

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Department/Agency Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for Eligibility Determination for QMB Program

I hope this letter finds you well. I am writing to formally request an eligibility determination for the Qualified Medicare Beneficiary (QMB) program.

I believe I meet the necessary criteria for this program due to [briefly explain your circumstances, such as low income, limited resources, etc.]. Enclosed, you will find the required documentation to support my request, including:

1. A copy of my income statements
2. A list of my current assets
3. [Any other relevant documents]

I appreciate your attention to this matter and look forward to your prompt response. If you require any additional information or documents, please do not hesitate to contact me at [your phone number or email].

Thank you for your assistance.

Sincerely,

[Your Name]