

# Instructions for Completing Form SSA-1696-SUP2

**Keep a copy of this form for your records**

*In this document, “you” means the representative. “Us” and “SSA” means the Social Security Administration.*

## General Information About This Form

This form is optional. Complete it only when applicable.

## Withdrawal of a Representative

If you wish to withdraw your acceptance of the appointment, you must sign and date the withdrawal and file it with us either in-person at your local field office, mail it, or fax it to us. You should also tell the claimant. Your withdrawal will take effect on the date we receive the signed document. Under our recent revisions to our Rules of Conduct and Standards of Responsibility for Appointed Representatives, effective August 1, 2018, representatives should withdraw representation only at a time and in a manner that does not disrupt the processing or adjudication of a claim, and allows the claimant adequate time to find new representation, if desired. Once a hearing has been scheduled, a representative should not withdraw his or her representation unless “extraordinary circumstances” exist (83 CFR 30849). We will make determinations on whether a representative has withdrawn in a disruptive manner on a case-by-case basis. Some examples of “extraordinary circumstances” include a serious illness of the representative, a death or serious illness in the representative’s immediate family, or failure to locate the claimant who is being represented in the particular action, despite active and diligent attempts to contact the claimant. While we will not prevent a representative from withdrawing, if we determine the representative has withdrawn in a disruptive manner, we will refer the representative to the Office of General Counsel to consider pursuing sanctions. However, if another representative replaces the representative who is seeking to withdraw and there is no impact on the hearing process, we will not consider the withdrawal disruptive.

## 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 prevent us from ending your appointment as representative.

We will use the information to withdraw your acceptance of appointment as representative for the claimant named on the form. We may also share your information for the following purposes, called routine uses:

- To a congressional office in response to an inquiry from that office made on behalf of, and at the request of, the subject of the record or a third party acting on the subject’s behalf;
- To a Federal, State, and local law enforcement agencies and private security contractors, as appropriate, information necessary:
  - (a) to enable them to protect the safety of Social Security Administration (SSA) employees and customers, the security of the SSA workplace, and the operation of SSA facilities; or
  - (b) to assist investigations or prosecutions with respect to activities that affect such safety and security or activities that disrupt the operation of SSA facilities; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs.

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) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784; 60-0320, entitled Electronic Disability Claim File, as published in the FR on December 22, 2003, at 68 FR 71210; 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 control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send us your comments on our estimated completion time to **SSA, 6401 Security Blvd., Baltimore, MD 21235-6401**. Send only comments relating to our time estimate to this address, not the completed form.

## References

- 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.

## Representative's Withdrawal of Acceptance of an Appointment

You, the representative, can stop working for the claimant. Complete, sign, and date the section below and submit it to one of our offices. Do not forget to enter the claimant's Social Security Number and your Rep ID.

### Representative's Information

Representative's Rep ID

|                                    |                |                  |
|------------------------------------|----------------|------------------|
| <b>Representative's First Name</b> | <b>Initial</b> | <b>Last Name</b> |
|                                    |                |                  |

Representative's Address

|             |              |                        |
|-------------|--------------|------------------------|
| <b>City</b> | <b>State</b> | <b>ZIP/Postal Code</b> |
|             |              |                        |

### Claimant's Information

Claimant's Social Security Number

-                      -

|                              |                |                  |
|------------------------------|----------------|------------------|
| <b>Claimant's First Name</b> | <b>Initial</b> | <b>Last Name</b> |
|                              |                |                  |

Claimant's Address

|             |              |                        |
|-------------|--------------|------------------------|
| <b>City</b> | <b>State</b> | <b>ZIP/Postal Code</b> |
|             |              |                        |

I am withdrawing from this appointment.

I was seeking a fee, but I hereby waive my fee

I am seeking a fee and will file a fee petition

|                                   |             |
|-----------------------------------|-------------|
| <b>Representative's Signature</b> | <b>Date</b> |
|                                   |             |