

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

I am [Your Full Name], and my Medicare number is [Your Medicare Number].

I meet the eligibility requirements for the QMB program based on my financial situation, and I would like to provide the necessary documentation to support my application.

Enclosed are the following documents for your review:

1. Proof of income (e.g., pay stubs, bank statements)
2. Proof of assets (e.g., bank statements, property documents)
3. [Any other relevant documents]

I understand the importance of this application and appreciate your attention to my request. Please let me know if you require any additional information or documentation. I can be reached at [Your Phone Number] or [Your Email Address].

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

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]