

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.