Internet Appointed Representative Individual Registration

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1.1. Register -Individuals and Staff

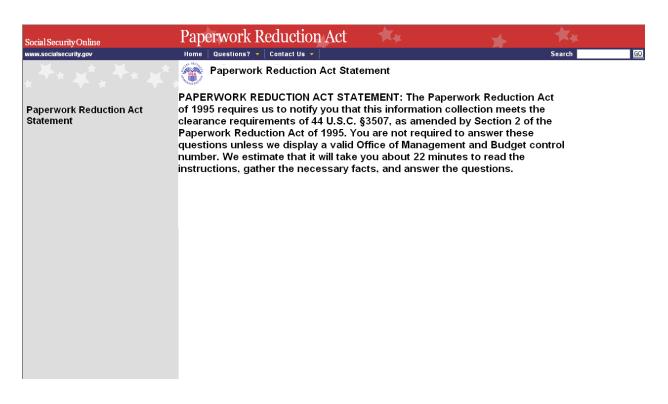


1.1.1.

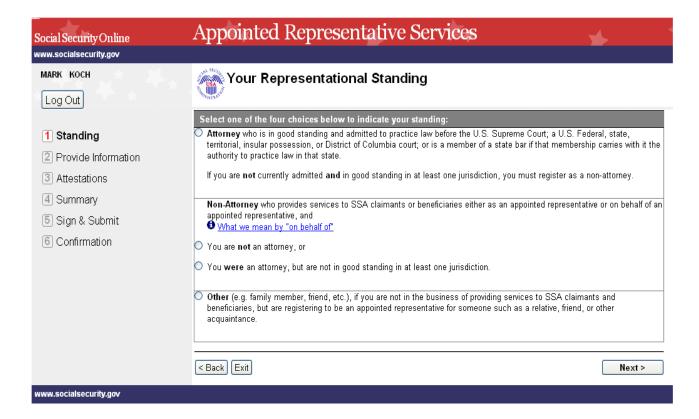


1.1.2.

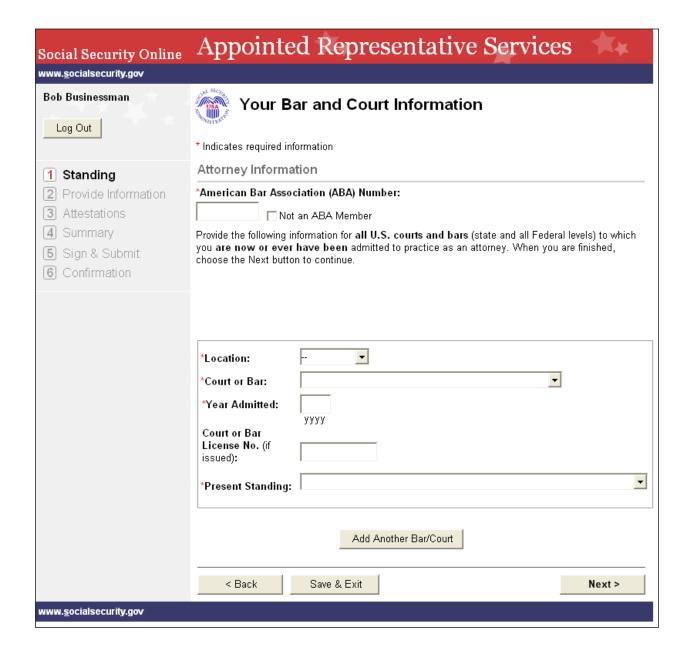
1.1.3.



