

Complete the Notice of Appointment (Form SSA-1696)

Instructions for Representatives

This service allows you and the individual you agree to represent (i.e., the claimant) to complete your respective sections of the notice of appointment (Form SSA-1696) online, sign the form electronically, and submit it to us electronically. Before you begin, you will need the following information:

- · Your valid email address.
- The claimant's valid email address.
- · Your current mailing address and phone number.
- If you are registered, you will also need your Representative Identification (RepID) (This is the number you were assigned when you registered with us).

IMPORTANT: Submission of this form is a two-step process for each signer. We will not receive or process the form until both parties have completed their steps.

Step One. You, the **Representative**, must complete your designated sections of the form, **sign the form electronically**, and submit it to Adobe Sign.

Before beginning the form, you will first enter your and the claimant's email addresses into the application online.

You will also create a password that will be required for you and the claimant to access the form. You should provide the password to claimant by phone, in person, or SMS text message (standard message and data rates may apply). If contact with the claimant by phone, in person, or text is not possible, you may send the password via a separate email message.

You will receive an email from adobesign@adobesign.com containing a link and instructions on how to access the form.

NOTE: After you sign the form, the claimant will also receive an email from adobesign@adobesign.com containing a link and instructions on how to complete his or her portions of the form and submit it to SSA.

The form will be available to you and the claimant for 5 calendar days after you initiate the process online (i.e., when you enter your and the claimant's email addresses in order to receive a link to complete the form). You should inform the claimant about the importance of taking action in response to this email upon receipt of the email. If you and the claimant do not complete, sign, and submit the form within five (5) calendar days, you will need to start a new form.

Step Two. Upon receipt of email notification that the first step has been completed by you, the claimant accesses and reviews the partially completed form, completes their designated sections, **signs the form electronically**, and submits the form to us.

After successful submission of the form, adobesign@adobesign.com will send an email to you and the claimant with a link to the submitted form. This will allow you to save a copy for your records.

We will notify you and the claimant by mail when your form has been processed.

PLEASE NOTE:

- This website is most compatible with the following browsers: Microsoft Edge and Google Chrome.
- After 60 minutes of inactivity, the system will end your session, the form will delete the information you entered during the session, and you
 will have to repeat the first step again.
- If you (or the claimant) do not see an email notification within a few minutes of submission, check your junk folder. If you do not receive an email, you will need to submit a new form. We recommend that you verify the accuracy of your and your claimants' email address.
- A daily email reminder will be sent to you and the claimant until the form has been submitted or until the time expires.
- If you or the claimant lose the password, we do not have the ability to reset the password. You will have to restart the process.

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 appointing a representative to act on your behalf.

We will use the information to verify the appointment of your representative and his or her acceptance of the appointment. 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 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 October 31, 2019, at 84 FR 58422; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; 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, is available on our website at http://www.ssa.gov/privacy.



*I understand and agree to the above statement



Appointment of Representative

Representatives: This form will expire after 5 calendar days if the Claimant does not sign and submit the form. If the Claimant does not submit the form within 5 days, you will need to send a new form to the Claimant. You will need to provide the claimant with the password that you have created.

Representative's Email Address Confirm Representative's Email Address Confirm Representative's Email Address Claimant's Email Address Enter Claimant's Email Address Confirm Password Required Password must contain at least 8 characters, 1 uppercase, 1 lowercase, and 1 number. Password Confirm Password Completion Deadline 01/30/2021	Till the pass	sword that you have created.
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01/30/2021	V	Completion Deadline
	01/30	/2021



Appointment of Representative

To complete the online form, open the email from adobesign@adobesign.com and click on the "Review & Sign" button.



Fri 1/29/2021 10:09 AM

Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Social Security Administration Has Sent You Appointment of Representative to Sign

To Representative's Email

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2028

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🚺 If there are problems with how this message is displayed, click here to view it in a web browser.



Social Security Administration requests your signature Appointment of Representative

Form Expires On February 3, 2021

Review and sign

THIS LINK EXPIRES IN 5 CALENDAR DAYS.

You have a document to review and sign. You can access the document using the link above. For additional security, the representative has set an open password for this document. If you are not the representative, you will need to contact the representative to get the password in order to review this document. If any of the information in the document is incorrect or if you disagree with any of the information, the representative should restart the process.

This link is personalized for you and for security purposes, we recommend you do NOT forward/share this email or link with others. If you DO forward/share this email or link with others, you accept the risk that by sharing your personal information, the person assisting you may misuse your personal information. If you have any questions about this email or feel that you received this in error, please contact SSA at 1-800-772-1213 (TTY 1-800-325-0778) between 8:00 am – 7:00 pm, Monday through Friday.

Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit https://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

SOCIAL SECURITY ADMINISTRATION



By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

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Instructions for Completing Form SSA-1696

Follow the link we send you after you submit the form to print and/or save a copy of this form for your records

YOU DO NOT HAVE TO SIGN THIS FORM – Use and sign this form to appoint an individual to act on your behalf in your claim pending with us. If you do not agree with any information on this form, do not sign it. Refusing to sign the form will not affect how we process and decide your claim.

You may only file this electronic version of Form SSA-1696 if you have a claim or other issue pending with us. In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. "Us" and "SSA" means the Social Security Administration.

If you suspect Social Security Fraud - If you suspect Social Security fraud, please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

General Information About This Form

- You may appoint a qualified representative of your choice to represent you on any claim or asserted right under any of our programs. For more information on who can qualify to be an appointed representative, when your representative's appointment begins or ends, payment of fees to appointed representative(s), and other helpful information, you can visit our website at www.ssa.gov/representation, or call us, toll-free, at 1-800-772-1213. To find other helpful information or the address and telephone number for your local Social Security field office, you can visit www.ssa.gov/locator.
- You may use this electronic version of Form SSA-1696 to appoint a representative. However, we do not require you to use
 this electronic version; you can still use the paper version to tell us about your appointment. After you read, complete, and
 electronically sign the form, you must click "Click to Sign" to send us this form, or your appointment will not reach us. If we
 successfully process your appointment, we will send you a notice to tell you. You do not need to submit a paper form if you
 submit this electronic version.
- You may also choose to be unrepresented. We handle your case in the same manner whether you are represented or unrepresented. You do not need to appoint someone who simply helps you through the process. For example, you do not need to appoint someone who helps you call us, reads to you from documents, or interprets for you if you speak another language. You only need to appoint someone if he or she will be acting or appearing on your behalf, or will be making decisions about your case for you. If you choose to be unrepresented (or do not want to appoint the individual identified on this electronic form), do not complete or submit this form.
- You and your representative(s) must give us accurate information as quickly as possible. Providing misleading or false evidence
 on this form or your application, or withholding or delaying giving us evidence, could lead to possible criminal charges or
 administrative sanctions against you or your representative.

Appointing a Representative

Before completing your sections of this electronic form, please review the sections that you can view that were completed by the representative. If you agree with all of the information already entered, complete the highlighted sections, electronically sign and date the form in Section 8, and submit it to us by clicking "Click to Sign." After you submit the form successfully, you will receive an email from adobesign@adobesign.com with a link that will take you to a copy of the completed form that you can keep for your records. If you are appointing multiple representatives, you must use a separate form for each representative.

