

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

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

Dear [Recipient's Name],

Subject: Application for Qualified Medicare Beneficiary (QMB) Program

I am writing to formally apply for the Qualified Medicare Beneficiary (QMB) program. I am [briefly introduce yourself and your current situation].

[Explain your eligibility and reasons for applying for the QMB program.]

I have enclosed the necessary documentation to support my application, including [list the documents, e.g., income verification, identification, etc.].

I appreciate your attention to my application. Please feel free to contact me at [your phone number] or [your email address] if you require any further information.

Thank you for your consideration.

Sincerely,
[Your Name]