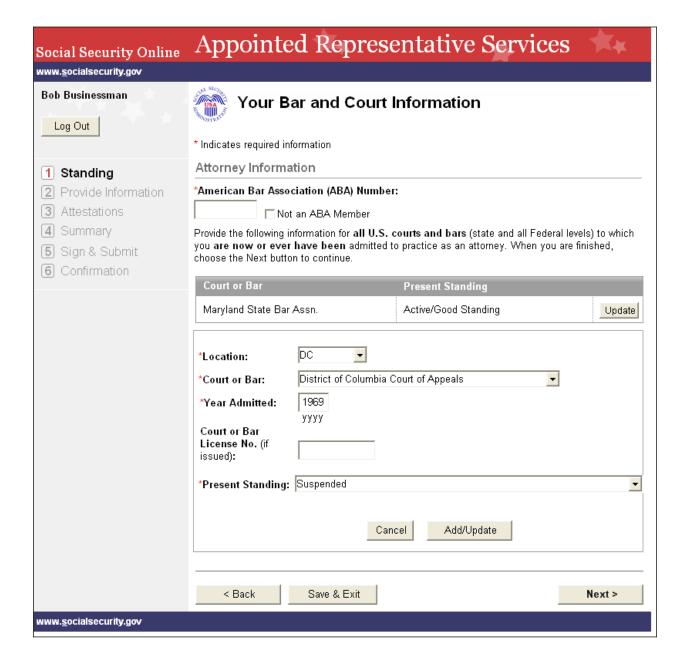
1.2. Register - Rep Standing



1.3. Register - Rep Standing - Attorney



1.4. Register - Rep Standing - Attorney



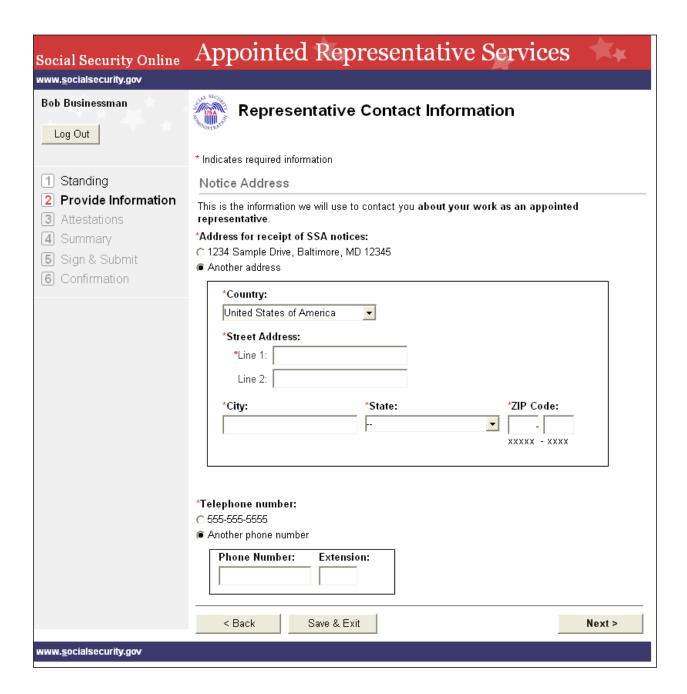
1.5. Register - Rep Standing - Non



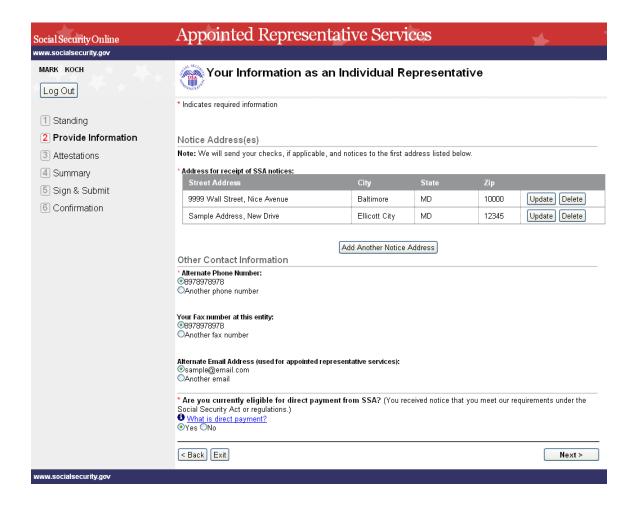
1.6. Register - Rep Standing - Other



1.7. Register - Rep Standing - Other



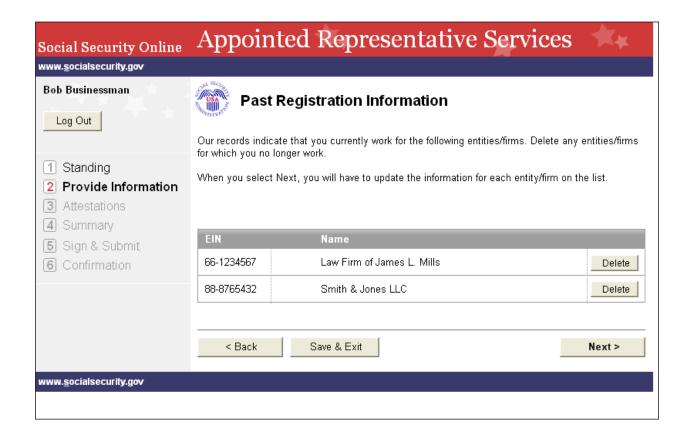
1.8. Register - Your Individual Rep Info