Section 1 - Claimant's Information and Number Holder's Information

Your representative will complete your name. You must complete all of the other information, including your Social Security number. If you are filing your action on someone else's Social Security record, this person is the "number holder" and we need his or her information to process your claim.

Section 2 - Authorization for Disclosure

By selecting the disclosure box, you are authorizing us to give information to your representative's staff, partners, associates, and other individuals who work for or with your representative (such as contractors and copying services) about you and your pending case. We will check the credentials of the individuals requesting information on behalf of your representative for authentication purposes.

Section 3 - Principal Representative

If you appoint or have appointed multiple representatives, you must name your principal representative who will be our main point of contact. We will send copies of your notices to this individual and communicate directly with him or her.

Section 4 - Representative's Information

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Your representative must complete this section and submit this form by clicking "Click to Sign." It is important that he or she fill in all the boxes in this section, including the Representative Identification Number (Rep ID) if he or she has one.

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Section 5 - Representative's Status, Affiliations, and Certifications

Your representative must complete this section to let us know his or her status as a professional. If your representative is seeking a fee and is working for an employer, entity, or firm, he or she must also complete the affiliation section and give us the Employer's Identification Number (EIN). We will provide both your representative and the employer, entity, or firm information of the reported income. For more information about your representative's reported income and employer registration, visit our website at www.ssa.gov/representation. Your representative must certify the accuracy of all statements in this section.

Section 6 - Claim Type

The representative completes this section. Your representative will check the boxes for the types of claims you will be appointing them to represent you.

Section 7 - Fee Arrangement

Generally, to charge a fee for services, your representative must get our approval. Your representative may waive the right to charge you a fee or tell us that a third party entity (business, government agency, or organization) will pay the fee. In these situations, the third party must pay out of its own funds the fee and any expenses, and you and any auxiliary beneficiaries (e.g., children or spouse) must be free of responsibility to pay any fees or expenses. If your representative is eligible for direct payment, he or she also may waive the right to direct payment.

Section 8 - Signatures

You must electronically sign and date this section and send the completed form to us by clicking the "Click to Sign" button. Remember, by signing this form you are appointing the named individual as your representative and authorizing us to disclose to him or her any information relevant to your claim(s) as if he or she were you. If you select the box in section 2, we may also disclose the same information to your appointed representative's associates.

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 appointing a representative to act on your behalf.

We will use the information to verify the appointment of your representative and his or her acceptance of the appointment. 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 Federal, State, and local law enforcement agencies and private security contractors, as appropriate, information necessary:
 - 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
 - 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 October 31, 2019, at 84 FR 58422; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; 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, is available on our website at 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

- 18 U.S.C. §§ 203, 205, and 207; 42 U.S.C. §§ 406, 1320a-6, 1383(d)(2) and 1631;
- 26 U.S.C. §§ 6041 and 6045(f) and 20 CFR §§ 404.1700 et. seg. and 416.1500 et. seg.



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Start

Claimant's Social Security Number

Appointed Representative's Rep ID

Claimant's Appointment of a Representative

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Section 1	- Claimant's Inform	mation	
First Name	Initial La	st Name	
Mailing Address	<u> </u>		
-		2	
City	State	ZIP/Postal Code	Country - if outside the U.S.
	1 41/ 1 51	N 1 (0 ii	
Phone Number	Alternate Ph	one Number (Option	onal)
Number Holder's Ir	nformation (Complete	te when applicable)	
My claim is based on another person's work or earnings	(e.g., spouse or parent). This person's info	rmation is different from mine.
Number Holder's Social Security Number			
First Name	Initial Las	t Name	
Section 2 -	Disclosure (Claima	ant Only)	
By selecting this box, I, the claimant listed in Section information in relation to my pending claim(s) or ass (e.g., clerks, assistants), partners, or parties under representative's partners, associates, delegates and authenticated.)	serted right(s) to design contractual arrangemen	nated associates whents for or with my re	o perform administrative duties presentative. (The appointed
Section 3 - Principal Represe	entative (Claimant on	ly – Complete when	applicable)
I have appointed before, or appoint now, more than one individual. My principal representative is:	representative. I ask S	SA to make contacts	s or send notices to this
Name			

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☐ I work for a non-profit organization (e.g. a law clinic or state legal aid)		
Representative's Status Part B	- Disqu	ualification	
l am now or have previously been disbarred or suspended from a court of Yes *O No	or bar to	which I was previo	ously admitted to practice law.
I am now or have previously been disqualified from participating in or ap		before a Federal p	rogram or agency.

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Claimant's Social Security Number	Appointed Representative's Rep ID
Section 5 -	Continued
Affiliation I	nformation
If you are representing the claimant(s) as a partner or employee of your Employer Identification Number (EIN) here, if one exists for	

EINs

(SSN). This is your employer's tax identification number. (Do not complete this section if you do not qualify for direct payment.)

Organization's Name (Enter the full name of the business, entity, firm or organization with which you want to be affiliated while representing this claim)

Representative's Business Address (if different than mailing address)

City State ZIP/Postal Code

Country - if outside the U.S.

Representative's Certifications

I accept this appointment and certify the following:

- · I understand and agree that I will comply with SSA's laws and rules on 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 understand that if I fail to comply with any of SSA's laws and rules I may be suspended or disqualified as a representative before SSA.
- I will not disclose any information to any unauthorized party without the claimant's specific written consent.
- I am not currently suspended or prohibited, for any reason, from practicing before the Social Security Administration.
- I am not disqualified from representing the claimant as a current or former officer or employee of the United States.
- I accept appointment as the representative for the claimant named in Section 2 of this form in connection with the claims and asserted rights described in Section 6 of this form.
- I agree that a copy of this signed form SSA-1696 will have the same force and effect as the original.
- · I declare under penalty of perjury that I have examined all of the information on this form and on all accompanying statements or forms, including any information, attestations and certifications provided to SSA in registration, and that they are all currently true and correct to the best of my knowledge.

If I intend to seek direct payment of the authorized fee on this claim -

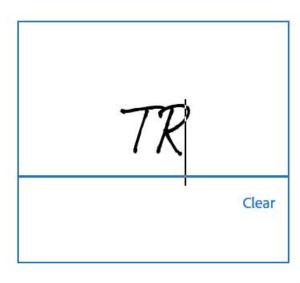
- I have registered for and obtained a Rep ID, and my registration information is up-to-date.
- · I have provided up-to-date information on my registration concerning whether I have been suspended or prohibited from practice before SSA or any other Federal program or agency, disbarred or suspended by a court or bar, and convicted of a violation under Section 206 or 1631(d) of the Social Security Act.

