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**, <u>not</u> the completed form, to SSA, 6401 Security Boulevard, Baltimore, MD, 21235-6401

<u>SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.</u> Local office addresses can be found on <u>www.socialsecurity.gov</u> 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.

REGISTRATION OF INDIVIDUALS AND STAFF FOR APPOINTED REPRESENTATIVE SERVICES

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•	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																															
•	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																															
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	1.	Attorney																		
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	(\	Ve collect additional	l informa	tion in	Section	ons IV	and	V fo	r non-	attoı	rneys	elig	ible f	or d	lirec	t pay	.)			
	a.	You are not an attor	ney.																	
	(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.)																			
	3.	Other (e.g. family m	nember, f	riend,	clergy	, etc.)														
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		Country (if outsid	le the U.	l S.)	.Jl			ll												
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		Country/Area Code	Phon	e Numl	ber	Ext	tensi	on												
		(If you completed	#3, skip	Secti	ons II	II, IV, V	/ and	lV b	and g	o di	recti	y to	Sect	ion	VII.)				

	Section III:	Your Bar and	Court Informa	ition		
1.	American Bar Association (ABA) Numbe	r:				Not an ABA member
2.	Provide the following information for all U.S ever have been admitted to practice as an Attach additional copies of this page if your	attorney.	·		·	which you are now or
	Attach additional copies of this page if you hear. U.S. Court or Bar	•	ted in more juriso Court or Bar Lio (If one i	cense N		Present Standing Code (From chart below)
Code	Present Stand	ing		Code	ı	Present Standing
01	Active (have the right to practice law) and	in good standing	g	11	Not Elig	ible
02	Inactive (do not currently have the right to standing	practice law) an	d in good	12	Not Esta	ablished
03	Suspended			13	Retired	
04	Disbarred			14	Emeritu	s

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Incapacity/Disability

Partially Probated Suspension

Probation

Age Exempt

Other

05

06

07

80

09

10

Revoked

Lapsed

Pending

Surrendered

Resigned (voluntary withdrawal), with disciplinary action pending

Resigned (voluntary withdrawal) with no disciplinary action pending

	Section IV: Your Information as an Individual Representative														
•	If you now or in the future expect to be an appointed representative, complete this section.														
•	If you want us to send notices to different addresses for different claims, attach additional copies of this page.														
•	If, when updating your information, you want to add or delete multiple notice addresses, you must submit a separate page for each change. If you are deleting a notice address which you previously provided, you must enter it exactly as you entered it originally.														
1.	Are you now or do you expect to ever be appointed as a representative personally (not work for an entity/firm)? ☐ Yes (Continue this section.) ☐ No (Go to Section V)														
2.															
	Line 2														
	City														
	State Zip/Postal Code														
	Country (if autoide the U.C.)														
	Country (if outside the U.S.)														
3.	Business Telephone Number (if different from that provided in Section I.) Business Fax Number (Optional) Country/Area Code Phone Number														
	Country/Area Code Phone Number Extension														
4.	Business Email Address (Optional)														
5.	Are you currently a non-attorney eligible for direct pay? (You received notice that you meet our requirements under the Social Security Act or regulations.)														

SECTION V: Your Information When You Are Working for an Entity or Firm

Complete this section if you will ever perform work for an entity which is appointed as a representative. If you work for more than one entity, complete and attach as many copies of this section as needed. You will need the entity's EIN in order to complete this section.