1.9. Register - Individual Rep Payment Info



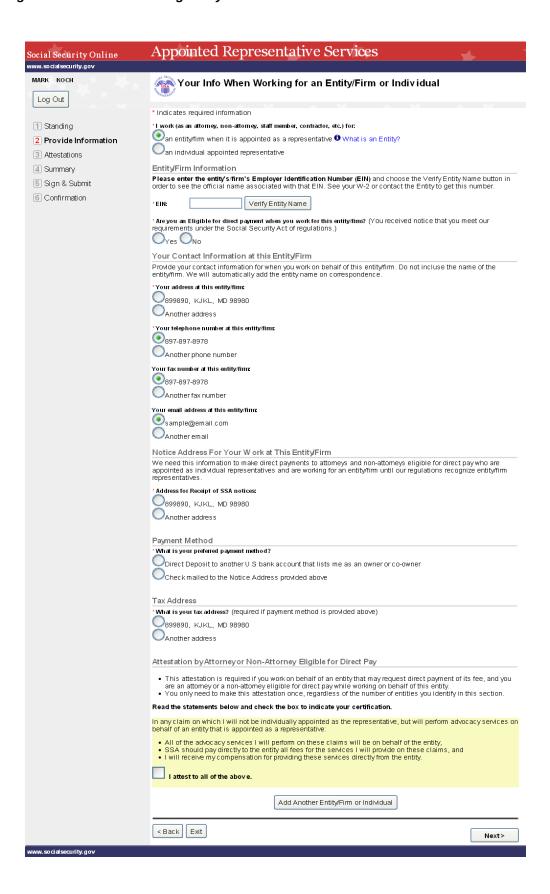
1.10. Past Affiliations



1.11. Register - Affiliation



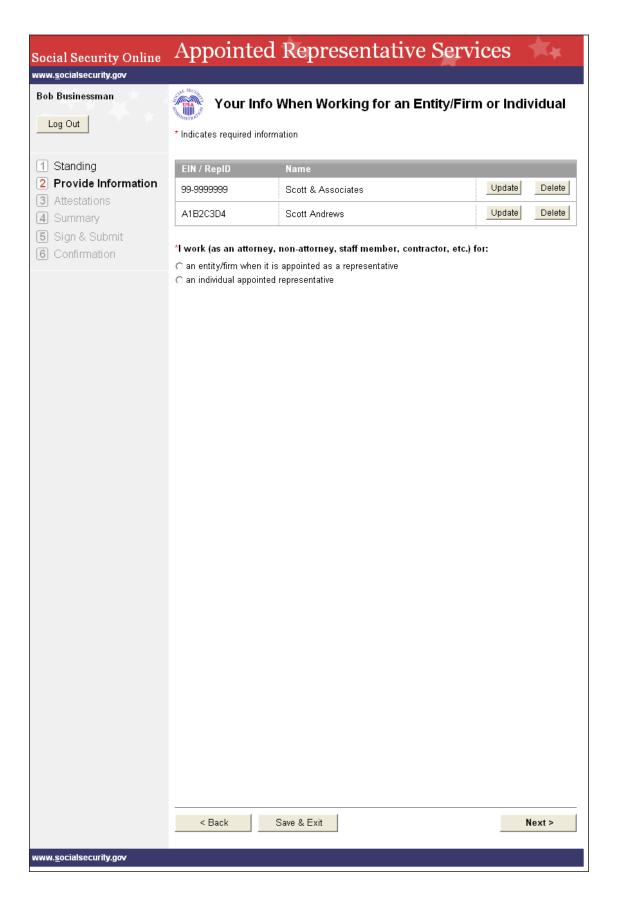
1.12. Register - Affiliation showing entity



