

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

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

Dear [Recipient's Name],

Subject: Request for QMB (Qualified Medicare Beneficiary) Enrollment

I hope this message finds you well. I am writing to formally request enrollment in the Qualified Medicare Beneficiary (QMB) program. As an individual eligible for Medicare benefits, I am seeking assistance to help cover my medical costs and improve my access to necessary healthcare services.

To support my request, I have included the following information:

1. ****Personal Information****

- Full Name: [Your Full Name]
- Medicare Number: [Your Medicare Number]
- Date of Birth: [Your Date of Birth]
- Social Security Number: [Your SSN]

2. ****Financial Information****

- Annual Income: [Your Annual Income]
- Household Size: [Number of People in Your Household]
- Any relevant financial documents (e.g., pay stubs, tax returns)

3. ****Current Healthcare Needs****

- List of medications: [List any medications you are currently taking]
- Any ongoing medical conditions: [Briefly describe any medical

conditions you have]

I understand that the QMB program is designed to assist individuals with limited financial resources, and I believe my circumstances qualify me for this valuable support.

Please let me know if there are any additional documents or information required to process my request. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]