

New Language

RSR103 - Appointment Confirmation to Representative [without Assignment]

Social Security Administration

Important Information

**SOCIAL SECURITY
Office of Operations
P.O. BOX XXXX
City, STATE ZIP**

INSERT: Representative Name

INSERT: Mailing Address

INSERT: City, State Zip Code

RSR029

We received written notice that you have been appointed to act as a representative for [*F1]. Therefore, we will work directly with you on matters that concern [*F2].

RSR034

We have processed your updated direct payment information for the representation of [claimant name].

RSR063

We have recorded [firm name] with the EIN [...] as your affiliation for this claim.

RSRC07 If You Waive Your Fee

RSRXXX

If you plan to waive your right to a fee or direct payment of a fee, please let us know in writing as soon as possible.

RSRXXX

With limited exceptions, we must authorize any fee you charge for your services. You may not charge more than the fee amount we authorize. To learn more about our fee authorization processes, visit www.ssa.gov/representation.

RSR032

Important Note: After your appointment ends, you will no longer have access to the claimant's records or personal information.

REFC01 – (No changes needed)

Suspect Social Security Fraud?

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

If You Have Questions

REF167

Please visit our *Representing Claimants* website at www.socialsecurity.gov/representation for general information.

If you have questions, please call us at 1-800-772-6270. If you are deaf or hard of hearing, you can call the TTY number, 1-800-325-0778 between 8:00 a.m. and 7:00 p.m. Eastern time, Monday through Friday. When you call, please have this letter with you to help us answer your questions.

If you have questions about reporting income or Form 1099-MISC, please contact the Internal Revenue Service.

Social Security Administration

New Notice

RSRxxx - Appointment Confirmation to Representative [with Assignment] (AUTOMATED)

Social Security Administration

Important Information

**SOCIAL SECURITY
Office of Operations
P.O. BOX XXXX
City, STATE ZIP**

INSERT: Representative Name

INSERT: Mailing Address

INSERT: City, State Zip Code

We received written notice that you have been appointed to act as a representative for [Claimant's name]. Therefore, we will work directly with you on matters that concern this/these claim(s).

We have processed your updated direct payment information for the representation of [claimant name].

We have recorded [firm name] with the EIN [...] as your affiliation for this claim.

We have also received your request to pay any fee we may authorize for services provided on [*F1] to your employer, [*F2] (*F3). In accordance with agency policy, we will pay the fee authorized directly to [*F4].

If You Waive Your Fee

If you plan to waive your right to a fee or direct payment of a fee, please let us know in writing as soon as possible.

With limited exceptions, we must authorize any fee you charge for your services. You may not charge more than the fee amount we authorize. To learn more about our fee authorization processes, visit www.ssa.gov/representation.

Important Note: After your appointment ends, you will no longer have access to the claimant's records or personal information.

REFC01 – (No changes needed)

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Social Security Administration