

[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]

Subject: Request for Qualified Medicare Beneficiary (QMB) Program Enrollment

Dear [Recipient's Name],

I am writing to formally request enrollment in the Qualified Medicare Beneficiary (QMB) program. I believe I meet the eligibility requirements and seek assistance with my Medicare costs.

****Personal Information:****

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

****Financial Information:****

- Annual Income: [Your Annual Income]
- Household Size: [Number of People in Household]

Attached to this letter are copies of the necessary documents to support my application, including proof of income and identification. Please let me know if you require any additional information or documentation.

I appreciate your attention to this matter and look forward to your prompt response regarding my request for QMB enrollment.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]