

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

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

Dear [Recipient's Name],

I am writing to apply for the Qualified Medicare Beneficiary (QMB) program. I believe I meet the eligibility requirements and am seeking assistance to help cover my Medicare costs.

[Briefly explain your situation and why you need assistance.]

Enclosed are the necessary documents to support my application, including [list any included documents, such as proof of income, Medicare card, etc.].

Thank you for considering my application. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]