Coı	plete 1 through 3 below.														
1.	Entity's Employer Identification Number (EIN) (See your W-2 or contact the entity/firm to get this number.)														
2.	Are you a non-attorney eligible for direct pay? ☐ Yes ☐ No														
3.	Provide your contact information when you work for this entity. (Do not include the name of the entity. We will automatically add the entity name on correspondence.)														
	Street Line 1														
	Line 2														
	City														
	Zip/Postal Code														
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,	Your Telephone Number at this Entity/Firm Your Fax Number at this Entity/Firm (Optional)														
	Country/Area Code Phone Number Extension Country/Area Code Phone Number														
	Your Email Address at this Entity/Firm: (Optional)														
	Attestation by Attorney or Non-Attorney Eligible for Direct Pay														
•	This attestation is required if you work on behalf of an entity that may request direct payment of its fee, and you are an attorney or a non-attorney eligible for direct pay while working on behalf of this entity.														
•	You only need to make this attestation once, regardless of the number of entities you identify in this section.														
Rea	d the statements below and check the box to indicate your certification.														
	In any claim on which I will not be individually appointed as the representative, but will perform advocacy services on behalf of an entity that is appointed as a representative:														
	 All of the advocacy services I will perform on these claims will be on behalf of the entity, 														
	 SSA should pay directly to the entity all fees for the services I will provide on these claims, and 														
	 I will receive my compensation for providing these services directly from the entity. 														
	I attest to all of the above.														

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.

First	Name of Individual for whom you work: This must match the name this individual used when he or she registed with us. First Name Middle Name Last Name Suffix (if any)																											
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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. Street Line 1																												
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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. 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: ☐ Yes (Explain below.) Suspended or prohibited from practice before SSA or any other Federal program or a. agency? ☐ No ☐ Yes (Explain below.) b. **Disbarred or suspended** from a court or bar to which you were previously admitted to practice as an attorney? C. ☐ Yes (Explain below.) Convicted of a violation under Section 206(a) or 1631(d) of the Social Security Act? □ No d. **Disqualified** from representing a claimant as a current or former officer or employee of \Box Yes (Explain below.) the United States? ☐ 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: Ending Date: (if ended) **Beginning Date: Brief Description of Circumstances:**

Section VII: Attestations for Representation

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 prohave the claimant's consent or there is a Federal law or regulation authorizing me to divulg	•											
I have in place reasonable administrative, technical, and physical security safeguards to post of all personal information I receive from SSA, to avoid its loss, theft, or inadvertent disclose												
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,												
would be false or misleading. I will not use Social Security program words, letters, symbols, branding, or emblems in my advertising or other												
I will update this registration if my personal, professional or business affiliation information information related to disbarments, suspensions or sanctions.	n changes, including											
I am aware that if I fail to comply with SSA laws and rules, I could be criminally punished be or both, and I could be subject to civil monetary penalties.	y a fine or imprisonment											
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	ne original.											
I declare under penalty of perjury that I have examined all of the information on this application to the best of my knowledge.	n and it is true and correct											
Signature of Person Identified in Section I (You must sign your OWN name.)	Date											

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INFORMATION FOR ATTORNEYS AND NON-ATTORNEYS WHO ARE NOT WORKING FOR AN ENTITY/FIRM

SUPPLEMENT TO: REGISTRATION OF INDIVIDUAL FOR APPOINTED REPRESENTATIVE SERVICES

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	Line 2																							
	City	 	<u> </u>					ı		1					1				S	tate	•			
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	Zip/Postal Code Country (if outside the U.S.)																							
	Country (if outside the U.S.)																							
	Country (if outside the U.S.)																							
	What is your preferred payment method?																							
2.	What is your preferred payment method?																							
	What is your preferred payment method? Direct Deposit to U.S. Bank																							
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INFORMATION FOR ATTORNEYS AND NON-ATTORNEYS WHO ARE WORKING FOR AN ENTITY/ FIRM

SUPPLEMENT TO: REGISTRATION OF INDIVIDUAL FOR APPOINTED REPRESENTATIVE SERVICES

- We need this information to send notices and make direct payments to attorneys and non-attorneys eligible for direct
 pay who are appointed as individual representatives and are working for an entity/firm until our regulations recognize
 entity/firm representatives.
- You must complete Section I and Section II (items 1 and 2). If you might request direct payment for your representational services, you must also complete items 3 and 4 in Section II.
- Complete this information for each entity/firm you listed in Section V of the full form SSA-1699.
- If you work for additional entities/firms, complete and attach as many copies of this page as you need.

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