

**Line of Business:**

Medicare

Individual &amp; Family Plans

(Please Select One)



## Sign Language Interpreter Request Form

**INSTRUCTIONS** Only use this form when requesting a sign language interpreter for an in-person or virtual formal marketing/sales event or marketing sales appointment.

All fields must be completed. Missing or inaccurate information may delay the reservation of interpreter services.

**CHECK ALL THAT APPLY**

- ☐ Standard (14 or more calendar days from date interpreter needed)
- ☐ **Urgent** (less than 14 calendar days from date interpreter needed)
- ☐ A consumer/member **complaint** is associated with this request

**AGENT INFORMATION**

Name	Phone	Email	
Writing Number (must match LOB above)	Party ID	Channel	Region

**CONSUMER INFORMATION**

Name	Phone	MIRA Contact ID	
Address	City	ST	ZIP

Language  
Requested

- ☐ American Sign Language (ASL)
- ☐ Other (Identify non-English language or type) \_\_\_\_\_

Interaction Type

- ☐ In-Person
- ☐ Virtual

**EVENT/APPOINTMENT INFORMATION**

Type (Event or Appointment)	Venue Name	Date	Time
Address	City	ST	ZIP

**REQUESTER INFORMATION**

Name	Phone	Email

**ADDITIONAL INFORMATION IMPORTANT TO THIS REQUEST**

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submit the completed form to  
[asl@uhc.com](mailto:asl@uhc.com)