

Complete the Fee Agreement for Representation Before the Social Security Administration (Form SSA-1693)

Instructions for Representatives

This service allows you to electronically complete the Fee Agreement for Representation Before the Social Security Administration (Form SSA-1693). You, the claimant, and up to five additional representatives may sign the form and submit it to us electronically. Do not use this electronic form if there are more than six representatives who will be seeking a fee for services provided on this claim. Before you begin, you will need the following information:

- Your valid email address.
- The claimant's valid email address.
- The valid email addresses for up to five additional representatives who will be signing this fee agreement.

**IMPORTANT**: We will not receive or process the form until you, the claimant, and any additional representative(s) whose email address(es) you provide have completed the steps below and electronically signed the form.

Step One. You, the Appointed Representative, must complete your designated sections of the form, sign the form electronically, and select "Click to Sign" to submit the form.

Before beginning the form, you will first enter and confirm the email addresses for you, the claimant, and up to five additional representative(s) into the application online. We will refer to these individuals as "all parties" in these instructions.

You will also create a password that will be required for all parties to access the form. You should provide the password to the other parties by phone, in person, or SMS text message (standard message and data rates may apply). If you are unable to contact the other parties by phone, in person, or by text, then you may send the password in a separate email message. You will not be able to reset the password. If it is lost or forgotten, you will have to restart the process.

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

NOTE: After you submit the form, all other parties will receive an email from adobesign@adobesign.com containing a link and instructions for accessing and signing the form. The form must be completed by all parties within ten (10) calendar days after you initiate the process online (i.e., when you enter all of the parties' email addresses in order to receive an email with a link to the form). You should inform all parties about the importance of taking action upon receipt of the email. If all parties do not complete, sign, and submit the form within ten (10) calendar days, you will need to restart the process.

Step Two. After you have completed Step One, the remaining parties will receive an email with a link to access and review the partially completed form, complete their designated sections, sign the form electronically, and select "Click to Sign" to submit the form. There is no specific order required for the other parties to complete the form, but all must electronically sign and submit it within the 10-day period.

After successful submission of the form by all parties, adobesign@adobesign.com will send an email to all parties with a link to the completed form. This will allow you to save a copy for your records using the pre-established password.

#### PLEASE NOTE:

- . This website is most compatible with the following browsers: Microsoft Edge and Google Chrome.
- When accessing the form, the system will end your session after 60 minutes of inactivity. Use the link in your email and your pre-established
  password to continue working on your form.
- A daily email reminder will be sent to the necessary parties until the form has been submitted or until the time expires (i.e., ten (10) days after initiation).
- · You, the Appointed Representative, will have to restart the process if any of the following situations apply:
  - The password is lost or forgotten. The password cannot be reset.
  - You (or the other parties) do not receive an email notification within a few minutes of your online submission. Be sure to check your junk folder.
  - · All parties do not electronically sign and submit the form within ten (10) calendar days.

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

We will use the information you provide to authorize fees for services rendered to the claimant named on the form. We may also share your information for the following purposes, called routine uses:

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

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2009, at 84 FR 58422; 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.

\*I understand and agree to the above statement



### Fee Agreement for Representation

We recommend that you verify the accuracy of the email addresses of all parties and make note of the password prior to submission.

You will have to restart the process if any of the following situations apply:

- The password is lost or forgotten. The password cannot be reset.
- You do not receive an email notification within a few minutes of your online submission. Be sure to check your junk folder.
- All parties do not electronically sign and submit the form within ten (10) calendar days

Enter Appointed Representative's Email	
onfirm Appointed Representative's Email	
Confirm Appointed Representative's Email	
aimant's Email	
Enter Claimant's Email	
onfirm Claimant's Email	
Confirm Claimant's Email	
epresentative #2's Email	
Enter Representative #2's Email	
onfirm Representative #2's Email	
Confirm Representative #2's Email	
Confirm Representative #2's Email	Add Signer
Confirm Representative #2's Email	
Confirm Representative #2's Email  Document Name	
	Add Signer  Remove Signer
ocument Name	
ocument Name	
ocument Name  Fee Agreement for Representation Before the Social Security Administration	
Document Name  Fee Agreement for Representation Before the Social Security Administration  Password Required	
Password Required  Password must contain at least 8 characters, 1 uppercase, 1 lowercase, and 1 number.	
Password Required  Password must contain at least 8 characters, 1 uppercase, 1 lowercase, and 1 number.  Password	



### Fee Agreement for Representation

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



### Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Social Security Administration Has Sent You Fee Agreement for Representation Before the Social Security Administration

To Appointed Rep Email Address

Retention Policy Delete\_7\_Year\_Default (7 years)

Expires 6/7/2028

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



## Social Security Administration requests your signature Fee Agreement for Representation Before the Social Security Administration

Form Expires On June 14, 2021

Review and sign

### THIS LINK EXPIRES IN TEN (10) CALENDAR DAYS.

You have a document to review and sign. You can access the document using the link above. For additional security, the appointed representative has set a password for this document. If you are not the appointed representative, you will need to contact the appointed 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 appointed representative should restart the process.

This link is personalized for you and, for security purposes, we recommend that 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 <a href="https://oig.ssa.gov/report">https://oig.ssa.gov/report</a> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-800-501-2101).

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.

© 2020 Adobe. All rights reserved.





### This Document is Password Protected

You need a password to access this document.

**Enter Password** 

OK

### INSTRUCTIONS FOR COMPLETING FORM SSA-1693

We will email you a link to download and save a copy of the completed form for your records:

YOU DO NOT HAVE TO SIGN THIS FORM – Your appointed representative initiated this form online. Use and sign this form only if you agree to its terms. If you do not agree, do not sign it. Refusing to sign the form will not affect how we will process your claim, or our future decisions about it. In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. In this document, "us" and "SSA" means the Social Security Administration. Do not file form SSA-1693 unless you have appointed the representative (e.g., filed an SSA-1696) for a claim or issue you have pending with us.

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

#### Requesting a fee for representational services

Your appointed representative can 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, your representative(s) generally must get our approval. Your representative can get our approval 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. Under the fee agreement process, the amount your representative can ask for is limited by the Social Security Act. Under the fee petition process, your representative can ask for a higher fee. For more information on fees, fee processes, and our rules, visit our website at <a href="https://www.ssa.gov/representation">www.ssa.gov/representation</a>.

#### Registration

Representatives who seek direct payment of their fee must first register with us. For more information on representative registration, visit us online at <a href="https://www.ssa.gov/ar">www.ssa.gov/ar</a>, 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(s) must file your fee agreement before we issue a favorable decision in your case. If you or your representative(s) 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 agree to pay an amount up to 25 percent of your total past-due benefits or an amount set by us, whichever is less. You must pay the fee we authorize. Your spouse, dependents or your auxiliary beneficiaries will also pay a fee unless they have their own representation. In addition to the fee we authorize, you may also have to pay:

- · Fees authorized by a Federal court for services your attorney provided during 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

You and your representative(s) should complete this field only if you want to limit the effect of this fee agreement to a certain administrative level. If you choose this option and your case is appealed beyond the specified administrative level, your representative(s) can file a fee petition. Under the fee petition process, the authorized fee may be higher than the amount that can be authorized under the fee agreement process.

