

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

Dear [Recipient's Name],

Subject: Request for Benefits under QMB Program

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

I am currently enrolled in Medicare and am experiencing financial hardship that makes it difficult for me to cover the out-of-pocket costs associated with my healthcare. The QMB program would greatly assist me in alleviating these financial burdens.

Attached to this letter, you will find the necessary documentation regarding my Medicare enrollment and financial circumstances. I would appreciate your guidance on any further procedures or paperwork needed to process my request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature] (if sending a hard copy)

[Your Printed Name]