

REGISTRATION OF INDIVIDUALS AND STAFF FOR APPOINTED REPRESENTATIVE SERVICES

General Information and Instructions

- You can register online at www.socialsecurity.gov/ (URL is TBD) or you can complete this paper form and mail it to your local Social Security office.
- Use this form for initial registration and to make subsequent updates to your information.
- If you are currently suspended or disqualified from representing claimants in dealings with SSA, you may not register (either as a representative or an individual performing services on behalf of a representative) until your suspension has ended or SSA has reinstated you.
- Please read the instructions carefully. The form provides instructions to guide you to the sections and items you must complete.
- **We will return incomplete or inaccurate forms.**
- For more information about the registration process, please visit our website at www.socialsecurity.gov/ (URL is TBD)

Purpose of Form

We use this form to register:

- Individuals appointed as representatives;
- Individuals who will perform advocacy services on behalf of an appointed entity representative;
- Individuals who will act on behalf of an appointed representative (including staff of attorneys and non-attorneys eligible for direct pay) and want access to our electronic services; and
- Individuals who will be responsible for maintaining and updating an entity representative's registration and employee information.

All individuals listed above must register with the agency. With this form, we collect personal and other information necessary to authenticate and authorize you to do business with us and to permit access to our records while protecting your confidentiality and that of our claimants. We also collect all information necessary to conform to Internal Revenue Code sections 6041 and 6045(f), which require us to issue IRS Form 1099-MISC to individuals who and affiliated businesses that represent claimants and receive direct payment of \$600 or more during a tax year. Once registration is complete, you will be issued a User Identification Number (User ID) and Representative Identification Number (Rep ID).

Explanation of terms for completing this form

- **Advocacy Services**—professional activities performed by an individual representative or by an individual working on behalf of an entity representative on a claim before us. They include, but are not limited to, interpreting agency law and policy, providing advice to claimants about agency law and policy, presenting evidence, appearing at hearings, examining witnesses, or signing pleadings and briefs.
- **Entity**—any business, firm, or other association, including but not limited to partnerships, corporations, for-profit organizations, and not-for-profits organizations that may be appointed as a representative.
- **On behalf of** -- An individual works on behalf of a representative when the individual is not the appointed representative on a claim, but performs representational services on the claim for the appointed representative. In sections I-VIII of this form (excluding any supplements to this form), the phrase working "for" a representative has the same meaning as working "on behalf of" a representative.
- **Representative**—an attorney, an individual other than an attorney, or an entity that meets all of our requirements and is appointed to represent claimants in dealings with us. For purposes of our rules of conduct and standards of responsibility, as well as our sanction procedures, representative also includes an attorney or a non-attorney who is not appointed as a representative but who provides advocacy services by or on behalf of an appointed representative on a claim before us.
- **Representational Services**—all services that are provided to a claimant in connection with any claim, any asserted right the claimant may have for an initial or reconsidered determination, and any decision or action by an ALJ or the Appeals Council.

- **Representative Identification Number (Rep ID)**—the number a representative or individual working on behalf of a representative must use to do business with us either electronically or on paper. We will use this Rep ID in lieu of an SSN.
- **User Identification Number (User ID)**—the number you must use to access our online services.

Privacy Act Statement

Collection and Use of Personal Information

Sections 206(a) and 1631(d) of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to facilitate direct payment of authorized fees and to meet the reporting requirements of the law.

The information you furnish on this form is voluntary. However, failure to provide the requested information will prevent you from serving as an appointed representative.

We generally use the information you supply for the purpose of facilitating payments. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to ensure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.socialsecurity.gov or at your local Social Security office.

Paperwork Reduction Act Statement

This information collection meets the requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take 30 minutes to read the instructions, gather the facts, and answer the questions. You may send **comments on our time estimate**, not the completed form, to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401

SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. Local office addresses can be found on www.socialsecurity.gov or you may call Social Security at 1-800-772-1213. If you are deaf or hard of hearing call our TTY number at 1-800-325-0778.