#### Trust or escrow accounts

Your representative may accept money from you before we authorize a fee as long as he or she holds it in a trust or escrow account according to our rules and policy. If you choose to enter into the trust or escrow agreement with your representative, you may willingly deposit the money in the trust or escrow account and tell us on this form. Only complete this field if your representative is using an escrow or trust account.

#### Third-party payments

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

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

If your representative is eligible under our rules to receive an authorized fee directly from us out of your past-due benefits, we usually withhold 25 percent of your past-due benefits for direct payment of that fee. However, you are responsible for paying your representative the authorized fee 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,

Form SSA-1693 (3/XX/2021)

Page 2 of 2

- 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.
- your representative waived 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,
- · your representative was disqualified or suspended from acting as a representative before we issued the direct payment,
- your representative did not submit a valid fee agreement before the first favorable decision in your claim or did not:
  - ask for our approval of a fee with a fee petition until 60 days after the date of your notice of award, or
  - a timely tell us that he or she planned to ask for a fee with a fee petition.

### Electronic Signatures

If you agree to its terms, you and your representative(s) must electronically sign, date, and submit this form by selecting the "Click to Sign" button. If you are appointing multiple representatives, all of your representatives who intend to ask for a fee for services provided on your claim must sign on a single fee agreement for the fee agreement to be approved. Unlike the paper version of this form, this online version only allows for the signatures of up to six representatives. If you have appointed, or intend to appoint, more than six representatives who want to charge and receive a fee for the services provided on your claim, you cannot use this online version.

### Privacy Act Statement - Collection and Use of Personal Information

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

We will use the information you provide to authorize fees for services rendered to the claimant named on the form. We may also share your information for the following purposes, called routine uses:

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

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2009, at 84 FR 58422; 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.

### 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.

V

 $\Theta \oplus \overline{\tau}$ 2 / 5

Starr

Form SSA-1693 (3/XX/2021) Social Security Administration

OMB No. 0960-0810

### Fee Agreement for Representation Before the Social Security Administration

### General Information

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. 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). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them. Unlike the paper version, this online form limits the total number of representatives who sign it to six.

	Representative'	s Informatio	on	
Representative's Rep ID				
First Name		Initial L	ast Name	
Mailing Address		1 1		
AND A STATE OF THE				
City			State	ZIP/Postal Code
			A STATE OF THE PARTY OF THE PAR	
Phone Number	Alt	ernate Phor	e Number (Optional	
				<del></del>
				-
	Claimant's Inf	ormation		
Claimant's Social Security Number				
First Name		Initial La	st Name	
*				
Mailing Address				
City			State	ZIP/Postal Code
Phone Number	1	Alternate Ph	one Number (Option	nal)
				25

 $\Theta \oplus \overline{T}$ 3 /5

Fee Agreement for Repre	esentation Before the	Social Security	Administration
	General Information	í	
You can use this online form to file electronic authorization of the fee your representative (206 of the Social Security Act limits the fee maximum dollar amount we set, whichever is additional terms unrelated to the fee. Requestional terms unrelated to the fee Requestional terms unlawful and may lead to sanctiful dependents, spouse, or auxiliary beneficiaries them. Unlike the paper version, this online for	s) may charge you for services we authorize under a fee agree is less. This form does not limit esting, receiving, or keeping a fe ions for your representative(s). es will also be liable for a fee u	your representative(s) perment to 25 percent of you you and your representative in excess of the legal Unless they have their or other this fee agreement	provides before us. Section our past-due benefits or a ative(s) from agreeing to any limit or in excess of what we own representation, your if we approve benefits for
	Representative's Inform	ation	
Representative's Rep ID			
1234567890			
First Name Test	Initial	Last Name Rep	
Mailing Address Test Address			
City Test		State MD	ZIP/Postal Code 11111
hone Number		hone Number (Optiona	1)
111-222-3333	(111) 222-3	333	
	Claimant's Information	n	
Claimant's Social Security Number			
	li w i	1	
First Name Test	Initial	Claimant	
Mailing Address			
City		State	ZIP/Postal Code

↑ ↓ 3 15 | ⊖ ⊕ ±

Saving\_

Language English: US

×

Options 🗸

Standard Fee Agreeme	nt
If the Social Security Administration (SSA) favorably decides my claim(s) and 206(a)(2) of the Social Security Act permits me to agree to pay my represent 25 percent of my past-due benefits or the maximum dollar amount set by the SSA authorizes my representative's fee. The maximum amount is \$6,000 as	d the decision results in past-due benefits, section tative(s) a fee that does not exceed the lesser of a Commissioner of Social Security on the date
Choose One:	
agree to pay the maximum fee as stated in the preceding paragraph.	
agree to pay less than the maximum: \$ or	<b> %</b> .
I understand that I, my eligible spouse, any affected auxiliary beneficiary, me have the right to protest the fee authorized under this fee agreement, in write understand that my representative may still request a fee even if my case is not favorable. If the fee agreement cannot be approved because there are representative may file a fee petition to request that SSA authorize a fee. I benefits withheld, if not enough past-due benefits are withheld, or if my representative directly costs and expenses for which I may be responsible to pay directly to my re-	ting, within 15 days from the authorization. does not result in past-due benefits, or the decision of the past-due benefits or for other reasons, my also understand that if there are no past-due resentative is not eligible for direct payment by SS SSA is not responsible for authorizing out-of-pool
Two-Tiered Fee Agreement (C	
This fee agreement is in effect through this administrative level: Initial	
understand that a two-tiered fee agreement is not required, but if chosen and administrative level indicated above, SSA will disapprove it and my representa	SSA favorably decides my claim(s) above the
understand that a two-tiered fee agreement is not required, but if chosen and	SSA favorably decides my claim(s) above the ative(s) may ask SSA to authorize a fee by filing a
understand that a two-tiered fee agreement is not required, but if chosen and administrative level indicated above, SSA will disapprove it and my representate fee petition.  Escrow/Trust Accounts or Third-Party  Only complete this section if your representative(s) will use an escrow or truspouse, dependents or auxiliary beneficiaries or another individual has paid	SSA favorably decides my claim(s) above the ative(s) may ask SSA to authorize a fee by filing a  Payments (Optional)  st account, or someone other than you or your or will pay your representative a fee.  crow/trust account in the amount of \$
understand that a two-tiered fee agreement is not required, but if chosen and administrative level indicated above, SSA will disapprove it and my representate fee petition.  Escrow/Trust Accounts or Third-Party  Only complete this section if your representative(s) will use an escrow or trust spouse, dependents or auxiliary beneficiaries or another individual has paid Check only if applicable:  With my consent, my representative(s) has/have or will establish an escond My representative will receive a fee from another party (e.g., state, countand I will have no financial responsibility to pay any fee, unless SSA automatical responsibility to pay any fee, unless SSA automatical responsibility.	SSA favorably decides my claim(s) above the ative(s) may ask SSA to authorize a fee by filing a  Payments (Optional)  st account, or someone other than you or your or will pay your representative a fee.  crow/trust account in the amount of \$
understand that a two-tiered fee agreement is not required, but if chosen and administrative level indicated above, SSA will disapprove it and my representate fee petition.  Escrow/Trust Accounts or Third-Party  Only complete this section if your representative(s) will use an escrow or trust spouse, dependents or auxiliary beneficiaries or another individual has paid Check only if applicable:  With my consent, my representative(s) has/have or will establish an escond My representative will receive a fee from another party (e.g., state, count and I will have no financial responsibility to pay any fee, unless SSA autit third party, me, and/or my spouse, dependents or auxiliary beneficiaries.  Claimant and Representative States.	SSA favorably decides my claim(s) above the ative(s) may ask SSA to authorize a fee by filing a  Payments (Optional)  st account, or someone other than you or your or will pay your representative a fee.  crow/trust account in the amount of \$
understand that a two-tiered fee agreement is not required, but if chosen and administrative level indicated above, SSA will disapprove it and my representate fee petition.  Escrow/Trust Accounts or Third-Party  Only complete this section if your representative(s) will use an escrow or truspouse, dependents or auxiliary beneficiaries or another individual has paid Check only if applicable:  With my consent, my representative(s) has/have or will establish an escond I will have no financial responsibility to pay any fee, unless SSA authorized to interpretative, me, and/or my spouse, dependents or auxiliary beneficiaries.  Claimant and Representative State of the authorized to interpresentative will receive a fee are each required to sign this fee agreement to sign this fee agreement of the authorized to a representative(s) not waiving a fee are each required to sign this fee agreement.	SSA favorably decides my claim(s) above the ative(s) may ask SSA to authorize a fee by filing a  Payments (Optional)  st account, or someone other than you or your or will pay your representative a fee.  crow/trust account in the amount of \$
understand that a two-tiered fee agreement is not required, but if chosen and administrative level indicated above, SSA will disapprove it and my representate fee petition.  Escrow/Trust Accounts or Third-Party  Only complete this section if your representative(s) will use an escrow or trust spouse, dependents or auxiliary beneficiaries or another individual has paid Check only if applicable:  With my consent, my representative(s) has/have or will establish an escond I will have no financial responsibility to pay any fee, unless SSA autility third party, me, and/or my spouse, dependents or auxiliary beneficiaries.  Claimant and Representative State of the property appointed can be authorized to prepresentative(s) not waiving a fee are each required to sign this fee agreement.	Payments (Optional)  st account, or someone other than you or your or will pay your representative a fee.  crow/trust account in the amount of \$
understand that a two-tiered fee agreement is not required, but if chosen and administrative level indicated above, SSA will disapprove it and my representate fee petition.  Escrow/Trust Accounts or Third-Party  Only complete this section if your representative(s) will use an escrow or trust spouse, dependents or auxiliary beneficiaries or another individual has paid Check only if applicable:  With my consent, my representative(s) has/have or will establish an escond My representative will receive a fee from another party (e.g., state, count and I will have no financial responsibility to pay any fee, unless SSA autit third party, me, and/or my spouse, dependents or auxiliary beneficiaries.  Claimant and Representative States.	SSA favorably decides my claim(s) above the ative(s) may ask SSA to authorize a fee by filing a Payments (Optional)  st account, or someone other than you or your or will pay your representative a fee.  crow/trust account in the amount of \$

