

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Medicaid Office Address]
[City, State, Zip Code]

Dear [Medicaid Office or Specific Person's Name],
Subject: Application for Qualified Medicare Beneficiary (QMB) Program
I am writing to formally apply for the Qualified Medicare Beneficiary (QMB) program. Below are the details of my personal information and the documents required for my application:

****Personal Information:****

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

****Household Information:****

- Total Number of Household Members: [Count]
- Monthly Income: [Your Monthly Income]

****Enclosures:****

- Copy of Medicare card
- Proof of income (e.g., pay stubs, tax returns)
- Proof of residency (e.g., utility bill, lease agreement)

I certify that the information provided is accurate to the best of my knowledge. I understand that any false statements may lead to disqualification from the program.

Thank you for considering my application. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]