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Indicate whether this is a first-time registration or an update to your previous registration.

Initial Registration

(Complete all sections as instructed.)

Update of Prior Registration

Provide your name and Rep ID on this page, update all information that has changed and, where needed, check the box to indicate if the information provided is an update, addition, deletion or cancellation. You must re-attest, sign, and date the updated form.

Rep ID

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Complete all sections that apply to you. We will return incomplete or inaccurate forms.

Section I: Your Personal Identification and Home Contact Information

- All individuals initially registering must fill out this section. All fields are required unless indicated as optional.
- For your protection, we collect your home contact information to check against our records.
- Enter your name in the boxes below exactly as it appears on your Social Security card.
- If you want to use a different name, contact your local Social Security office to change the name currently in your records. You must either receive a new card or receive confirmation that we processed your name change prior to completing this form.

Name Changed

First Name

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Middle Name

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Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suffix (if any)

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Date of Birth (MM/DD/YYYY)

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Social Security Number

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Home Mailing Address

Street Line 1

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Line 2

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City

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State

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Zip/Postal Code

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Country (if outside the U.S.)

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Daytime Telephone Number

Country/Area Code Phone Number Extension

Home Fax Number (Optional)

Country/Area Code Phone Number

Home Email Address (Optional - Used for registration purposes and SSA Online service messages.)

Section II: Your Representational Standing

Check the appropriate box below to indicate your standing:

1. Attorney

- You currently are in good standing and admitted to practice law before the U.S. Supreme Court; a U.S. Federal, state, territorial, insular possession, or District of Columbia court; or are a member of a state bar if that membership carries with it the authority to practice law in that state.
- If you are **not** currently admitted and in good standing in at least one jurisdiction, you must register as a non-attorney.

(If you check this standing, go to Section III)

2. Non-Attorney/Staff who provide services to SSA claimants or beneficiaries either as an appointed representative or on behalf of an appointed representative.

(We collect additional information in Sections IV and V for non-attorneys eligible for direct pay.)

a. You are not an attorney.

(If you check this standing, skip Section III and go to Section IV)

b. You were an attorney, but **are not** in good standing in at least one jurisdiction.

(If you check this standing, go to Section III)

3. Other (e.g. family member, friend, clergy, etc.)

You are not in the business of providing services to SSA claimants and beneficiaries, but are registering to be an appointed representative for someone such as a relative, friend, or other acquaintance.

(If you check this standing, complete a. and b. below.)

a. Address for Receipt of SSA Notices Same as Home Address in Section I

Street Line 1	
Line 2	

City	State

Zip/Postal Code

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Country (if outside the U.S.)

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b. Alternate Telephone Number (If different from that provided in Section I.)

Country/Area Code	Phone Number	Extension

(If you completed #3, skip Sections III, IV, V and VI and go directly to Section VII.)

Section VI: Your Information When You Are Working for an Individual

Complete this section if you will ever perform work for an individual who is appointed as a representative. **Before you register**, any individual for whom you work must register with us and receive his or her Rep ID. You will need to ask the individual for the Rep ID and the name he or she used when registering with us. If you work for more than one individual, complete and attach as many copies of this section as needed.

Complete items 1 through 3 below.