X





# Test Rep

Clear



Options >

Form \$\$A-1693 (3/XX/2021) Page 2 of 2 **Standard Fee Agreement** If the Social Security Administration (SSA) favorably decides my claim(s) and the decision results in past-due benefits, section 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount set by the Commissioner of Social Security on the date SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of this form. Choose One: I agree to pay the maximum fee as stated in the preceding paragraph. I agree to pay less than the maximum: \$ 100 I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization. I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-ofpocket costs and expenses for which I may be responsible to pay directly to my representative. Two-Tiered Fee Agreement (Optional) Only complete this section if you and your representative(s) have chosen to limit the effect of this fee agreement to a certain administrative level. Check only if applicable: This fee agreement is in effect through this administrative level: Initial Peconsideration I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition. Escrow/Trust Accounts or Third-Party Payments (Optional) Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your representative a fee. Check only if applicable: With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount of \$ 100 My representative will receive a fee from another party (e.g., state, county, private entity) of \$ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries). Claimant and Representative Signatures Only representatives who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form. Claimant's Signature Date Jun 10, 2021 Representative's Signature Date

Saved

Options 🐷

Form SSA-1693 (03/XX/21)	Page 3 of 3
Ad	Iditional Signatures
This page is optional - Use only if multiple	e representatives want to sign on the same fee agreement.
Representative's Rep ID (when applicable)	Representative's Name and Signature
L=	





You finished signing "Fee Agreement for Representation Before the Social Security Administration".

Next, following people still need to take action:

- · Claimant Email Address (signer)
- Add. Rep Email Address (signer)

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



Wed 6/9/2021 9:45 AM

### Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Social Security Administration Has Sent You Fee Agreement for Representation Before the Social Security Administration

To Claimant Email Address

Retention Policy Delete\_7\_Year\_Default (7 years)

Expires 6/7/2028

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



# Social Security Administration requests your signature Fee Agreement for Representation Before the Social Security Administration

Form Expires On June 14, 2021

Review and sign

### THIS LINK EXPIRES IN TEN (10) CALENDAR DAYS.

You have a document to review and sign. You can access the document using the link above. For additional security, the appointed representative has set a password for this document. If you are not the appointed representative, you will need to contact the appointed 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 appointed representative should restart the process.

This link is personalized for you and, for security purposes, we recommend that 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/report or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-800-501-2101).

**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.

© 2020 Adobe. All rights reserved.



Adobe Sign

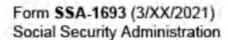
### This Document is Password Protected

You need a password to access this document.

**Enter Password** 

OK





OMB No. 0960-0810

### INSTRUCTIONS FOR COMPLETING FORM SSA-1693

We will email you a link to download and save a copy of the completed form for your records.

YOU DO NOT HAVE TO SIGN THIS FORM – Your appointed representative initiated this form online. Use and sign this form only if you agree to its terms. If you do not agree, do not sign it. Refusing to sign the form will not affect how we will process your claim, or our future decisions about it. In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. In this document, "us" and "SSA" means the Social Security Administration. Do not file form SSA-1693 unless you have appointed the representative (e.g., filed an SSA-1696) for a claim or issue you have pending with us.

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

### Requesting a fee for representational services

Your appointed representative can 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, your representative(s) generally must get our approval. Your representative can get our approval 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. Under the fee agreement process, the amount your representative can ask for is limited by the Social Security Act. Under the fee petition process, your representative can ask for a higher fee. For more information on fees, fee processes, and our rules, visit our website at <a href="https://www.ssa.gov/representation">www.ssa.gov/representation</a>.

### Registration

Representatives who seek direct payment of their fee must first register with us. For more information on representative registration, visit us online at <a href="https://www.ssa.gov/ar">www.ssa.gov/ar</a>, 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(s) must file your fee agreement before we issue a favorable decision in your case. If you or your representative(s) 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 agree to pay an amount up to 25 percent of your total past-due benefits or an amount set by us, whichever is less. You must pay the fee we authorize. Your spouse, dependents or your auxiliary beneficiaries will also pay a fee unless they have their own representation. In addition to the fee we authorize, you may also have to pay:

- · Fees authorized by a Federal court for services your attorney provided during 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

You and your representative(s) should complete this field only if you want to limit the effect of this fee agreement to a certain administrative level. If you choose this option and your case is appealed beyond the specified administrative level, your representative(s) can file a fee petition. Under the fee petition process, the authorized fee may be higher than the amount that can be authorized under the fee agreement process.

