

## 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., an **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 can pay any amount up to twenty-five percent of your past-due benefits or an amount set by us, whichever is less. You must pay the fee we authorize. 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 or third-party agreements**

Your representative may accept money from you in advance as long as he or she holds it in a trust or escrow account according to our rules and policy. It is your choice whether to enter into the trust or escrow agreement with your representative and willingly deposit the money in the trust or escrow account.

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 past-due (retroactive) benefits for direct payment of that fee. However, you must pay your representative an 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.

### **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. We will use the information you provide on this form to verify your appointment of an individual as your representative and his or her acceptance of the appointment.

We rarely use the information you supply for any purpose other than to verify your appointment of an individual as your representative and his or her acceptance of the appointment. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audits, or investigative activities necessary to assure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice entitled, Appointed Representative File, 60-0325. Additional information about this and other system of records notices and our programs is available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office. We may share the information you provide with other health agencies through computer matching programs. Matching programs compare our records with records kept by other Federal, state, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

**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.

Claimant's SSN

□ □ □ □ -- □ □ □ □

Appointed Representative Rep ID

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Form SSA-1693 (XX-XXXX)  
Social Security Administration

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OMB No.: XXXX-XXXX

**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 up to twenty-five percent of your past-due (retroactive) benefits or a maximum dollar amount we set, whichever is less. 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

MI

Last Name

Representative's Mailing Address

City

State

Zip/Postal Code

Representative's Phone Number

Alternate Phone Number (Optional)

Country/Area Code

Number

Country/Area Code

Number

**CLAIMANT'S INFORMATION**

Claimant's Social Security Number

□ □ □ □ -- □ □ □ □

First Name

MI

Last Name

Claimant's Mailing Address

City

State

Zip/Postal Code

Claimant's Phone Number

Alternate Phone Number (Optional)

Country/Area Code

Number

Country/Area Code

Number



Claimant's SSN

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Appointed Representative's Rep ID

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**ADDITIONAL SIGNATURES**

*This page is optional - Use only if multiple appointed representatives want to sign on the same fee agreement.*

Additional appointed representative's names and signatures

Rep ID

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Print Name

Signature

Rep ID

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