1.13. Register - Affiliation showing individual

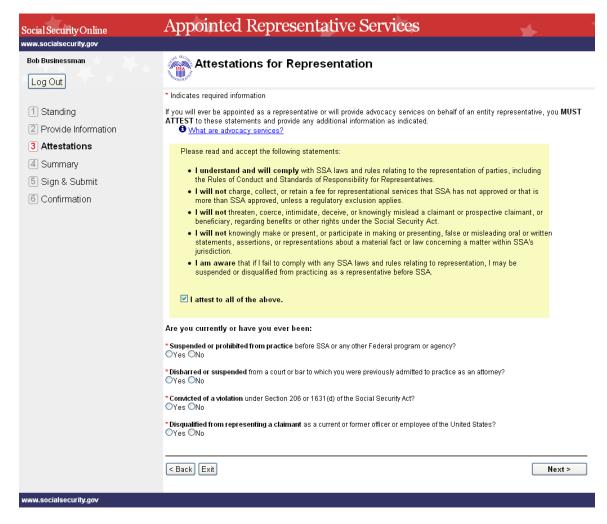
Bob Businessman Your Info When Working for an Entity/Firm or Individual	Social Security Online	Appointed Representative Services
**Tour Info When Working for an Entity/Firm or Individual **Indicates required information **Indicates required information **I work (as an atterney, non-atterney, staff member, contractor, etc.) for: **C an entity/firm when it is appointed as a representative **S an individual appointed representative **S an individual appointed representative **The Individual for Whom You Work **Name of Individual for whom you work: (This must match the name this individual used when he or she registered with us.) **Tirst Middle "Last Suffix (if any) **Rep ID for the individual named above:	www. <u>s</u> ocialsecurity.gov	
1 Standing 2 Provide Information 3 Attestations 4 Summary 5 Sign & Submit 6 Confirmation 7 Name of individual for Whom you Work 7 Name of individual for Whom you work: (This must match the name this individual used when he or she registered with us.) 7 Your Contact Information With This Individual 7 Provide contact information for yourself 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. 7 Address: 7 1234 Sample Drive, Baltimore, Maryland 12345-1234 7 Another address 7 Telephone Number: 7 (556) 555-5555 7 Another phone number 7 Fax Number: 7 (555) 555-0280 7 Another fax number 8 Individual sample@email.com 8 Another email		
2 Provide Information 3 Attestations 4 Summary 5 Sign & Submit 6 Confirmation The Individual for Whom You Work Name of individual for Whom you work: (This must match the name this individual used when he or she registered with us.) "First Middle "Last Suffix (if any) "Rep ID for the individual named above: Your Contact Information With This Individual Provide contact information for yourself 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. "Address: ○ 1234 Sample Drive, Baltimore, Maryland 12345-1234 ○ Another address "Telephone Number: ○ (555) 555-5555 ○ Another phone number Fax Number: ○ (555) 555-0280 ○ Another fax number Email Address: ○ sample@email.com ○ Another email		* Indicates required information
*First Middle *Last Suffix (if any) *Rep ID for the individual named above: Your Contact Information With This Individual Provide contact information for yourself 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. *Address: 1234 Sample Drive, Baltimore, Maryland 12345-1234 Another address *Telephone Number: (555) 555-5555 Another phone number Fax Number: (655) 555-0280 Another fax number Email Address: Sample@email.com Another email	2 Provide Information3 Attestations4 Summary5 Sign & Submit	C an entity/firm when it is appointed as a representative an individual appointed representative The Individual for Whom You Work *Name of individual for whom you work: (This must match the name this individual
*Rep ID for the individual named above: Your Contact Information With This Individual Provide contact information for yourself 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. *Address: C 1234 Sample Drive, Baltimore, Maryland 12345-1234 C Another address *Telephone Number: C (555) 555-5555 C Another phone number Fax Number: C (555) 555-0280 C Another fax number Email Address: C sample@email.com C Another email		Coop miles in one registrated man do.)
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Add Another Entity/Film or Individual		Your Contact Information With This Individual Provide contact information for yourself 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. *Address: C 1234 Sample Drive, Baltimore, Maryland 12345-1234 C Another address *Telephone Number: C (555) 555-5555 C Another phone number Fax Number: C (555) 555-0280 C Another fax number Email Address: C sample@email.com
<pre></pre>	www. <u>s</u> ocialsecurity.gov	< Back Save & Exit Next >

1.14. Register - Additional Affiliation



1.15. Register - Attestations

User chooses 'Yes' for all the attestation questions on 'Attestations' page.



- →Attestations Supporting Information page will be displayed with all the 4 panels as the user selected YES for all 4 questions on the previous page.
- \rightarrow User should enter mandatory information on all the 4 panels (in this case) and should click 'Next' so that the information on this page can be saved and proceed to the next page.