### Trust or escrow accounts

Your representative may accept money from you before we authorize a fee as long as he or she holds it in a trust or escrow account according to our rules and policy. If you choose to enter into the trust or escrow agreement with your representative, you may willingly deposit the money in the trust or escrow account and tell us on this form. Only complete this field if your representative is using an escrow or trust account.

### Third-party payments

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

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

If your representative is eligible under our rules to receive an authorized fee directly from us out of your past-due benefits, we usually withhold 25 percent of your past-due benefits for direct payment of that fee. However, you are responsible for paying your representative the authorized fee 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,







Form SSA-1693 (3/XX/2021)

Page 2 of 2

- 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,
- your representative waived 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,
- your representative was disqualified or suspended from acting as a representative before we issued the direct payment,
- your representative did not submit a valid fee agreement before the first favorable decision in your claim or did not.
  - ask for our approval of a fee with a fee petition until 60 days after the date of your notice of award, or
  - o timely tell us that he or she planned to ask for a fee with a fee petition.

#### Electronic Signatures

If you agree to its terms, you and your representative(s) must electronically sign, date, and submit this form by selecting the "Click to Sign" button. If you are appointing multiple representatives, all of your representatives who intend to ask for a fee for services provided on your claim must sign on a single fee agreement for the fee agreement to be approved. Unlike the paper version of this form, this online version only allows for the signatures of up to six representatives. If you have appointed, or intend to appoint, more than six representatives who want to charge and receive a fee for the services provided on your claim, you cannot use this online version.

### Privacy Act Statement - Collection and Use of Personal Information

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

We will use the information you provide to authorize fees for services rendered to the claimant named on the form. We may also share your information for the following purposes, called routine uses:

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

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2009, at 84 FR 58422; 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 <a href="https://www.ssa.gov/privacy">www.ssa.gov/privacy</a>.

### Paperwork Reduction Act Statement

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 2 of the <a href="Paperwork Reduction Act of 1995">Paperwork Reduction Act of 1995</a>. 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 seg. and 416.1500 et seg.





Form SSA-1693 (3/XX/2021) Social Security Administration

OMB No. 0960-0810

### Fee Agreement for Representation Before the Social Security Administration

#### General Information

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. 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). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them. Unlike the paper version, this online form limits the total number of representatives who sign it to six.

Representative's Information

Representative's Rep ID				
1234567890				
First Name Test	Ini	tial La	st Name ep	
Mailing Address Test Address	· ·			
City Test			State MD	ZIP/Postal Code 11111
Phone Number 111-222-3333	Alternat (111) 2:		e Number (Optional 33	
Claimant's Social Security Number	Claimant's Informa	tion		
*				
First Name Test	lni	1000	st Name aimant	
Mailing Address				
City			State **	ZIP/Postal Cod
Phone Number	Altern	ate Ph	one Number (Option	nal)

↑ ↓ 3 /5 | ⊖ ⊕ ±

Start

Options \*



Form SSA-1693 (3/XX/2021)

Social Security Administration

OMB No. 0960-0810

### Fee Agreement for Representation Before the Social Security Administration

#### General Information

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. 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). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them. Unlike the paper version, this online form limits the total number of representatives who sign it to six.

	Representative's	Inform	ation	
Representative's Rep ID				
1234567890				
First Name Test		Initial	Last Name Rep	
Mailing Address Test Address				
City Test			State MD	ZIP/Postal Code 11111
Phone Number 111-222-3333	1.100	rnate Pl 1) 222-	hone Number (Optional) 3333	
	Claimant's Info	ormation	1	
Claimant's Social Security Number				
123456789				
First Name Test		Initial	Last Name Claimant	
Mailing Address Test Address				
City			State	ZIP/Postal Code
Test			MD	11111
Phone Number 1112223333	A	lternate	Phone Number (Option	al)
	*			

Nexi

↑ ↓ 3 /5 | ⊖ ⊕ ±

Saved

Options 🗸

Fee Agreement for Representati...





Standard Fee Agreement  If the Social Security Administration (SSA) favorably decides my claim(s) and the decision results in past-due benefits, section 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount set by the Commissioner of Social Security on the date \$\$A authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of this form.  Choose One:      agree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the maximum fee as stated in the preceding paragraph.     algree to pay the state in the paragraph fee to the paragraph fee as a state of the state in the state of the state o	Form <b>SSA-1693</b> (3/XX/2021)	Page 2 of 2
206(a)(27) of the Social Security Act permits me to agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount as by the Commissioner of Social Security on the date SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of this form.  Choose One:  □ lagree to pay the maximum fee as stated in the preceding paragraph. □ lagree to pay the maximum fee as stated in the preceding paragraph. □ lagree to pay less than the maximum: \$100	Standard Fee Agreement	
□ I agree to pay the maximum fee as stated in the preceding paragraph. □ I agree to pay less than the maximum: \$ 100	206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee the 25 percent of my past-due benefits or the maximum dollar amount set by the Commissioner of	at does not exceed the lesser of of Social Security on the date
□ I agree to pay less than the maximum: \$ 100 or %.  I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.  I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits are withheld, or if my representative is not eligible for other reasons, my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.  Two-Tiered Fee Agreement (Optional)  Only complete this section if you and your representative(s) have chosen to limit the effect of this fee agreement to a certain administrative level.  Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideration Hearing NAO  I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition.  Escrow/Trust Accounts or Third-Party Payments (Optional)  Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.  Check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount o	Choose One:	
I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.  I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there no past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.  Two-Tiered Fee Agreement (Optional)  Only complete this section if you and your representative(s) have chosen to limit the effect of this fee agreement to a certain administrative level.  Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideration Hearing NAC  I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition.  Escrow/Trust Accounts or Third-Party Payments (Optional)  Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.  Check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount of \$  Will by representative will receive a fee from another party (e.g., state, county, private entity) of \$  a	I agree to pay the maximum fee as stated in the preceding paragraph.	
I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.  Two-Tiered Fee Agreement (Optional)  Only complete this section if you and your representative(s) have chosen to limit the effect of this fee agreement to a certain administrative level.  Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideration Reconsideration Reading NAC I understand that a two-livered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition.  Escrow/Trust Accounts or Third-Party Payments (Optional)  Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.  Check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount of \$  With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount of \$  With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount of \$  Claimant and Representative Signatures  Only representatives will	I agree to pay less than the maximum: \$ 100 or%.	
s not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.  Two-Tiered Fee Agreement (Optional)  Only complete this section if you and your representative(s) have chosen to limit the effect of this fee agreement to a certain administrative level.  Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideration Hearing N/A  I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition.  Escrow/Trust Accounts or Third-Party Payments (Optional)  Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.  Check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount of \$ 100  My representative will receive a fee from another party (e.g., state, county, private entity) of \$ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representatives who have been properly appointed can be authorized to recei		
Only complete this section if you and your representative(s) have chosen to limit the effect of this fee agreement to a certain administrative level.  Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideration Hearing N/A  I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition.  Escrow/Trust Accounts or Third-Party Payments (Optional)  Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.  Check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount of \$ 100  My representative will receive a fee from another party (e.g., state, county, private entity) of \$ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representatives who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form.  Click here to sign  Jun 10, 2021  Date  Jun 10, 2021	is not favorable. If the fee agreement cannot be approved because there are no past-due be representative may file a fee petition to request that SSA authorize a fee. I also understand benefits withheld, if not enough past-due benefits are withheld, or if my representative is not SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is no	enefits or for other reasons, my that if there are no past-due eligible for direct payment by t responsible for authorizing out-of-
administrative level.  Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideration Hearing N/A  I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition.  Escrow/Trust Accounts or Third-Party Payments (Optional)  Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.  Check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount of \$ 100  My representative will receive a fee from another party (e.g., state, county, private entity) of \$ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representatives who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form.  *Click here to sign  Un 10, 2021  Date  Jun 10, 2021	Two-Tiered Fee Agreement (Optional)	
Only representatives who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form.  Click here to sign  Claimant's Signature  Date  Jun 10, 2021  Jun 10, 2021	administrative level.  Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideration  I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably of administrative level indicated above, SSA will disapprove it and my representative(s) may ask of fee petition.  Escrow/Trust Accounts or Third-Party Payments (Optionally complete this section if your representative(s) will use an escrow or trust account, or so spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative (s) with my consent, my representative(s) has/have or will establish an escrow/trust account  My representative will receive a fee from another party (e.g., state, county, private entity) and I will have no financial responsibility to pay any fee, unless SSA authorizes the total for the county of the county of the county is applicable.	Hearing N/A  decides my claim(s) above the SSA to authorize a fee by filing a  onal)  meone other than you or your sentative a fee.  in the amount of \$ 100  of \$
Click here to sign Claimant's Signature  Claimant's Signature  Jun 10, 2021  Date  Jun 10, 2021  Jun 10, 2021	Claimant and Representative Signatures	
Claimant's Signature         Date           Test Pop (Jun 10, 2021 15:17 EDT)         Jun 10, 2021		
Test Rep (Jun 10, 2021 Test Rep (Jun 10, 2021 15:17 EDT)  Jun 10, 2021	Click here to sign	Jun 10, 2021
Test Rep (Jun 10, 2021 15:17 EDT)	Claimant's Signature	Date
Tex map (Lot) 190, Aut. Exc. (1901)		
NGDI ESEMBATIVE S SIGNATUIE D'ALE		Jun 10. 2021

