

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Agency/Organization Name]
[Agency Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally apply for the Qualified Medicare Beneficiary (QMB) program. As a resident of [Your State or County], I am seeking assistance managing my healthcare costs.

I believe I qualify for the QMB program based on my current financial situation, details of which I have included below:

- [Briefly outline your income and any relevant financial circumstances]
- [Mention any other pertinent details, such as existing medical expenses or conditions]

Enclosed with this letter, you will find my completed application form along with the required documentation to support my request:

1. [List documents, e.g., proof of income, tax returns, etc.]
2. [Any additional relevant documents]

I appreciate your attention to my application and hope to hear back from you soon regarding my eligibility for the QMB program. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or clarification.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]