

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

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

Dear [Recipient's Name],

I am writing to formally apply for the Qualified Medicare Beneficiary (QMB) program. I am seeking assistance due to my current financial situation and health care needs.

**\*\*Personal Information\*\***

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

**\*\*Financial Information\*\***

I currently live in [City/State] and my monthly income is [Your Income]. My expenses include [Your Monthly Expenses]. Due to these circumstances, I am eligible and in need of the benefits provided by the QMB program.

**\*\*Supporting Documentation\*\***

Attached to this letter are copies of the documentation that support my application, including:

- Proof of income (e.g., pay stubs, Social Security statements)
- Medical bills or statements
- [Any other relevant documents]

I kindly ask for your consideration of my application and look forward to your response. I am available for any further information you may need.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]