Language English: US

X





# Test Claimant

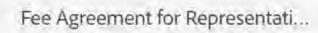
Clear



Options 🗸

	Page 2 of 2
Standard Fee Agreement	
If the Social Security Administration (SSA) favorably decides my claim(s) and the decision results in 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee that doe 25 percent of my past-due benefits or the maximum dollar amount set by the Commissioner of Social SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of the second sec	s not exceed the lesser of ial Security on the date
Choose One:	
I agree to pay the maximum fee as stated in the preceding paragraph.	
I agree to pay less than the maximum: \$ 100 or%.	
I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from	
I understand that my representative may still request a fee even if my case does not result in past is not favorable. If the fee agreement cannot be approved because there are no past-due benefits representative may file a fee petition to request that SSA authorize a fee. I also understand that if benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not response to costs and expenses for which I may be responsible to pay directly to my representative.	or for other reasons, my there are no past-due le for direct payment by
Two-Tiered Fee Agreement (Optional)	
Only complete this section if you and your representative(s) have chosen to limit the effect of this fee a administrative level.  Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideration  I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decide administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to	Hearing N/A s my claim(s) above the
a fee petition.	
Escrow/Trust Accounts or Third-Party Payments (Optional)	
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your repres	
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your represe Check only if applicable:	entative a fee.
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your representative only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the	entative a fee.
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your represe Check only if applicable:	entative a fee.  amount of \$ 100
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your representative (s) with my consent, my representative(s) has/have or will establish an escrow/trust account in the My representative will receive a fee from another party (e.g., state, county, private entity) of \$_and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e.	entative a fee.  amount of \$ 100
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your representative only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the my representative will receive a fee from another party (e.g., state, county, private entity) of and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e. third party, me, and/or my spouse, dependents or auxiliary beneficiaries).	entative a fee.  amount of \$ 100  e., the total amount paid by the mant and any appointed
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your representative (s) has/have or will establish an escrow/trust account in the My representative will receive a fee from another party (e.g., state, county, private entity) of \$_and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e. third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representatives who have been properly appointed can be authorized to receive a fee. The claim representative(s) not waiving a fee are each required to sign this fee agreement. Other representative	entative a fee.  amount of \$ 100  e., the total amount paid by the mant and any appointed
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your representative (s) the property of applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the My representative will receive a fee from another party (e.g., state, county, private entity) of and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e. third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representatives who have been properly appointed can be authorized to receive a fee. The claim representative(s) not waiving a fee are each required to sign this fee agreement. Other representative	amount of \$ 100  e., the total amount paid by the mant and any appointed wes can also sign on the form.
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your representative (s) has/have or will establish an escrow/trust account in the My representative will receive a fee from another party (e.g., state, county, private entity) of \$_and   will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e. third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representatives who have been properly appointed can be authorized to receive a fee. The claim representative(s) not waiving a fee are each required to sign this fee agreement. Other representation  Test Claimant  Test Claimant  Claimant's Signature	amount of \$ 100  e., the total amount paid by the mant and any appointed wes can also sign on the form.  Jun 10, 2021  Date
Only complete this section if your representative(s) will use an escrow or trust account, or someone spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your representative only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account in the My representative will receive a fee from another party (e.g., state, county, private entity) of \$_and   will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e. third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representatives who have been properly appointed can be authorized to receive a fee. The claim representative(s) not waiving a fee are each required to sign this fee agreement. Other representative	amount of \$ 100  and any appointed wes can also sign on the form.

Options 🕶



Required fields completed

0	
(?)	-
-	

Form SSA-1693 (03/XX/21)	Page 3 of 3
	Additional Signatures
This page is optional - Use only if mult	tiple representatives want to sign on the same fee agreement.
Representative's Rep ID (when applicable)	Representative's Name and Signature
r—	
	T T
	<del></del>





You finished signing "Fee Agreement for Representation Before the Social Security Administration".

Next, following people still need to take action:

• Add. Rep Email Address (signer)

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] Social Security Administration Has Sent You Fee Agreement for Representation Before the Social Security Administration

To Additional Rep Email Address

Retention Policy Delete\_7\_Year\_Default (7 years)

Expires 6/7/2028

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



# Social Security Administration requests your signature Fee Agreement for Representation Before the Social Security Administration

Form Expires On June 14, 2021

Review and sign

### THIS LINK EXPIRES IN TEN (10) CALENDAR DAYS.

You have a document to review and sign. You can access the document using the link above. For additional security, the appointed representative has set a password for this document. If you are not the appointed representative, you will need to contact the appointed 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 appointed representative should restart the process.

This link is personalized for you and, for security purposes, we recommend that 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/report or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-800-501-2101).

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.

© 2020 Adobe. All rights reserved.



Adobe Sign

### This Document is Password Protected

You need a password to access this document.

**Enter Password** 

OK



Form **SSA-1693** (3/XX/2021) Social Security Administration

OMB No. 0960-0810

### INSTRUCTIONS FOR COMPLETING FORM SSA-1693

We will email you a link to download and save a copy of the completed form for your records.