I CERTIFY TO ALL OF THE ABOVE



(Representative's Initials)

Type Initials



Close Apply



Options >

Form **SSA-1696** (12-2020) UF Page 6 of 6 Claimant's Social Security Number Appointed Representative's Rep ID Section 6 - Claim Type I appoint the individual named in Section 4 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: (Select YES for all that apply) Yes No Claim/Appeal for Title II Disability Benefits Claim/Appeal for Title XVI Disability Benefits *O Concurrent Title II and Title XVI Disability Benefits Claim/Appeal for Retirement Benefits Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits) Continuing Disability Review (CDR) Post-Entitlement Issue (a new issue you raise after eligibility for other benefits) (E.g., benefit amount, month of entitlement, representative payee, suspension, termination, overpayment) Section 7 - Fee Arrangement Check one box below: I will request a fee and direct payment of this fee. Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to pay you the fee we may authorize. (We must authorize the fee.) *O I will request a fee but not direct payment. Select this box if you are not eligible for direct payment from the past-due benefits, or if you do not want direct payment. You must collect any fee we may authorize on your own. (We must authorize the fee.) I waive the right to receive a fee from the claimant, any auxiliary beneficiaries or any other individual. Select this box if you certify that an entity, or a Federal, state, county, or city government agency will pay the fee and any expenses from its funds. The claimant, auxiliary beneficiaries, or other individuals must not be liable for the fee, directly or indirectly, in whole or in part, or any expenses. (We do not need to authorize the fee if all regulatory conditions apply.) l waive the right to a fee. Section 8 - Signatures Date Representative's Signature Click here to sign Jan 25, 2021 Date Claimant's Signature

You will need to electronically sign the document to complete your form. This form must be signed by the Appointed Representative

and the Claimant to be processed.

 \checkmark

Type Signature



Test Rep

Clear



Options 🗸

Appointment of Representative

Required fields completed

Form	SSA	A-1696 (12-2020) UF		Page 6 of 6
		Claimant's Social Security Number		Appointed Representative's Rep ID

		Section 6	- CI	aim Type
Title I	II (RS	he individual named in Section 4 to act as my represe DI), Title XVI (SSI), Title XVIII (Medicare Coverage), a specifically for the issues identified below: (<u>Select YES</u>	nd Tit	, ,
Yes	No			
0	\odot	Claim/Appeal for Title II Disability Benefits		
0	\odot	Claim/Appeal for Title XVI Disability Benefits		
\circ	\odot	Concurrent Title II and Title XVI Disability Benefits		
0	\odot	Claim/Appeal for Retirement Benefits		
\odot	0	Claim/Appeal for Title XVIII (Medicare), VIII (Spec	ial Ve	eteran's Benefits)
\odot	0	Continuing Disability Review (CDR)		
\odot	0	Post-Entitlement Issue (a new issue you raise after e	ligibili	ity for other benefits)
	Т	extbox for more information		
	(E.ç	g., benefit amount, month of entitlement, representati	ve pa	yee, suspension, termination, overpayment)
		Section 7 - F	ee A	Arrangement
Chec	k one	e box below:		
	lw			this box if you are eligible for direct payment and want us to we may authorize. (We must authorize the fee.)
С	ber			if you are not eligible for direct payment from the past-due ect any fee we may authorize on your own. (We must
С	box fro	r if you certify that an entity, or a Federal, state, coun	ty, or ther i	uxiliary beneficiaries or any other individual. Select this city government agency will pay the fee and any expenses individuals must not be liable for the fee, directly or indirectly, norize the fee if all regulatory conditions apply.)
С	lw	aive the right to a fee.		
		Section 8	- Si	gnatures
Rep	reser	ntative's Signature		Date
, ,	St 7	(OP		Jan 25, 2021
		's Signature		Date
		need to electronically sign the document to complete you	our fo	orm. This form must be signed by the Appointed Representative

Saved



You finished signing "Appointment of Representative".

Next, (Claimant's Email Here) will sign.

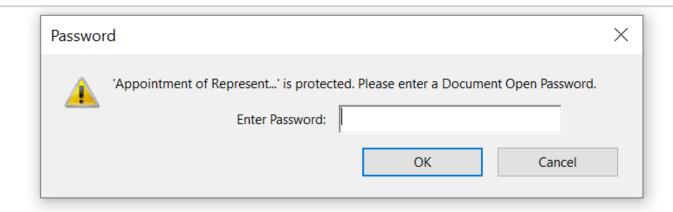
All parties will be notified via email. You can also download a copy of what you just signed.



You finished signing "Appointment of Representative".

Next, (Claimant's Email Here) Will sign.

All parties will be notified via email. You can also download a copy of what you just signed.





Fri 1/29/2021 10:09 AM

Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Social Security Administration Has Sent You Appointment of Representative to Sign

To Claimant's Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2028

If there are problems with how this message is displayed, click here to view it in a web browser.



Social Security Administration requests your signature **Appointment of Representative**

Form Expires On February 3, 2021

Review and sign

THIS LINK EXPIRES IN 5 CALENDAR DAYS.

You have a document to review and sign. You can access the document using the link above. For additional security, the representative has set an open password for this document. If you are not the representative, you will need to contact the representative to get the password in order to review this document. If any of the information in the document is incorrect or if you disagree with any of the information, the representative should restart the process.

This link is personalized for you and for security purposes, we recommend you do NOT forward/share this email or link with others. If you DO forward/share this email or link with others, you accept the risk that by sharing your personal information, the person assisting you may misuse your personal information. If you have any questions about this email or feel that you received this in error, please contact SSA at 1-800-772-1213 (TTY 1-800-325-0778) between 8:00 am - 7:00 pm, Monday through Friday.

Suspect Social Security Fraud?

If you suspect Social Security fraud, please visit https://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

SOCIAL SECURITY ADMINISTRATION



By proceeding, you agree that this agreement may be signed using electronic or handwritten signatures.

To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list.

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Options >

Form **SSA-1696** (12-2020) UF Discontinue Prior Editions Social Security Administration

Page 1 of 6 OMB No. 0960-0527

Instructions for Completing Form SSA-1696

Follow the link we send you after you submit the form to print and/or save a copy of this form for your records

YOU DO NOT HAVE TO SIGN THIS FORM – Use and sign this form to appoint an individual to act on your behalf in your claim pending with us. If you do not agree with any information on this form, do not sign it. Refusing to sign the form will not affect how we process and decide your claim.

You may only file this electronic version of Form SSA-1696 if you have a claim or other issue pending with us. In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. "Us" and "SSA" means the Social Security Administration.

If you suspect Social Security Fraud - If you suspect Social Security fraud, please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

General Information About This Form

- You may appoint a qualified representative of your choice to represent you on any claim or asserted right under any of our programs. For more information on who can qualify to be an appointed representative, when your representative's appointment begins or ends, payment of fees to appointed representative(s), and other helpful information, you can visit our website at www.ssa.gov/representation, or call us, toll-free, at 1-800-772-1213. To find other helpful information or the address and telephone number for your local Social Security field office, you can visit www.ssa.gov/locator.
- You may use this electronic version of Form SSA-1696 to appoint a representative. However, we do not require you to use
 this electronic version; you can still use the paper version to tell us about your appointment. After you read, complete, and
 electronically sign the form, you must click "Click to Sign" to send us this form, or your appointment will not reach us. If we
 successfully process your appointment, we will send you a notice to tell you. You do not need to submit a paper form if you
 submit this electronic version.
- You may also choose to be unrepresented. We handle your case in the same manner whether you are represented or unrepresented. You do not need to appoint someone who simply helps you through the process. For example, you do not need to appoint someone who helps you call us, reads to you from documents, or interprets for you if you speak another language. You only need to appoint someone if he or she will be acting or appearing on your behalf, or will be making decisions about your case for you. If you choose to be unrepresented (or do not want to appoint the individual identified on this electronic form), do not complete or submit this form.
- You and your representative(s) must give us accurate information as quickly as possible. Providing misleading or false evidence
 on this form or your application, or withholding or delaying giving us evidence, could lead to possible criminal charges or
 administrative sanctions against you or your representative.

