

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

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient 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.

[Briefly explain your situation and why you are applying for QMB, including any relevant personal or financial information. Mention any supporting documents you are including.]

I appreciate your time and consideration regarding my application. Please let me know if you need any additional information or documentation.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]