YOU DO NOT HAVE TO SIGN THIS FORM – Your appointed representative initiated this form online. Use and sign this form only if you agree to its terms. If you do not agree, do not sign it. Refusing to sign the form will not affect how we will process your claim, or our future decisions about it. In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. In this document, "us" and "SSA" means the Social Security Administration. Do not file form SSA-1693 unless you have appointed the representative (e.g., filed an SSA-1696) for a claim or issue you have pending with us.

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

### Requesting a fee for representational services

Your appointed representative can 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, your representative(s) generally must get our approval. Your representative can get our approval 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. Under the fee agreement process, the amount your representative can ask for is limited by the Social Security Act. Under the fee petition process, your representative can ask for a higher fee. For more information on fees, fee processes, and our rules, visit our website at <a href="https://www.ssa.gov/representation">www.ssa.gov/representation</a>.

Representatives who seek direct payment of their fee must first register with us. For more information on representative registration, visit us online at <a href="https://www.ssa.gov/ar">www.ssa.gov/ar</a>, 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(s) must file your fee agreement before we issue a favorable decision in your case. If you or your representative(s) 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 agree to pay an amount up to 25 percent of your total past-due benefits or an amount set by us, whichever is less. You must pay the fee we authorize. Your spouse, dependents or your auxiliary beneficiaries will also pay a fee unless they have their own representation. In addition to the fee we authorize, you may also have to pay:

- Fees authorized by a Federal court for services your attorney provided during 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

You and your representative(s) should complete this field only if you want to limit the effect of this fee agreement to a certain administrative level. If you choose this option and your case is appealed beyond the specified administrative level, your representative(s) can file a fee petition. Under the fee petition process, the authorized fee may be higher than the amount that can be authorized under the fee agreement process.

### Trust or escrow accounts

Your representative may accept money from you before we authorize a fee as long as he or she holds it in a trust or escrow account according to our rules and policy. If you choose to enter into the trust or escrow agreement with your representative, you may willingly deposit the money in the trust or escrow account and tell us on this form. Only complete this field if your representative is using an escrow or trust account.

### Third-party payments

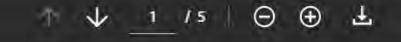
We collect information on payments your representative may receive from a third party for services he or she provided to you during the administrative proceedings. These fees may be in lieu of your fee payment, or may be in addition to your payment. We may consider these payments during our authorization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

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

If your representative is eligible under our rules to receive an authorized fee directly from us out of your past-due benefits, we usually withhold 25 percent of your past-due benefits for direct payment of that fee. However, you are responsible for paying your representative the authorized fee 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,





### Form SSA-1693 (3/XX/2021)

Page 2 of 2

- 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,
- your representative waived 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,
- your representative was disqualified or suspended from acting as a representative before we issued the direct payment,
- your representative did not submit a valid fee agreement before the first favorable decision in your claim or did not:
  - ask for our approval of a fee with a fee petition 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 with a fee petition.

#### **Electronic Signatures**

If you agree to its terms, you and your representative(s) must electronically sign, date, and submit this form by selecting the "Click to Sign" button. If you are appointing multiple representatives, all of your representatives who intend to ask for a fee for services provided on your claim must sign on a single fee agreement for the fee agreement to be approved. Unlike the paper version of this form, this online version only allows for the signatures of up to six representatives. If you have appointed, or intend to appoint, more than six representatives who want to charge and receive a fee for the services provided on your claim, you cannot use this online version.

### Privacy Act Statement - Collection and Use of Personal Information

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

We will use the information you provide to authorize fees for services rendered to the claimant named on the form. We may also share your information for the following purposes, called routine uses:

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

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2009, at 84 FR 58422; 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.

### 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.



Options 🗸

Form SSA-1693 (3/XX/2021) Social Security Administration

OMB No. 0960-0810

### Fee Agreement for Representation Before the Social Security Administration

### General Information

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. 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). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them. Unlike the paper version, this online form limits the total number of representatives who sign it to six.

,	Initial	Last Name Rep	
		State MD	ZIP/Postal Code 11111
1,000			
Claimant's Inform	mation	-	
	A		
		State	ZIP/Postal Code
		MD	11111
Alte	ernate	Phone Number (Option	al)
	Claimant's Information	Alternate Ph (111) 222-3 Claimant's Information	Alternate Phone Number (Optional) (111) 222-3333  Claimant's Information  Initial Last Name Claimant  State



