

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

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

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to apply for the Qualified Medicare Beneficiary (QMB) program. My name is [Your Name], and I am currently residing at [Your Address].

Due to [briefly explain your financial situation or healthcare needs], I am seeking assistance through the QMB program to help cover my Medicare premiums, deductibles, and co-payments.

I have enclosed the necessary documents, including [list documents such as proof of income, Medicare card, etc.], to support my application.

Thank you for considering my application. I look forward to your positive response. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,
[Your Name]