

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Organization/Agency Name]  
[Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for Qualified Medicare Beneficiary (QMB) Benefits

I hope this letter finds you well. I am writing to formally request assistance as a Qualified Medicare Beneficiary (QMB). My current financial situation qualifies me for this program, and I would appreciate your guidance on the application process.

I am currently [briefly describe your circumstances, such as income level, any relevant medical situation, or why you are in need of assistance]. Enclosed are the necessary documents to support my request, including [list any enclosed documents, such as proof of income, identification, etc.].

Thank you for considering my request. I look forward to your prompt response regarding the next steps I should take.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]