Appointing a Representative

Before completing your sections of this electronic form, please review the sections that you can view that were completed by the representative. If you agree with all of the information already entered, complete the highlighted sections, electronically sign and date the form in Section 8, and submit it to us by clicking "Click to Sign." After you submit the form successfully, you will receive an email from adobesiqn@adobesiqn.com with a link that will take you to a copy of the completed form that you can keep for your records. If you are appointing multiple representatives, you must use a separate form for each representative.

Section 1 - Claimant's Information and Number Holder's Information

Your representative will complete your name. You must complete all of the other information, including your Social Security number. If you are filing your action on someone else's Social Security record, this person is the "number holder" and we need his or her information to process your claim.

Section 2 - Authorization for Disclosure

By selecting the disclosure box, you are authorizing us to give information to your representative's staff, partners, associates, and other individuals who work for or with your representative (such as contractors and copying services) about you and your pending case. We will check the credentials of the individuals requesting information on behalf of your representative for authentication purposes.

Section 3 - Principal Representative

If you appoint or have appointed multiple representatives, you must name your principal representative who will be our main point of contact. We will send copies of your notices to this individual and communicate directly with him or her.

Section 4 - Representative's Information

Your representative must complete this section and submit this form by clicking "Click to Sign." It is important that he or she fill in all the boxes in this section, including the Representative Identification Number (Rep ID) if he or she has one.

Options ~

Form **SSA-1696** (12-2020) UF

Page 2 of 6

Section 5 - Representative's Status, Affiliations, and Certifications

Your representative must complete this section to let us know his or her status as a professional. If your representative is seeking a fee and is working for an employer, entity, or firm, he or she must also complete the affiliation section and give us the Employer's Identification Number (EIN). We will provide both your representative and the employer, entity, or firm information of the reported income. For more information about your representative's reported income and employer registration, visit our website at www.ssa.gov/representation. Your representative must certify the accuracy of all statements in this section.

Section 6 - Claim Type

The representative completes this section. Your representative will check the boxes for the types of claims you will be appointing them to represent you.

Section 7 - Fee Arrangement

Generally, to charge a fee for services, your representative must get our approval. Your representative may waive the right to charge you a fee or tell us that a third party entity (business, government agency, or organization) will pay the fee. In these situations, the third party must pay out of its own funds the fee and any expenses, and you and any auxiliary beneficiaries (e.g., children or spouse) must be free of responsibility to pay any fees or expenses. If your representative is eligible for direct payment, he or she also may waive the right to direct payment.

Section 8 - Signatures

You must electronically sign and date this section and send the completed form to us by clicking the "Click to Sign" button. Remember, by signing this form you are appointing the named individual as your representative and authorizing us to disclose to him or her any information relevant to your claim(s) as if he or she were you. If you select the box in section 2, we may also disclose the same information to your appointed representative's associates.

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 appointing a representative to act on your behalf.

We will use the information to verify the appointment of your representative and his or her acceptance of the appointment. 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 Federal, State, and local law enforcement agencies and private security contractors, as appropriate, information necessary:
 - 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
 - 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 October 31, 2019, at 84 FR 58422; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; 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, is available on our website at 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

- 18 U.S.C. §§ 203, 205, and 207; 42 U.S.C. §§ 406, 1320a-6, 1383(d)(2) and 1631;
- 26 U.S.C. §§ 6041 and 6045(f) and 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.

Options 🗸

Start



Form SSA-1696 (12-2020) UF Discontinue Prior Editions			Page 3 of 6	
Social Security Administration			OMB No. 0960-0527	
Claimant's Social Security Number	_		Appointed Representative's Rep ID	
*	***	****	r*	
Claimant's Appointme	ent of	a F	Representative	
Section 1 - Clair	nant's l	nfor	mation	
First Name	Initi	al La	ast Name	
Test		С	Claimant	
Mailing Address				
Citv	Sta		ZIP/Postal Code Country - if outside the U.S.	
*	*	e	* Country - II outside the U.S.	
Phone Number	Alterna	te Pł	hone Number (Optional)	
*				
Number Holder's Informa	ation (C	omple	ete when applicable)	
My claim is based on another person's work or earnings (e.g., s	pouse or	paren	nt). This person's information is different from mine.	
Number Holder's Social Security Number				
First Name	Initi	ıl La	st Name	
Section 2 - Discl	osure (Claim	nant Only)	
By selecting this box, I, the claimant listed in Section 1, whose signature appears in Section 8, authorize SSA to release information in relation to my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g., clerks, assistants), partners, or parties under contractual arrangements for or with my representative. (The appointed representative's partners, associates, delegates and designees must be prepared to provide information in order to be authenticated.)				
Section 3 - Principal Representativ	∕e (Claim	ant o	nly – Complete when applicable)	
I have appointed before, or appoint now, more than one represe individual. My principal representative is:	entative. I	ask S	SSA to make contacts or send notices to this	
Name				



~

Form SSA-1696 (12-2020) UF				Page 4 of 6	
Claimant's Social Security Number	Appointed Representative's Rep ID				

Section 4 - Represe	entative's	Info	ormation		
Representatives who are eligible and seek direct payment of the For more information about registration visit us on-line at <a href="https://www.so.gov/www.gov/www.so.gov/www.gov</td><td></td><td>_</td><td></td><td></td></tr><tr><td>First Name
Test</td><td>Initial</td><td>Las
Re</td><td>st Name
p</td><td></td></tr><tr><td>Mailing Address Test</td><td></td><td></td><td></td><td></td></tr><tr><td>City
Test</td><td>State
Test</td><td></td><td>ZIP/Postal Code
11111</td><td>Country - if outside the U.S.</td></tr><tr><td>Phone Number</td><td>Alternate l</td><td>Phon</td><td>e Number (Option</td><td>nal)</td></tr><tr><td>111-222-3333</td><td>11122233</td><td>333</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Section 5 - Representative's</td><td>s Status, <i>l</i></td><td>Affil</td><td>iations, and Ce</td><td>ertifications</td></tr><tr><td>Representative's Status Part A - Type of Representative (F</td><td>Representat</td><td>ives</td><td>have a duty to ke</td><td>ep their information current)</td></tr><tr><td>□ I am an attorney (SSA law states that an attorney is someon
court of a State, Territory, District, or island possession of the
Federal court of the United States.)</td><td>_</td><td></td><td>-</td><td></td></tr><tr><td>☐ I am a non-attorney eligible for direct payment (SSA law requestre) payment. Refer to our website at www.ssa.gov/representation			torneys meet certa	in criteria to qualify for direct	
✓ I am a non-attorney not eligible for direct payment.					
✓ I work for a non-profit organization (e.g. a law clinic or state	legal aid)				
Representative's Statu	ıs Part B - D	isqu	alification		
I am now or have previously been disbarred or suspended from ☐ Yes ☑ No	a court or b	ar to	which I was previo	usly admitted to practice law.	
I am now or have previously been disqualified from participating ☐ Yes ☑ No	j in or appea	ring l	before a Federal p	rogram or agency.	

