

## INSTRUCTIONS FOR COMPLETING FORM SSA-1693

Keep a copy of this form for your records.

File Form SSA-1693 only if you are submitting or have submitted a notice of appointment (i.e., SSA-1696 or equivalent writing) on an active claim or issue pending decision with us.

In this document, “you” means the claimant, beneficiary, auxiliary beneficiary or spouse.

### Requesting a fee for representational services

Your representative may ask for a fee for the services he or she provided in your claim. Not all representatives ask for a fee, and some only charge a fee if they win your case. To charge you a fee for services related to your claim(s), your representative generally must obtain our approval. Your representative can do that by submitting a fee agreement (you may use this form) or a fee petition. You and your representative choose which of these two processes to use. For more information on fees, fee processes and our rules visit our website at [www.ssa.gov/representation](http://www.ssa.gov/representation).

### Registration

Representatives who seek direct payment of their fee must first register with us. For more information on representative registration visit us on-line at [www.socialsecurity.gov/ar](http://www.socialsecurity.gov/ar), contact us at 1-800-772-1213 (TTY 1-800-325-0778, or contact your local Social Security office.

### When to file a fee agreement

Your representative must file your fee agreement before we decide your case. If you or your representative submit the fee agreement after our decision, we will disapprove your fee agreement.

### What you have to pay

Under the terms of a fee agreement, you will pay an amount up to 25 percent of your past-due benefits or an amount set by us, whichever is less. You must pay the fee we authorize. Your dependents or your auxiliary beneficiaries will also pay a fee unless they have their own representation. You *may* also have to pay:

- Fees authorized by a Federal court for services your representative provided during the court proceedings, and
  - Any “out-of-pocket” expenses your representative may incur (e.g., costs for making copies of a doctor’s or hospital’s records).
- Note: These fees and expenses do not require our authorization.*

### Two-tiered fee agreements

Although representatives may only use either a fee agreement or a fee petition in each case (they are mutually exclusive), you and your representatives can limit the effect of a fee agreement to a certain appeal level. Representatives can file a fee petition if your case is appealed beyond the specified administrative level. You and your representative can choose this option on the attached form.

### Trust and escrow accounts

Your representative may accept money from you before we authorize a fee as long as he or she holds it in a trust or escrow account according to our rules and policy. If you choose to enter into the trust or escrow agreement with your representative, you may willingly deposit the money in the trust or escrow account.

### Third-party payments

We collect information on payments your representative may receive from a third party for services he or she provided to you during the administrative proceedings. These fees may be in lieu of your fee payment, or may be in addition to your payment. We may consider these payments during our authorization process to determine if we need to authorize these fees under our rules. All statutory and regulatory rules continue to apply in situations involving third-party payments.

### Withholding of funds and direct payment to your representative

If your representative is eligible under our rules to receive an authorized fee directly from us, we usually withhold 25 percent of your TII/TXVI past-due (retroactive) benefits for direct payment of that fee. However, you must pay your representative the authorized fee directly if:

- the amount of the fee we approve is more than the amount held for you in a trust or escrow account, or more than the amount we can pay to your representative from your past-due benefits,
- we did not withhold past-due benefits,
- your claim did not result in past-due benefits,
- your representative is not eligible under our rules for direct payment of the fee from us,
- you ended the appointment of the representative before we issued a favorable decision,
- your representative withdrew from representing you before we issued a favorable decision,

- we withheld but later released your past-due benefits to you because your representative did not:
  - ask for our approval of a fee until 60 days after the date of your notice of award, or
  - timely tell us that he or she planned to ask for a fee

## Signatures

You and your representative must sign and date this form. If you are appointing multiple representatives, all of your representatives who intend to seek a fee for services provided on your claim must sign on a single fee agreement for the fee agreement to be approved. They may use the last page for this purpose.