Socia l Security Online	Appointed Representative Services
www.socialsecurity.gov	
MARK KOCH	Attestations - Supporting Information
Log Out	
Log Out	* Indicates required information
1 Standing	
	Information on Prohibition from Practice Before Federal Program or Agency You indicated that you have been "prohibited from practice before SSA or any other Federal program or agency." Please provide
2 Provide Information	details below.
3 Attestations	
4 Summary	*FederalProgramor Agency:
5 Sign & Submit	*Beginning Date: (mm/dd/yyyy) Ending Date if Applicable: (mm/dd/yyyy)
6 Confirmation	
	*Briefly describe the circumstances:
	Information on Disbarrment or Suspension
	You indicated that you have been "disbarred or suspended from a courtor bar to which you were previously admitted to practice as an atorney." Hease provide details below.
	*Location: 😻
	*Court or Bar:
	*Beginning Date: (mm/dd/yyyy) Ending Date if Applicable: (mm/dd/yyyy)
	*Briefly describe the circumstances:
	Information on Violation of the Social Security Act
	You indicated that you have been "convicted of a violation under Section 206 or 1631 (d) of the Social Security Act" Please provide
	details below.
	*Describe the Violation:
	*Beginning Date: (mm/dd/yyyy) Ending Date if Applicable: (mm/dd/yyyy)
	*Briefly describe the circumstances:
	Information on Disqualification from Representing a Claimant
	You indicated that you have been "disqualified from representing a claimant as a current or former officer or employee of the United
	States." Please provide details below.
	* D es cribe the dis qualification:
	*Beginning Date: (mm/dd/yyyy) Ending Date if Applicable: (mm/dd/yyyy)
	*Briefly describe the circumstances:
	<back exit=""></back>
	Next>
www.socialsecurity.gov	

Case 2: User chooses 'Yes' only for the first question (Suspended or Prohibited) on 'Attestations' page.

- →Attestations Supporting Information page will be displayed with the corresponding (Suspended or Prohibited) panel as user selected a 'YES' for only question related to this on the previous page.
- →User should enter mandatory information on this panel and should click 'Next' so that the information on this page can be saved and proceed to the next page.



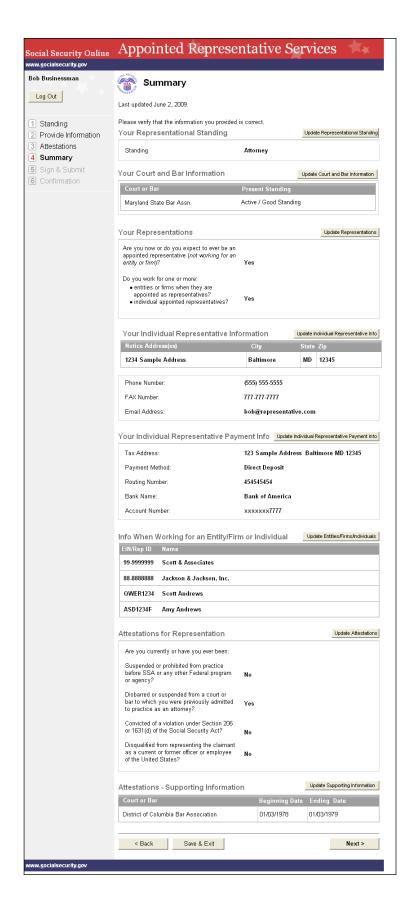
Other Information:

<u>Updating the information on Supporting Information page:</u>

User can come back through 'back' button from the next page or can click the relevant button on the Summary page to come to this screen.

User will be shown the information that he/she has entered before in the corresponding panels. User can simply edit the information (if required) and click on 'Next' button. The data will be updated in the session.

1.16. Register - Summary



1.17. Register - Sign & Submit

Appointed Representative Services ocial Security Online ww.socialsecurity.gov Sign & Submit MARK KOCH Log Out * Indicates required information 1 Standing You must attest to these statements in order to register and receive a Rep ID: 2 Provide Information • I will not divulge any information that SSA has furnished or disclosed about a claim or prospective claim, 3 Attestations unless I have the claimant's consent or there is a Federal law or regulation authorizing me to divulge this information. 4 Summary 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. 5 Sign & Submit • I will not omit or otherwise withhold disclosure of information to SSA that is material to the benefit 6 Confirmation 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 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. I declare under penalty of perjury that I have examined all of the information on this application and it is true and ✓* Checking this box will serve as my electronic signature. < Back Exit Submit

www.socialsecurity.gov

1.17.2 Register - Confirmation