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Form SSA-1696 (12-2020) UF		Page 5 of 6
Claimant's Social Security Number	Appoir	nted Representative's Rep ID
*	*****	
Section 5	- Continued	
Affiliation	Information	
If you are representing the claimant(s) as a partner or employed your Employer Identification Number (EIN) here, if one exists for (SSN). This is your employer's tax identification number. (Do not EINs	or tax purposes. This nu	imber is not your Social Security Number
Organization's Name (Enter the full name of the business, enti- representing this claim)	ty, firm or organization	with which you want to be affiliated while
Representative's Business Address (if different than mailing	address)	
City	State	ZIP/Postal Code
Country - if outside the U.S.	1	,
Representativ	e's Certifications	

I accept this appointment and certify the following:

- I understand and agree that I will comply with SSA's laws and rules on 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 understand that if I fail to comply with any of SSA's laws and rules I may be suspended or disqualified as a representative before SSA.
- I will not disclose any information to any unauthorized party without the claimant's specific written consent.
- · I am not currently suspended or prohibited, for any reason, from practicing before the Social Security Administration.
- I am not disqualified from representing the claimant as a current or former officer or employee of the United States.
- I accept appointment as the representative for the claimant named in Section 2 of this form in connection with the claims and asserted rights described in Section 6 of this form.
- I agree that a copy of this signed form SSA-1696 will have the same force and effect as the original.
- I declare under penalty of perjury that I have examined all of the information on this form and on all accompanying statements or forms, including any information, attestations and certifications provided to SSA in registration, and that they are all currently true and correct to the best of my knowledge.

If I intend to seek direct payment of the authorized fee on this claim -

- I have registered for and obtained a Rep ID, and my registration information is up-to-date.
- I have provided up-to-date information on my registration concerning whether I have been suspended or prohibited from practice before SSA or any other Federal program or agency, disbarred or suspended by a court or bar, and convicted of a violation under Section 206 or 1631(d) of the Social Security Act.

I CERTIFY TO ALL OF THE ABOVE



(Representative's Initials)









Options 🗸

Form SSA-1696 (12-2020) UF	Page 6 of 6
Claimant's Social Security Number	Appointed Representative's Rep ID
*	*****
Section 6	6 - Claim Type
I appoint the individual named in Section 4 to act as my representate II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), a amended, specifically for the issues identified below: (Select YE)	, ,
Yes No	
Claim/Appeal for Title II Disability Benefits	
Claim/Appeal for Title XVI Disability Benefits	
☐ Concurrent Title II and Title XVI Disability Benefits	
☐ Claim/Appeal for Retirement Benefits	
Claim/Appeal for Title XVIII (Medicare), VIII (Special	cial Veteran's Benefits)
Continuing Disability Review (CDR)	
Post-Entitlement Issue (a new issue you raise after	eligibility for other benefits)
Textbox for more information	
(E.g., benefit amount, month of entitlement, representat	ive payee, suspension, termination, overpayment)
Section 7 - F	ee Arrangement
Check one box below:	
I will request a fee and direct payment of this fee. S withhold a portion of the past-due benefits to pay you th	elect this box if you are eligible for direct payment and want us to ne fee we may authorize. (We must authorize the fee.)
	s box if you are not eligible for direct payment from the past-due t collect any fee we may authorize on your own. (We must
box if you certify that an entity, or a Federal, state, cour	any auxiliary beneficiaries or any other individual. Select this nty, or city government agency will pay the fee and any expenses other individuals must not be liable for the fee, directly or indirectly, to authorize the fee if all regulatory conditions apply.)
☐ I waive the right to a fee.	
Section 8	8 - Signatures
Representative's Signature	Date
Test Rep (Jan 25, 2021 16:09 EST)	Jan 25, 2021
Claimant's Signature	Date
Click here to sign	Jan 25, 2021
You will need to electronically sign the document to complete y	our form. This form must be signed by the Appointed Representative

↑ ↓ <u>6</u> /6 | ⊖ ⊕ ±

Language English: US

and the Claimant to be processed.

Type Signature

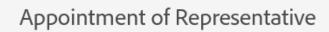


Test Claimant

Clear



Options 🗸



Required fields completed

(?)	

Form SSA-1696 (12-2020) UF				Page 6 of
Claimant's Social Security	Number		Appointed Representative's Rep ID	
****			*****	
	Section 6	- Cla	aim Type	
• •	Medicare Coverage), a	nd Tit	ve in connection with my claim(s) or asserted rightle VIII (SVB) of the Social Security Act, as presented that apply)	
Yes No				
Claim/Appeal for Title II Disal	cility Benefits			
☐ ☑ Claim/Appeal for Title XVI Dis	sability Benefits			
☐ ✓ Concurrent Title II and Title XV	I Disability Benefits			
☐ ☑ Claim/Appeal for Retirement	Benefits			
Claim/Appeal for Title XVIII (I	Medicare), VIII (Spec	ial Ve	eteran's Benefits)	
☑ Continuing Disability Review (0)	CDR)			
Post-Entitlement Issue (a new	issue you raise after e	eligibilit	ity for other benefits)	
Textbox for more information	ı			
(E.g., benefit amount, month of ent	itlement, representati	ve pay	yee, suspension, termination, overpayment)	
	Section 7 - F	ee A	rrangement	
Check one box below:				
			his box if you are eligible for direct payment and we may authorize. (We must authorize the fee.)	want us to
			if you are not eligible for direct payment from the ct any fee we may authorize on your own. (We n	
box if you certify that an entity, or a from its funds. The claimant, auxili	a Federal, state, count ary beneficiaries, or o	ty, or other in	uxiliary beneficiaries or any other individual. So city government agency will pay the fee and any ndividuals must not be liable for the fee, directly corize the fee if all regulatory conditions apply.)	expenses
I waive the right to a fee.				
	Section 8	- Sig	gnatures	
Representative's Signature			Date	
7			Jan 25, 2021	
Claimant's Signature			Date	
Test Claimant Test Claimant (Jan 25, 2021)			Jan 25, 2021	
	cument to complete v	our for	orm. This form must be signed by the Appointed R	epresentativ

By signing, I agree to both this agreement and the <u>Consumer Disclosure</u>. My use of Adobe Sign is governed by the <u>Adobe Terms of Use</u>.

and the Claimant to be processed.



