Name]  
[Organization Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to apply for the Qualified Medicare Beneficiary (QMB) program. I believe that I meet the eligibility requirements and seek assistance to help cover my medical expenses.

My details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]
- Address: [Your Address]

I have included the necessary documentation to support my application, such as proof of income, residency, and any other required information. Thank you for considering my application. I look forward to your response.

Sincerely,  
[Your Name]