

Producer Help Desk (Client ID: 93241)
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 is needed)
- Urgent** (less than 14 calendar days from date interpreter is needed)
- A consumer/member **complaint** is associated with this request

AGENT INFORMATION

Name	Phone	Email	
Writing Number (must match LOB below)	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

REQUESTOR INFORMATION

Name	Email	Phone	Client ID
			93241

- Line of Business:** (Please select one)
- Medicare (GL - 20020-04000-403620-USASS800-77499)
 - Individual & Family Plan (GL - 20020-02850-205144-USASS800-77499)

ADDITIONAL INFORMATION IMPORTANT TO THIS REQUEST

To submit your request: Email the completed form to nationwideonsite@propio.com.

The team will review and provide confirmation once an Interpreter has been confirmed. For any additional questions dial (316) 395-5643, follow the prompts, for UHG press 9 to reach a dedicated team member.