✓ You're all set

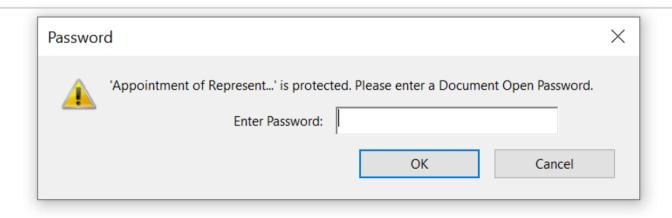
You finished signing "Appointment of Representative".

All parties will be notified via email. You can also download a copy of what you just signed.



You finished signing "Appointment of Representative".

All parties will be notified via email. You can also download a copy of what you just signed.





Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Appointment of Representative has been Signed

- Claimant's & Representative's
- cc Email Addresses

Retention Policy Delete_7_Year_Default (7 years)

Fri 1/29/2021 1:50 PM

Expires 1/28/2028

1 If there are problems with how this message is displayed, click here to view it in a web browser.





Open agreement

The agreement is complete.

You can open the final agreement to review its activity history or download a copy for reference.

For additional security, the representative has set an open password for this document. If you are not the representative, you will need to contact the representative to get the password in order to review this document. If any of the information in the document is incorrect or if you disagree with any of the information, the representative should restart the process.

This link is personalized for you and for security purposes, we recommend you do NOT forward/share this email or link with others. If you DO forward/share this email or link with others, you accept the risk that by sharing your personal information, the person assisting you may misuse your personal information. If you have any questions about this email or feel that you received this in error, please contact SSA at 1-800-772-1213 (TTY 1-800-325-0778) between 8:00 am – 7:00 pm, Monday through Friday.

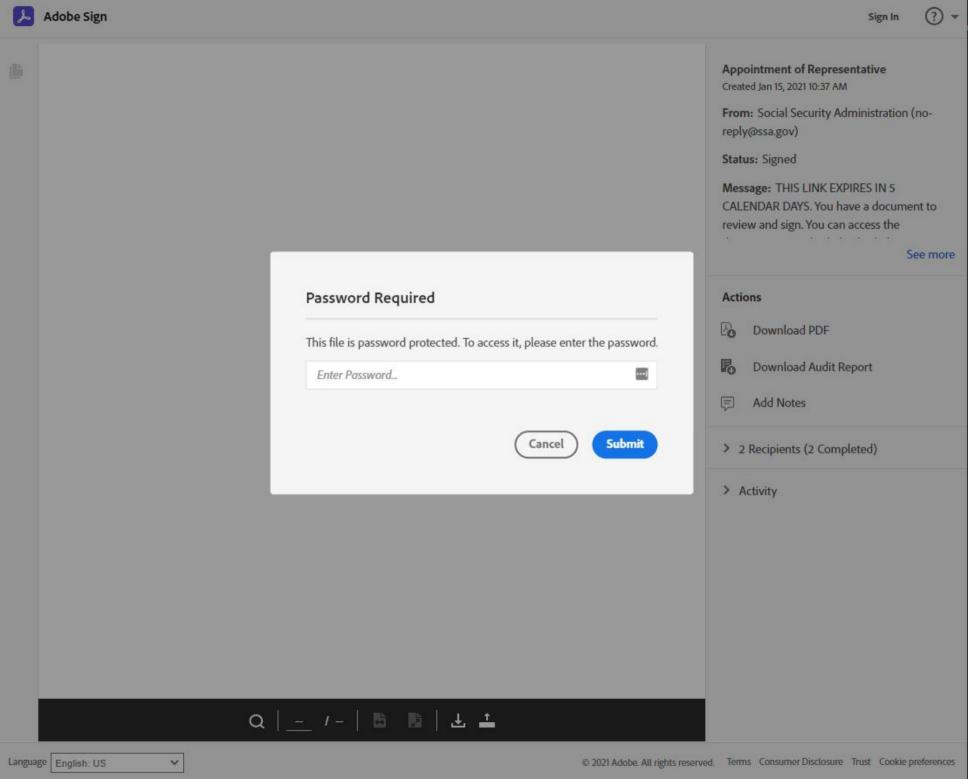
The agreement is fully executed. The Social Security Administration has control over the retention period for this agreement which determines the amount of time it will be available for download from Adobe Sign. Adobe recommends that you save a local copy of this fully-executed agreement for your records.



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Form **SSA-1696** (12-2020) UF Discontinue Prior Editions Social Security Administration

Page 1 of 6 OMB No. 0960-0527

Instructions for Completing Form SSA-1696

Follow the link we send you after you submit the form to print and/or save a copy of this form for your records

YOU DO NOT HAVE TO SIGN THIS FORM – Use and sign this form to appoint an individual to act on your behalf in your claim pending with us. If you do not agree with any information on this form, do not sign it. Refusing to sign the form will not affect how we process and decide your claim.

You may only file this electronic version of Form SSA-1696 if you have a claim or other issue pending with us. In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. "Us" and "SSA" means the Social Security Administration.

If you suspect Social Security Fraud - If you suspect Social Security fraud, please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

General Information About This Form

- You may appoint a qualified representative of your choice to represent you on any claim or asserted right under any of our programs. For more information on who can qualify to be an appointed representative, when your representative's appointment begins or ends, payment of fees to appointed representative(s), and other helpful information, you can visit our website at www.ssa.gov/representation, or call us, toll-free, at 1-800-772-1213. To find other helpful information or the address and telephone number for your local Social Security field office, you can visit www.ssa.gov/locator.
- You may use this electronic version of Form SSA-1696 to appoint a representative. However, we do not require you to use this electronic version; you can still use the paper version to tell us about your appointment. After you read, complete, and electronically sign the form, you must click "Click to Sign" to send us this form, or your appointment will not reach us. If we successfully process your appointment, we will send you a notice to tell you. You do not need to submit a paper form if you submit this electronic version.
- You may also choose to be unrepresented. We handle your case in the same manner whether you are represented or unrepresented. You do not need to appoint someone who simply helps you through the process. For example, you do not need to appoint someone who helps you call us, reads to you from documents, or interprets for you if you speak another language. You only need to appoint someone if he or she will be acting or appearing on your behalf, or will be making decisions about your case for you. If you choose to be unrepresented (or do not want to appoint the individual identified on this electronic form), do not complete or submit this form.
- · You and your representative(s) must give us accurate information as quickly as possible. Providing misleading or false evidence on this form or your application, or withholding or delaying giving us evidence, could lead to possible criminal charges or administrative sanctions against you or your representative.

Appointing a Representative

Before completing your sections of this electronic form, please review the sections that you can view that were completed by the representative. If you agree with all of the information already entered, complete the highlighted sections, electronically sign and date the form in Section 8, and submit it to us by clicking "Click to Sign." After you submit the form successfully, you will receive an email from adobesign@adobesign.com with a link that will take you to a copy of the completed form that you can keep for your records. If you are appointing multiple representatives, you must use a separate form for each representative.

Section 1 - Claimant's Information and Number Holder's Information

Your representative will complete your name. You must complete all of the other information, including your Social Security number. If you are filing your action on someone else's Social Security record, this person is the "number holder" and we need his or her information to process your claim.