<input type="checkbox"/> Update											
<p>1. Name of Individual for whom you work: This must match the name this individual used when he or she registered with us.</p>											
First Name	Middle Name										
Last Name	Suffix (if any)										
<p>2. Rep ID for the individual named above</p>											
<p>3. Provide your contact information when you work for this individual. We will use this information if we need to reach you regarding any case for which this individual is appointed as the representative.</p>											
Street Line 1											
Line 2											
City	State										
Zip/Postal Code											
Country (if outside the U.S.)											
Your Telephone Number	Your Fax Number (Optional)										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 40%;"></td> <td style="border-bottom: 1px solid black; width: 35%;"></td> </tr> <tr> <td style="font-size: small;">Country/Area Code</td> <td style="font-size: small;">Phone Number</td> <td style="font-size: small;">Extension</td> </tr> </table>				Country/Area Code	Phone Number	Extension	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 25%;"></td> <td style="border-bottom: 1px solid black; width: 75%;"></td> </tr> <tr> <td style="font-size: small;">Country/Area Code</td> <td style="font-size: small;">Phone Number</td> </tr> </table>			Country/Area Code	Phone Number
Country/Area Code	Phone Number	Extension									
Country/Area Code	Phone Number										
Your Email Address: (Optional)											

Section VII: Attestations for Representation

If you will ever be appointed as a representative or will provide advocacy services on behalf of an entity representative, you **MUST ATTEST** to these statements and provide any additional information as indicated.

1.

I understand and will comply with SSA laws and rules relating to the representation of parties, including the Rules of Conduct and Standards of Responsibility for Representatives.

I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved, unless a regulatory exclusion applies.

I will not threaten, coerce, intimidate, deceive, or knowingly mislead a claimant or prospective claimant, or beneficiary, regarding benefits or other rights under the Social Security Act.

I will not knowingly make or present, or participate in making or presenting, false or misleading oral or written statements, assertions, or representations about a material fact or law concerning a matter within SSA's jurisdiction.

I am aware that if I fail to comply with any SSA laws and rules relating to representation, I may be suspended or disqualified from practicing as a representative before SSA.

I attest to all of the above.

2. **Are you currently or have you ever been:**

- a. **Suspended or prohibited** from practice before SSA or any other Federal program or agency? Yes (Explain below.)
 No
- b. **Disbarred or suspended** from a court or bar to which you were previously admitted to practice as an attorney? Yes (Explain below.)
 No
- c. **Convicted of a violation** under Section 206(a) or 1631(d) of the Social Security Act? Yes (Explain below.)
 No
- d. **Disqualified** from representing a claimant as a current or former officer or employee of the United States? Yes (Explain below.)
 No

3. **For each Yes answer in 2, provide the information below** (Attach copies of this page if you need more space.)

Federal Program or Agency; or

Court or Bar Name:

Describe the Restriction(s) Identified in 2a-2d:

Beginning Date:

Ending Date: (if ended)

Brief Description of Circumstances:

Section VIII: General Attestations

Everyone registering **MUST ATTEST** to these statements.

I will not divulge any information that SSA has furnished or disclosed about a claim or prospective claim, unless I have the claimant's consent or there is a Federal law or regulation authorizing me to divulge this information.

I have in place reasonable administrative, technical, and physical security safeguards to protect the confidentiality of all personal information I receive from SSA, to avoid its loss, theft, or inadvertent disclosure.

I will not omit or otherwise withhold disclosure of information to SSA that is material to the benefit entitlement or eligibility of claimants or beneficiaries, nor will I cause someone else to do so, if I know or should know, that this would be false or misleading.

I will not use Social Security program words, letters, symbols, branding, or emblems in my advertising or other communications, in a way that conveys the false impression that SSA has approved, endorsed, or authorized me, my communications, or my organization, or that I have some connection with or authorization from SSA.

I will update this registration if my personal, professional or business affiliation information changes, including information related to disbarments, suspensions or sanctions.

I am aware that if I fail to comply with SSA laws and rules, I could be criminally punished by a fine or imprisonment or both, and I could be subject to civil monetary penalties.

I understand that SSA will validate the information I provide.

I attest to all of the above.

Perjury Statement

I agree that a copy of this signed Form SSA-1699 will have the same force and effect as the original.

I declare under penalty of perjury that I have examined all of the information on this application and it is true and correct to the best of my knowledge.

Signature of Person Identified in Section I (You must sign your OWN name.)

Date

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