See Revised Privacy Act  
Statement Attached

## ~~Privacy Act Statement – Collection and Use of Personal Information~~

~~Sections 206 and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may affect the amount of fees approved for an appointed representative.~~

~~We will use the information to determine the appointed representative's eligibility to receive fees for services rendered to the claimant named on the form. We may also share your information for the following purposes, called routine uses:~~

- ~~To a claimant's representative to the extent necessary to dispose of a fee petition or fee agreement; except for pre-decisional deliberative documents, such as analyses and recommendations prepared for the decision-maker;~~
- ~~To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs; and~~
- ~~To the Internal Revenue Service and to State and local government tax agencies in response to inquiries regarding receipt of fees we paid directly starting in calendar year 2007.~~

~~In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.~~

~~A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders Systems, as published in the FR on April 1, 2003, at 68 FR 15784; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information and a full listing of all our SORNs are available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).~~

## Paperwork Reduction Act Statement

This information collection meets the clearance 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 (OMB) control number. We estimate that it will take about 7 minutes to read the instructions, gather the facts, and answer the questions. You may send us comments on our time estimate to: **SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401**. Send only comments relating to our time estimate to this address, not the completed form.

## References

- 18 U.S.C. §§ 203, 205, and 207,
- 26 U.S.C. §§ 6041 and 6045(f)
- 42 U.S.C. §§ 406(a), 1320a-6, and 1383(d)2)
- 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.

## Fee Agreement for Representation before the Social Security Administration

### General Information

You **may** use this form to file an agreement between you and your representative(s) to seek our authorization of the fee for services your representative(s) will provide before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due (retroactive) benefits or a maximum dollar amount we set, whichever is less. Your dependents or auxiliary beneficiaries who do not have their own representation will also be liable for a fee. This form will facilitate your agreement and it will allow your representative(s) to receive an amount up to the maximum fee allowed under the Social Security Act. This form does not limit you and your representative(s) from agreeing to any additional terms unrelated to the fee. Requesting, receiving, or keeping a fee in excess of the legal limit or in excess of what we authorize is unlawful and may lead to sanctions for your representative(s).

### Representative's Information

#### Representative's Rep ID

First Name

Initial

Last Name

#### Representative's Mailing Address

City

State

ZIP/Postal Code

Representative's Phone Number

Alternate Phone Number (Optional)

Country/Area Code

Phone Number

Country/Area Code

Phone Number

### Claimant's Information

Claimant's Social Security Number

- -

First Name

Initial

Last Name

#### Claimant's Mailing Address

City

State

ZIP/Postal Code

Claimant's Phone Number

Alternate Phone Number (Optional)

Country/Area Code

Phone Number

Country/Area Code

Phone Number

Claimant's Social Security Number

Principal Appointed Representative's Rep ID

### Standard Fee Agreement

If SSA favorably decides my claim(s) and the decision results in past-due (retroactive) benefits, I agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount allowed under the Social Security Act Section 206(a)(2), or such higher amount set by the Commissioner of Social Security based on the date Social Security Administration (SSA) authorizes my representative's fee.

Choose One:

I agree to pay the maximum fee as stated in the preceding paragraph. SSA will determine the amount.

I agree to pay less than the maximum \$ \_\_\_\_\_ or \_\_\_\_\_ %.

Read and acknowledge the following:

I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.

I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative(s) directly. SSA does not authorize costs and expenses for which I am responsible to pay directly to my representative.

Claimant's Initials

### Two-Tiered Fee Agreement

If SSA favorably decides my claim(s) above the \_\_\_\_\_ administrative level, this fee agreement is void and my representative(s) may seek a higher fee by filing a fee petition. SSA must authorize this fee.

### Escrow/Trust Accounts or Third-party Payments

With my consent my representative(s) has/have or will establish an escrow/trust account in the amount of \$ \_\_\_\_\_

My representative will receive a fee from another party (e.g., state, county, private entity) for \$ \_\_\_\_\_ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee.

### Claimant and Representative Signatures

Only representatives who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative not waiving a fee are each required to sign the fee agreement.

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Representative's Signature

\_\_\_\_\_  
Date

