

Line of Business:

Medicare

Individual & 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