Section 2 - Authorization for Disclosure

By selecting the disclosure box, you are authorizing us to give information to your representative's staff, partners, associates, and other individuals who work for or with your representative (such as contractors and copying services) about you and your pending case. We will check the credentials of the individuals requesting information on behalf of your representative for authentication purposes.

Section 3 - Principal Representative

If you appoint or have appointed multiple representatives, you must name your principal representative who will be our main point of contact. We will send copies of your notices to this individual and communicate directly with him or her.

Section 4 - Representative's Information

Your representative must complete this section and submit this form by clicking "Click to Sign." It is important that he or she fill in all the boxes in this section, including the Representative Identification Number (Rep ID) if he or she has one.

Appointment of Representative

Created Jan 25, 2021 3:55 PM

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reply@ssa.gov)

Status: Signed

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Section 5 - Representative's Status, Affiliations, and Certifications

Your representative must complete this section to let us know his or her status as a professional. If your representative is seeking a fee and is working for an employer, entity, or firm, he or she must also complete the affiliation section and give us the Employer's Identification Number (EIN). We will provide both your representative and the employer, entity, or firm information of the reported income. For more information about your representative's reported income and employer registration, visit our website at www.ssa.gov/representation. Your representative must certify the accuracy of all statements in this section.

Section 6 - Claim Type

The representative completes this section. Your representative will check the boxes for the types of claims you will be appointing them to represent you.

Section 7 - Fee Arrangement

Generally, to charge a fee for services, your representative must get our approval. Your representative may waive the right to charge you a fee or tell us that a third party entity (business, government agency, or organization) will pay the fee. In these situations, the third party must pay out of its own funds the fee and any expenses, and you and any auxiliary beneficiaries (e.g., children or spouse) must be free of responsibility to pay any fees or expenses. If your representative is eligible for direct payment, he or she also may waive the right to direct payment.

Section 8 - Signatures

You must electronically sign and date this section and send the completed form to us by clicking the "Click to Sign" button. Remember, by signing this form you are appointing the named individual as your representative and authorizing us to disclose to him or her any information relevant to your claim(s) as if he or she were you. If you select the box in section 2, we may also disclose the same information to your appointed representative's associates.

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 appointing a representative to act on your behalf.

We will use the information to verify the appointment of your representative and his or her acceptance of the appointment. 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 Federal, State, and local law enforcement agencies and private security contractors, as appropriate, information necessary:
 - to enable them to protect the safety of Social Security Administration (SSA) employees and customers, the (a) security of the SSA workplace, and the operation of SSA facilities; or
 - 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 October 31, 2019, at 84 FR 58422; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; 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, is available on our website at 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

- 18 U.S.C. §§ 203, 205, and 207; 42 U.S.C. §§ 406, 1320a-6, 1383(d)(2) and 1631;
- 26 U.S.C. §§ 6041 and 6045(f) and 20 CFR §§ 404.1700 et. seg. and 416.1500 et. seg.

Appointment of Representative

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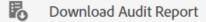
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Page 3 of 6 OMB No. 0960-0527

Claimant's Social Security Number	Appointed Representative's Rep ID
*****	*******

Claimant's Appointment of a Representative

Section 1 - C	laimant's	s Info	rmation	
First Name	In	nitial	Last Name	
Test		Claimant		
Mailing Address Test	,			
City		State		Country - if outside the U.S.
Test	Test		11111	
Phone Number	Alter	rnate F	Phone Number (Option	onal)
111-222-3333	_ _			
Number Holder's Info	rmation	(Comp	lete when applicable)	
My claim is based on another person's work or earnings (e.g	g., spouse	or pare	ent). This person's info	rmation is different from mine.
Number Holder's Social Security Number				

First Name	In	nitial L	ast Name	
Section 2 - Di	isclosure	e (Clai	mant Only)	
By selecting this box, I, the claimant listed in Section 1, information in relation to my pending claim(s) or asserte (e.g., clerks, assistants), partners, or parties under confrepresentative's partners, associates, delegates and deauthenticated.)	ed right(s) to tractual arr	to desi rangen	gnated associates whenents for or with my re	o perform administrative duties presentative. (The appointed
Section 3 - Principal Representa	ative (Cla	aimant	only – Complete when	applicable)
	rocontativo			
have appointed before, or appoint now, more than one reprindividual. My principal representative is:	resemanve	e. i ask	SSA to make contacts	s or send notices to this

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CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, the representative has set an open password for this document. If you are not the representative, you will need to contact the representative to get the password in order to review this document. If any of the

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Claimant's Social Security Number			Ap	pointed Represe	entative's Rep	ID
******		******	***			
Section 4 - R	Representa	tive's I	nfori	mation		
Representatives who are eligible and seek direct payme For more information about registration visit us on-line at TTY 1-800-325-0778), or visit your local Social Securit	www.socialse		_		•	the appointment.
First Name Test			Last I Rep	Name		
Mailing Address Test						
City Test	Tes	State St		IP/Postal Code 1111	Country - if	outside the U.S.
Phone Number	Alte	ernate Pl	hone	Number (Option	nal)	
111-222-3333	111	1112223333				
Section 5 - Represent Representative's Status Part A - Type of Represent	tative's St	atus, A	ffilia	ave a duty to ke	ep their infor	mation current)
Representative's Status Part A - Type of Represent I am an attorney (SSA law states that an attorney is court of a State, Territory, District, or island possess Federal court of the United States.)	stative's Stative (Repression of the University)	atus, A esentative good state nited State	ffilia ves ha nding es, or	ave a duty to ke who has the right before the Supre	ep their infor at to practice la eme Court or	mation current) aw before a a lower
Representative's Status Part A - Type of Represent I am an attorney (SSA law states that an attorney is court of a State, Territory, District, or island possess Federal court of the United States.) I am a non-attorney eligible for direct payment (SSA payment. Refer to our website at www.ssa.gov/represent.	stative's Stative (Repression of the University)	atus, A esentative good state nited State	ffilia ves ha nding es, or	ave a duty to ke who has the right before the Supre	ep their infor at to practice la eme Court or	mation current) aw before a a lower
Representative's Status Part A - Type of Represent I am an attorney (SSA law states that an attorney is court of a State, Territory, District, or island possess Federal court of the United States.) I am a non-attorney eligible for direct payment (SSA)	stative's Stative (Repression of the Universe	atus, A esentativ good state nited State s that non r criteria)	ffilia ves ha nding es, or	ave a duty to ke who has the right before the Supre	ep their infor at to practice la eme Court or	mation current) aw before a a lower
Representative's Status Part A - Type of Represent I am an attorney (SSA law states that an attorney is court of a State, Territory, District, or island possess Federal court of the United States.) I am a non-attorney eligible for direct payment (SSA payment. Refer to our website at www.ssa.gov/represent.) I am a non-attorney not eligible for direct payment.	stative's Stative (Representative (Representation of the Universe esentation for the Universe esentation es	atus, A esentative good state inited State sthat non ir criteria)	ffilia ves ha nding es, or	who has the right before the Supre	ep their infor at to practice la eme Court or	mation current) aw before a a lower
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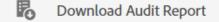
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Claimant's Social Security Number	Annointed	Representative's Rep ID
*********	Appointed	Representative's Rep ID
******	*******	
Section 9	5 - Continued	
Affiliatio	n Information	
f you are representing the claimant(s) as a partner or employed our Employer Identification Number (EIN) here, if one exists the SSN). This is your employer's tax identification number. (Do not be seen to be seen the seen that	for tax purposes. This number	er is not your Social Security Number
EINs		
Organization's Name (Enter the full name of the business, enepresenting this claim)	tity, firm or organization with	which you want to be affiliated while
Representative's Business Address (if different than mailing	address)	
City	State	ZIP/Postal Code
Country - if outside the U.S.		
Representati	ve's Certifications	
accept this appointment and certify the following:		
I understand and agree that I will comply with SSA's laws and	rules on the representation	of parties, including the Rules of
Conduct and Standards of Responsibility for Representatives		
services that SSA has not approved or that is more than SSA		•
I understand that if I fail to comply with any of SSA's laws and before SSA.	rules I may be suspended o	or disqualified as a representative
I will not disclose any information to any unauthorized party v	vithout the claimant's specific	c written consent.
I am not currently suspended or prohibited, for any reason, fr	om practicing before the Sor	cial Security Administration.
I am not disqualified from representing the claimant as a curr	ent or former officer or empl	oyee of the United States.
	amed in Section 2 of this for	m in connection with the claims and
I accept appointment as the representative for the claimant na		
I accept appointment as the representative for the claimant no asserted rights described in Section 6 of this form.		
	e same force and effect as the	_
asserted rights described in Section 6 of this form.		he original.

