

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](http://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](http://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](http://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)**

### **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**

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*Social Security Administration*