↑ ↓ 3 /5 ⊖ ⊕ ±



Options 🗸

Form SSA-1693 (3/XX/2021)	Page 2 of
Standard Fee Agreement	
If the Social Security Administration (SSA) favorably decides my claim(s) and the decision 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fector 25 percent of my past-due benefits or the maximum dollar amount set by the Commission SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the public	ee that does not exceed the lesser of oner of Social Security on the date
Choose One:	
I agree to pay the maximum fee as stated in the preceding paragraph.	
I agree to pay less than the maximum: \$ 100 or %.	
understand that I, my eligible spouse, any affected auxiliary beneficiary, my representations the right to protest the fee authorized under this fee agreement, in writing, within	
understand that my representative may still request a fee even if my case does not resonate the solution of the solution to request that SSA authorize a fee. I also understantive may file a fee petition to request that SSA authorize a fee. I also understantive withheld, if not enough past-due benefits are withheld, or if my representative in SSA, I will be responsible to pay the authorized fee to my representative directly. SSA pocket costs and expenses for which I may be responsible to pay directly to my representative.	ue benefits or for other reasons, my tand that if there are no past-due is not eligible for direct payment by is not responsible for authorizing out-of-
Two-Tiered Fee Agreement (Optional)	
Only complete this section if you and your representative(s) have chosen to limit the effect	or this ree agreement to a certain
This fee agreement is in effect through this administrative level: Initial Reconsideral I understand that a two-tiered fee agreement is not required, but if chosen and SSA favoradministrative level indicated above, SSA will disapprove it and my representative(s) may fee petition.  Escrow/Trust Accounts or Third-Party Payments (Conformally Complete this section if your representative(s) will use an escrow or trust account, as spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay you check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account. My representative will receive a fee from another party (e.g., state, county, private expressions).	ably decides my claim(s) above the ask SSA to authorize a fee by filing a (Optional)  or someone other than you or your your representative a fee.  count in the amount of \$ 100 ntity) of \$
Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideral lunderstand that a two-tiered fee agreement is not required, but if chosen and SSA favora administrative level indicated above, SSA will disapprove it and my representative(s) may fee petition.  Escrow/Trust Accounts or Third-Party Payments (Conly complete this section if your representative(s) will use an escrow or trust account, as spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay you Check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account. My representative will receive a fee from another party (e.g., state, county, private e and I will have no financial responsibility to pay any fee, unless SSA authorizes the fit third party, me, and/or my spouse, dependents or auxiliary beneficiaries).	ably decides my claim(s) above the ask SSA to authorize a fee by filing a (Optional)  or someone other than you or your your representative a fee.  count in the amount of \$ 100 ntity) of \$
administrative level indicated above, SSA will disapprove it and my representative(s) may fee petition.  Escrow/Trust Accounts or Third-Party Payments ( Only complete this section if your representative(s) will use an escrow or trust account, spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account of the my representative will receive a fee from another party (e.g., state, county, private e and I will have no financial responsibility to pay any fee, unless SSA authorizes the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures	ably decides my claim(s) above the ask SSA to authorize a fee by filing a  (Optional)  or someone other than you or your your representative a fee.  count in the amount of \$ 100  ntity) of \$  total fee (i.e., the total amount paid by the
This fee agreement is in effect through this administrative level: Initial Reconsideral I understand that a two-tiered fee agreement is not required, but if chosen and SSA favoradministrative level indicated above, SSA will disapprove it and my representative(s) may fee petition.  Escrow/Trust Accounts or Third-Party Payments (Conly complete this section if your representative(s) will use an escrow or trust account, spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay you Check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust accounty if applicable:  My representative will receive a fee from another party (e.g., state, county, private e and I will have no financial responsibility to pay any fee, unless SSA authorizes the fitting party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representatives who have been properly appointed can be authorized to receive a fee	ably decides my claim(s) above the ask SSA to authorize a fee by filing a  (Optional)  or someone other than you or your your representative a fee.  count in the amount of \$ 100  ntity) of \$  total fee (i.e., the total amount paid by the
This fee agreement is in effect through this administrative level: Initial Reconsideral I understand that a two-tiered fee agreement is not required, but if chosen and SSA favoradministrative level indicated above, SSA will disapprove it and my representative(s) may fee petition.  Escrow/Trust Accounts or Third-Party Payments Only complete this section if your representative(s) will use an escrow or trust account, spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust accounty if applicable.  With my consent, my representative(s) has/have or will establish an escrow/trust accounty if applicable.  Claimant and Representative Signatures Only representatives who have been properly appointed can be authorized to receive a fee representative(s) not waiving a fee are each required to sign this fee agreement. Other recoverse agreement of the representative of the representative of the recoverse agreement of the representative of the recoverse agreement of the recoverse agreement. Other recoverse agreement of the recoverse agreement of the recoverse agreement of the recoverse agreement.	ably decides my claim(s) above the ask SSA to authorize a fee by filing a  (Optional)  or someone other than you or your your representative a fee.  count in the amount of \$ 100  ntity) of \$  total fee (i.e., the total amount paid by the
This fee agreement is in effect through this administrative level: Initial Reconsideral I understand that a two-tiered fee agreement is not required, but if chosen and SSA favoral administrative level indicated above, SSA will disapprove it and my representative(s) may fee petition.  Escrow/Trust Accounts or Third-Party Payments ( Conly complete this section if your representative(s) will use an escrow or trust account, spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account. My representative will receive a fee from another party (e.g., state, county, private e and I will have no financial responsibility to pay any fee, unless SSA authorizes the fit third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representatives who have been properly appointed can be authorized to receive a fee representative(s) not waiving a fee are each required to sign this fee agreement. Other responsibility to the pay and the second of	ably decides my claim(s) above the ask SSA to authorize a fee by filing a  (Optional)  or someone other than you or your your representative a fee.  count in the amount of \$ 100  ntity) of \$  total fee (i.e., the total amount paid by the epresentatives can also sign on the form.
Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideral lunderstand that a two-tiered fee agreement is not required, but if chosen and SSA favora administrative level indicated above, SSA will disapprove it and my representative(s) may fee petition.  Escrow/Trust Accounts or Third-Party Payments (Conly complete this section if your representative(s) will use an escrow or trust account, as spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay you Check only if applicable:  With my consent, my representative(s) has/have or will establish an escrow/trust account. My representative will receive a fee from another party (e.g., state, county, private e and I will have no financial responsibility to pay any fee, unless SSA authorizes the fit third party, me, and/or my spouse, dependents or auxiliary beneficiaries).	ably decides my claim(s) above the ask SSA to authorize a fee by filing a  (Optional)  or someone other than you or your your representative a fee.  count in the amount of \$ 100  ntity) of \$  total fee (i.e., the total amount paid by the epresentatives can also sign on the form.  Jun 10, 2021









X

Sterr

Options 🐱

Fee Agreement for Representati...

Next Required 2

	Additional Signatures	
This page is optional - Use only if mult	tiple representatives want to	sign on the same fee agreement.
Representative's Rep ID (when applicable)	Representative's	Name and Signature
	*	* Click here to sign
	_	





# Additional Rep

Clear



Options 😽

Ide	m	TT	ril	of	ord	o

	Page 3 of 3					
Additional Signatures						
tiple representatives want to sign on Representative's Name a	Click to change					
Add Rep Name	Additional Rep					
	<del>-,</del>					
	tiple representatives want to sign on Representative's Name a					







You finished signing "Fee Agreement for Representation Before the Social Security Administration".

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



Thu 6/10/2021 3:28 PM

### SOCIAL SECURITY ADMINISTRATION <adobesign@adobesign.com>

[EXTERNAL] Fee Agreement for Representation Before the Social Security Administration has been Signed and Filed

To Appointed Rep Email

Retention Policy Delete\_7\_Year\_Default (7 years)

Expires 6/8/2028

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





You're done signing

Fee Agreement for Representation Before the Social Security Administration (Dev)

**Open Agreement** 

The agreement is complete.

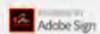
Agreement Participants: Names of appointed representative, claimant and any additional representatives will appear here.

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

For additional security, the originating representative has set a 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 originating 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.



Need your own documents signed? Adobe Sign can help save you time. Learn more.

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

© 2019 Adobe. All rights reserved.

Thu 6/10/2021 3:28 PM

### SOCIAL SECURITY ADMINISTRATION <adobesign@adobesign.com>

[EXTERNAL] Fee Agreement for Representation Before the Social Security Administration has been Signed and Filed

To Claimant Email Address

Retention Policy Delete\_7\_Year\_Default (7 years)

Expires 6/8/2028

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





You're done signing

Fee Agreement for Representation Before the Social Security Administration (Dev)

**Open Agreement** 

The agreement is complete.

Agreement Participants: Names of appointed representative, claimant and any additional representatives will appear here.

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

For additional security, the originating representative has set a 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 originating 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.



Need your own documents signed? Adobe Sign can help save you time. Learn more.

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

© 2019 Adobe. All rights reserved.



Thu 6/10/2021 3:28 PM

### SOCIAL SECURITY ADMINISTRATION <adobesign@adobesign.com>

[EXTERNAL] Fee Agreement for Representation Before the Social Security Administration has been Signed and Filed

To Additional Rep Email

Retention Policy Delete\_7\_Year\_Default (7 years)

Expires 6/8/2028

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





You're done signing

Fee Agreement for Representation Before the Social Security Administration (Dev)

**Open Agreement** 

The agreement is complete.

Agreement Participants: Names of appointed representative, claimant and any additional representatives will appear here.

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

For additional security, the originating representative has set a 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 originating 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.



Need your own documents signed? Adobe Sign can help save you time. Learn more.

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

© 2019 Adobe. All rights reserved.



This file is password protected. To access it, please enter the password.

Sign In

Fee Agreement for Representation Before the Social Security Administration

From: Social Security Administration

Status: Signed

Message: THIS LINK EXPIRES IN TEN (10) CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, the originating representative has set

See more

### Actions

Download PDF

Download Audit Report

Add Notes

> 3 Recipients (3 Completed)

> Activity

**Submit** 

Cancel

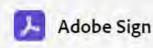
Password Required

Enter Password...