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(Representative's Initials)

· I have provided up-to-date information on my registration concerning whether I have been suspended or prohibited from practice

before SSA or any other Federal program or agency, disbarred or suspended by a court or bar, and convicted of a violation

and correct to the best of my knowledge.

If I intend to seek direct payment of the authorized fee on this claim -

under Section 206 or 1631(d) of the Social Security Act.

I have registered for and obtained a Rep ID, and my registration information is up-to-date.

I CERTIFY TO ALL OF THE ABOVE

		Claimant's Social Security Number	Appointed Representative's Rep ID
**	*****	**	******
		Section 6	- Claim Type
tle I	I (RSI	, ,	ntative in connection with my claim(s) or asserted right(s) under and Title VIII (SVB) of the Social Security Act, as presently for all that apply)
es	No		
	\checkmark	Claim/Appeal for Title II Disability Benefits	
	\checkmark	Claim/Appeal for Title XVI Disability Benefits	
	\checkmark	Concurrent Title II and Title XVI Disability Benefits	
	\checkmark	Claim/Appeal for Retirement Benefits	
Z		Claim/Appeal for Title XVIII (Medicare), VIII (Specia	al Veteran's Benefits)
Z		Continuing Disability Review (CDR)	
Z		Post-Entitlement Issue (a new issue you raise after el	igibility for other benefits)
	Te	ktbox for more information	
		., benefit amount, month of entitlement, representativ	e pavee, suspension, termination, overpayment)
	(3		
		Section 7 - Fe	ee Arrangement
hec	k one	box below:	
_	l wi		ect this box if you are eligible for direct payment and want us to fee we may authorize. (We must authorize the fee.)
_	I wi with	II request a fee and direct payment of this fee. Sell shold a portion of the past-due benefits to pay you the	
_	I with ben autil	Il request a fee and direct payment of this fee. Sell shold a portion of the past-due benefits to pay you the lil request a fee but not direct payment. Select this sefits, or if you do not want direct payment. You must shorize the fee.) aive the right to receive a fee from the claimant, and if you certify that an entity, or a Federal, state, county	box if you are not eligible for direct payment from the past-due collect any fee we may authorize on your own. (We must hy auxiliary beneficiaries or any other individual. Select this y, or city government agency will pay the fee and any expenses her individuals must not be liable for the fee, directly or indirectly
_	I with with ben autiliary from in w	Il request a fee and direct payment of this fee. Sell shold a portion of the past-due benefits to pay you the lil request a fee but not direct payment. Select this refits, or if you do not want direct payment. You must chorize the fee.) Aive the right to receive a fee from the claimant, are if you certify that an entity, or a Federal, state, county in its funds. The claimant, auxiliary beneficiaries, or ot	box if you are not eligible for direct payment from the past-due collect any fee we may authorize on your own. (We must hy auxiliary beneficiaries or any other individual. Select this y, or city government agency will pay the fee and any expenses her individuals must not be liable for the fee, directly or indirectly
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epr	I with with ben autilian with in was from the control of the contr	Il request a fee and direct payment of this fee. Sell shold a portion of the past-due benefits to pay you the shorize a fee but not direct payment. Select this refits, or if you do not want direct payment. You must chorize the fee.) Aive the right to receive a fee from the claimant, and if you certify that an entity, or a Federal, state, county in its funds. The claimant, auxiliary beneficiaries, or ot whole or in part, or any expenses. (We do not need to haive the right to a fee. Section 8	box if you are not eligible for direct payment from the past-due collect any fee we may authorize on your own. (We must by, or city government agency will pay the fee and any expenses her individuals must not be liable for the fee, directly or indirectly authorize the fee if all regulatory conditions apply.) - Signatures
Repriest Re	I with with ben autilian with in w	Il request a fee and direct payment of this fee. Sell shold a portion of the past-due benefits to pay you the little request a fee but not direct payment. Select this refits, or if you do not want direct payment. You must chorize the fee.) Aive the right to receive a fee from the claimant, and if you certify that an entity, or a Federal, state, country in its funds. The claimant, auxiliary beneficiaries, or ot whole or in part, or any expenses. (We do not need to haive the right to a fee. Section 8 tative's Signature	box if you are not eligible for direct payment from the past-due collect any fee we may authorize on your own. (We must by auxiliary beneficiaries or any other individual. Select this y, or city government agency will pay the fee and any expenses her individuals must not be liable for the fee, directly or indirectly authorize the fee if all regulatory conditions apply.) - Signatures Date

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Fri 1/29/2021 1:40 PM

Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Reminder: Waiting for you to sign Appointment of Representative

To Representative or Claimant's Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2028

If there are problems with how this message is displayed, click here to view it in a web browser.





Please sign **Appointment of Representative**

Click here to review and sign **Appointment of Representative**.

After you sign **Appointment of Representative**, all parties will be notified.

Social Security Administration has requested that this reminder be sent. This reminder will be re-sent every day until completed. Click here if you wish to stop receiving reminders about this agreement. This document is available for signing until February 2, 2021 and will expire thereafter.

Appointment of Representative

Final Audit Report 2021-01-15

Created: 2021-01-15

By: Social Security Administration (no-reply@ssa.gov)

Status: Signed

Transaction ID: CBJCHBCAABAADhN7-_aghfqptX6t1G0BaJEZSFDgF6DH

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- Document e-signed by Test Claimant (karrie.dash@ssa.gov)

 Signature Date: 2021-01-15 3:52:22 PM GMT Time Source: server- IP address: 137.200.0.112
- Agreement completed.

📜 Adobe Sign