

[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: Request for QMB Enrollment

I hope this message finds you well. I am writing to request enrollment in the Qualified Medicare Beneficiary (QMB) program.

I am [briefly explain your situation or reason for request, e.g., "a senior citizen managing limited income and resources and would greatly benefit from the assistance offered by QMB."]

Please find attached the necessary documents to support my application, including [list any enclosed documents, e.g., income verification, Social Security award letter, etc.].

I would appreciate your assistance in processing my request. If you need any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]