

Sign Language Interpreter Request Form

INSTRUCTIONS Only use this form when requesting a sign language interpreter for a formal marketing/sales event or in-person 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	
Agent ID (Writing Number)	Party ID	Channel	Region
CONSUMER INFORMATION			
Name	Phone	bConnected Contact ID	
Address	City	ST	ZIP
Language Requested	<input type="checkbox"/> American (ASL) <input type="checkbox"/> Other (Please state type) _____		
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

For **American Sign Language (ASL)** interpreter requests, submit this form to asl@uhc.com

For all other sign language interpreter requests (such as tactile or non-ASL), submit this form to the UnitedHealthcare Civil Rights Coordinator at UHC_Civil_Rights@uhc.com