

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

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

Dear [Recipient's Name],

Subject: Application for Qualified Medicare Beneficiary (QMB) Program

I hope this letter finds you well. I am writing to formally apply for the Qualified Medicare Beneficiary (QMB) program.

My information is as follows:

- **Full Name:** [Your Full Name]
- **Date of Birth:** [Your Date of Birth]
- **Medicare Number:** [Your Medicare Number]
- **Social Security Number:** [Your SSN]
- **Income Information:** [Brief description of your income, including any relevant details]
- **Household Size:** [Number of dependents, if applicable]

I have enclosed the necessary documents to support my application, including [list any specific documents included, e.g., income verification, proof of residence, etc.].

I appreciate your prompt attention to my application and look forward to your response. Please let me know if you require any further information. Thank you for your assistance.

Warm regards,

[Your Signature (if sending a hard copy)]

[Your Printed Name]