Form SSA-1693 (3/XX/2021) Social Security Administration

OMB No. 0960-0810

### INSTRUCTIONS FOR COMPLETING FORM SSA-1693

We will email you a link to download and save a copy of the completed form for your records.

YOU DO NOT HAVE TO SIGN THIS FORM - Your appointed representative initiated this form online. Use and sign this form only if you agree to its terms. If you do not agree, do not sign it. Refusing to sign the form will not affect how we will process your claim, or our future decisions about it. In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. In this document, "us" and "SSA" means the Social Security Administration. Do not file form SSA-1693 unless you have appointed the representative (e.g., filed an SSA-1696) for a claim or issue you have pending with us.

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

### Requesting a fee for representational services

Your appointed representative can 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, your representative(s) generally must get our approval. Your representative can get our approval 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. Under the fee agreement process, the amount your representative can ask for is limited by the Social Security Act. Under the fee petition process, your representative can ask for a higher fee. For more information on fees, fee processes, and our rules, visit our website at 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 online at www.ssa.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(s) must file your fee agreement before we issue a favorable decision in your case. If you or your representative(s) 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 agree to pay an amount up to 25 percent of your total past-due benefits or an amount set by us, whichever is less. You must pay the fee we authorize. Your spouse, dependents or your auxiliary beneficiaries will also pay a fee unless they have their own representation. In addition to the fee we authorize, you may also have to pay:

- Fees authorized by a Federal court for services your attorney provided during 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

You and your representative(s) should complete this field only if you want to limit the effect of this fee agreement to a certain administrative level. If you choose this option and your case is appealed beyond the specified administrative level, your representative(s) can file a fee petition. Under the fee petition process, the authorized fee may be higher than the amount that can be authorized under the fee agreement process.

### Trust or escrow accounts

Your representative may accept money from you before we authorize a fee as long as he or she holds it in a trust or escrow account according to our rules and policy. If you choose to enter into the trust or escrow agreement with your representative, you may willingly deposit the money in the trust or escrow account and tell us on this form. Only complete this field if your representative is using an escrow or trust account.

### Third-party payments

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

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

If your representative is eligible under our rules to receive an authorized fee directly from us out of your past-due benefits, we usually withhold 25 percent of your past-due benefits for direct payment of that fee. However, you are responsible for paying your representative the authorized fee 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,

Fee Agreement for Representation Before the Social Security Administration Created Jun 10, 2021 3:12 PM

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

Status: Signed

Message: THIS LINK EXPIRES IN TEN (10) CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, the originating representative has set

See more

### Actions

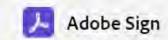
Download PDF

Download Audit Report

Add Notes

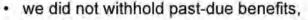
- 3 Recipients (3 Completed)
- Activity





### Form SSA-1693 (3/XX/2021)

Page 2 of 2



- 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,
- your representative waived 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,
- your representative was disqualified or suspended from acting as a representative before we issued the direct payment,
- your representative did not submit a valid fee agreement before the first favorable decision in your claim or did not:
  - ask for our approval of a fee with a fee petition 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 with a fee petition.

### **Electronic Signatures**

If you agree to its terms, you and your representative(s) must electronically sign, date, and submit this form by selecting the "Click to Sign" button. If you are appointing multiple representatives, all of your representatives who intend to ask for a fee for services provided on your claim must sign on a single fee agreement for the fee agreement to be approved. Unlike the paper version of this form, this online version only allows for the signatures of up to six representatives. If you have appointed, or intend to appoint, more than six representatives who want to charge and receive a fee for the services provided on your claim, you cannot use this online version.

### Privacy Act Statement - Collection and Use of Personal Information

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

We will use the information you provide to authorize fees for services rendered to the claimant named on the form. We may also share your information for the following purposes, called routine uses:

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

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2009, at 84 FR 58422; 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.

### 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 seg. and 416.1500 et seg.

Fee Agreement for Representation Before the Social Security Administration Created Jun 10, 2021 3:12 PM

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

Status: Signed

Message: THIS LINK EXPIRES IN TEN (10) CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, the originating representative has set

See more

### Actions

Download PDF

Download Audit Report

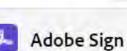
Add Notes

> 3 Recipients (3 Completed)

Activity







Sign In



Form SSA-1693 (3/XX/2021) Social Security Administration

OMB No. 0960-0810

### Fee Agreement for Representation Before the Social Security Administration

#### General Information

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. 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). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them. Unlike the paper version, this online form limits the total number of representatives who sign it to six.

	Representative's	s Inform	ation			
Representative's Rep ID						
1234567890						
First Name		Initial	100000000000000000000000000000000000000	Name		
Test			Rep			
Mailing Address Test Address						
City				State	ZIP/Postal Code	
Test				MD	11111	
Phone Number	Alte	Alternate Phone Number (Optional)				
111-222-3333	(11	(111) 222-3333				
	Claimant's Inf	ormatio	1			
Claimant's Social Security Number						
123456789						
irst Name Initial Last			Last N	ast Name		
est Clair				Claimant		
Mailing Address Test Address						
City				State	ZIP/Postal Cod	
Test				MD	11111	
Phone Number	A	Alternate	Phone	Number (Optio	nal)	
1112223333				P 4 1974 1	-7.	

Fee Agreement for Representation Before the Social Security Administration Created Jun 10, 2021 3:12 PM

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

Status: Signed

Message: THIS LINK EXPIRES IN TEN (10)

CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, the originating representative has set

See more

### Actions

Download PDF

Download Audit Report

Add Notes

- > 3 Recipients (3 Completed)
- > Activity

%.

Reconsideration

Hearing

Jun 10, 2021

Jun 10, 2021

Date

Date

I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker

pocket costs and expenses for which I may be responsible to pay directly to my representative.

This fee agreement is in effect through this administrative level: Initial

have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.

representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by

Only complete this section if you and your representative(s) have chosen to limit the effect of this fee agreement to a certain

I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a

Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your

spouse, dependents or auxiliary beneficiaries or another individual has paid or will pay your representative a fee.

My representative will receive a fee from another party (e.g., state, county, private entity) of \$

third party, me, and/or my spouse, dependents or auxiliary beneficiaries).

With my consent, my representative(s) has/have or will establish an escrow/trust account in the amount of \$\_100

Only representative who have been properly appointed can be authorized to receive a fee. The claimant and any appointed

Escrow/Trust Accounts or Third-Party Payments (Optional)

and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the

Claimant and Representative Signatures

representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form.

I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my

SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-

Two-Tiered Fee Agreement (Optional)

Fee Agreement for Representation Before the Social Security Administration

From: Social Security Administration

Message: THIS LINK EXPIRES IN TEN (10) CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, the originating representative has set

See more

Δ	•	ti	O		IS
, ,	-	F.1	_	•	-

Download PDF

**Download Audit Report** 

Add Notes

3 Recipients (3 Completed)

Activity

Q 1 4 15 \( \oplus \opu

Test Claimant

est Claimant (Jun 10, 2021 15;24 EDT) Claimant's Signature

Representative's Signature

I agree to pay less than the maximum: \$ 100

administrative level.

fee petition.

Check only if applicable:

Check only if applicable:

