



~~Complete the Notice of Appointment (Form SSA-1696)~~

Heading here will change to reflect the correct form title:

"Complete Form SSA-1696 *Claimant's Appointment of a Representative*"

Instructions for Representatives

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

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

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

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

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

You will also create a password that will be required for you and the claimant to access the form. You should provide the password to claimant by phone, in person, or SMS text message (standard message and data rates may apply). If you are unable to contact the claimant by phone, in person, or by text, then you may send the password via a separate email message.

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

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

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

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

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

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

PLEASE NOTE:

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

Sections 206 and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from appointing a representative to act on your behalf.

We will use the information to verify the appointment of your representative and his or her acceptance of the appointment. We may also share your information for the following purposes, called routine uses:

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

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs. A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information and a full listing of all our SORNs, is available on our website at <http://www.ssa.gov/privacy>.



*** I understand and agree to the above statement**

Start Application



Will change to reflect the form title:
Claimant's Appointment of a Representative

~~Appointment of Representative~~

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

Representative's Email Address

Enter Representative's Email Address

Confirm Representative's Email Address

Confirm Representative's Email Address

Claimant's Email Address

Enter Claimant's Email Address

Confirm Claimant's Email Address

Confirm Claimant's Email Address

Document Name

Appointment of Representative

Password Required

Password must contain at least 8 characters, 1 uppercase, 1 lowercase, and 1 number.

Password

Confirm Password

Show Password

Completion Deadline

01/30/2021

Submit



Social Security

~~Appointment of Representative~~

Will change to reflect the form title:
**Claimant's Appointment of a
Representative**

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

Fri 1/29/2021 10:09 AM


Social Security Administration <adobesign@adobesign.com>

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

To Representative's Email

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2028

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



Social Security

Social Security Administration requests your signature

~~Appointment of Representative~~

Form Expires On February 3, 2021

[Review and sign](#)

Will change to reflect the form title:
Claimant's Appointment of a Representative
(same for subsequent email images)

THIS LINK EXPIRES IN 5 CALENDAR DAYS.

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

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

Suspect Social Security Fraud?

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

SOCIAL SECURITY ADMINISTRATION



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

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

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Will change to reflect the form title:
Claimant's Appointment of a Representative
 (same for subsequent images)

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

****Note for mock-up of changes: All instructions, Paperwork Reduction Act, and Privacy Act statements will be updated to match the revised SSA-1696. Edits were not made in this version.**

Instru

Edits to the screens begin on page 8. If the section is repeated a second time in this screen package to show the flow of screens for the user, the edits are not repeated throughout the document.**

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

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

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

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

General Information About This Form

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

Appointing a Representative

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

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

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

Section 2 - Authorization for Disclosure

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

Section 3 - Principal Representative

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

Section 4 - Representative's Information

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

Start

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

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

Section 6 - Claim Type

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

Section 7 - Fee Arrangement

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

Section 8 - Signatures

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

Privacy Act Statement - Collection and Use of Personal Information

Sections 206 and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from appointing a representative to act on your behalf.

We will use the information to verify the appointment of your representative and his or her acceptance of the appointment. We may also share your information for the following purposes, called routine uses:

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

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send us your comments on our estimated completion time to SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

References

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

On this first page, Claimant's SSN entry will be moved to Section 1 - Claimant's Information and AR Rep ID field will be moved to new Section 2 Representative's Information (see annotations below for section changes).

Address fields will be removed except zip code (necessary for electronic work management system routing). Phone number fields will be removed. Section will now include Claimant's SSN.

As indicated on the revised paper form, a "Reason for Submission" subsection will be added at the beginning of this section, requesting that the respondent indicate whether they are submitting to file a new appointment or make an update to an established appointment and what that update is

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Discontinue Prior Editions Social Security Administration

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OMB No. 0960-0527

Claimant's Social Security Number

Appointed Representative's Rep ID

Claimant's Appointment of a Representative

Section 1 - Claimant's Information

First Name Test	Initial [icon]	Last Name Claimant
---------------------------	--------------------------	------------------------------

~~Mailing Address~~

City	State	ZIP/Postal Code	Country - if outside the U.S.
-----------------	------------------	----------------------------	--

Phone Number	Alternate Phone Number (Optional)
-------------------------	--

Number Holder's Information *(Complete when applicable)*

My claim is based on another person's work or earnings (e.g., spouse or parent). This person's information is different from mine.

Number Holder's Social Security Number

First Name	Initial	Last Name
-------------------	----------------	------------------

Section 2 - Disclosure *(Claimant Only)*

By selecting this box, I, the claimant listed in Section 1, whose signature appears in Section 8, authorize SSA to release information in relation to my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g., clerks, assistants), partners, or parties under contractual arrangements for or with my representative. *(The appointed representative's partners, associates, delegates and designees must be prepared to provide information in order to be authenticated.)*

Section 3 - Principal Representative *(Claimant only - Complete when applicable)*

I have appointed before, or appoint now, more than one representative. I ask SSA to make contacts or send notices to this individual. My principal representative is:

Name

Instruction Language Change to:
I have appointed more than one representative. The person named below is my principal representative. I ask SSA to make contacts or send notices to this person. Any principal representative I named before is no longer my principal representative but is still one of my representatives unless I have filed a separate writing revoking their appointment.

Next

Form SSA-1696-APP (02-2021) UF

Page 4 of 6

Claimant's Social Security Number

Appointed Representative's Rep ID

[Empty text box for Claimant's Social Security Number]

123456789A

Section 4 - Representative's Information

Will be moved up after Section 1, relabel as **Section 2 - Representative's Information**. Rep ID field will from top of first page will be added to this section.

Representatives who are eligible and seek direct payment of their fee must register and receive a Rep ID before the appointment. For more information about registration visit us on-line at www.socialsecurity.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or visit your local Social Security office.

First Name

Test

Initial

Last

Re

Instruction Language Change to:

All representatives must register and receive a Representative Identification (Rep ID). For more information about registration visit us on-line at www.ssa.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778) or visit your local Social Security office. If your representative wishes to update their registration information, they must do so using Form SSA-1699 *Representative Registration*.

Mailing Address

Fake Address

Address fields and contact info fields will be removed.

Rep ID field will from top of first page will be added to this section.

City

Fake City

State

Maryland

ZIP/Postal Code

12345

Country - if outside the U.S.

Phone Number

111-222-3333

Alternate Phone Number (Optional)

1112223333

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

~~Representative's Status Part A - Type of Representative (Representatives have a~~

This heading should now read, **Part A- Representative's Status, Disqualifications or Suspensions** (Representatives must always keep this information current)

I am an attorney (SSA law states that an attorney is someone in good standing who has the right to practice law before a court of a State, Territory, District, or island possession of the United States, or before the Supreme Court or a lower Federal court of the United States.)

Minor changes to language in these options.

I am a non-attorney eligible for direct payment (SSA law requires that non-attorneys meet certain criteria to qualify for direct payment. Refer to our website at www.ssa.gov/representation for criteria).

I am a non-attorney not eligible for direct payment.

I work for a non-profit organization (e.g. a law clinic or state legal aid)

~~Representative's Status Part B - Disqualification~~

Delete heading.

I am r Change this section to check boxes

Y I am now or have previously been (check all that apply):

Disbarred or suspended from a court or bar to which I was previously admitted to practice law.

I am r

If selected, explain: _____

Y

Previously been disqualified from participating in or appearing before a Federal program or agency.

If selected, explain: _____

Removed from practice or has/had any or all my licenses suspended by a professional licensing authority or agency.

If selected, explain: _____



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Claimant's Social Security Number

Appointed Representative's Rep ID

[Empty input field for Claimant's Social Security Number]

123456789A

Section 5 - Continued

Affiliation Information

Change heading to: Part B - Representative's Affiliation Information

If you are representing the claimant(s) as a partner or employee of a business entity, firm or other organization you may provide your Employer Identification Number (EIN) here, if one exists for tax purposes. This number is not your Social Security Number (SSN). *(Do not complete this section if you do not qualify for direct payment.)*

Add checkbox option for "No EIN".

EIN 123456789

Instruction Language Change to:

If you want to designate an affiliate (business, firm, or other organization) for this claim, provide the entity's name and Employer Identification Number (EIN) here. This number is not your Social Security number (SSN). This number is the entity's tax identification number. **To designate an affiliate entity for this claim, you must have already submitted to us a Form SSA-1699 that identifies this entity as an affiliate.** (If you do not want to designate an affiliate entity for this claim, or do not qualify for or seek direct payment, mark no EIN.)

Organization's Name (Enter the full name of the business, entity, firm or representing this claim)

Test Organization

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

Test Address

City	State	ZIP/Postal Code
Test City	Maryland	12345

Country - if outside the U.S.

[Empty input field for Country]

Representative's Certifications

I accept this appointment and certify the following:

Change heading to: Part D - Representative's Certifications

- I understand and agree to the Conduct and Standards of Responsibility and Standards of Services that SSA has approved for representatives.
- I understand that if I fail to comply with any of applicable policy and SSA rules I may be suspended or disqualified from acting as a representative before SSA.
- I will not disclose any information to any unauthorized party without the claimant's specific written consent.
- I am not currently suspended or disqualified from practicing before the SSA.
- I am not prohibited from representing the claimant as a current or former officer or employee of the United States.
- I accept appointment as the representative for the claimant named in Section 1 of this form in connection with the claims and asserted rights described in Section 4 of this form.
- I agree that a copy of this signed form SSA-1696 will have the same force and effect as the original.
- I declare under penalty of perjury that I have examined all the information on this form and on all accompanying statements or forms, including any information, attestations and certifications provided to SSA in registration, and that they are all currently true and correct to the best of my knowledge.

Language changes to bullets:

- I understand and agree that I will comply with the applicable policy and SSA rules on the representation of parties, including the *Rules of conduct and standards of responsibility for representatives* (20 CFR 404.1740-404.1799 and 416.1540-416.1599); I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved unless a regulatory exclusion applies.
- I understand that if I fail to comply with any of applicable policy and SSA rules I may be suspended or disqualified from acting as a representative before SSA.
- I will not disclose any information to any unauthorized party without the claimant's specific written consent.
- I am not currently suspended or disqualified from practicing before the SSA.
- I am not prohibited from representing the claimant as a current or former officer or employee of the United States.
- I accept appointment as the representative for the claimant named in Section 1 of this form in connection with the claims and asserted rights described in Section 4 of this form.
- I agree that a copy of this signed form SSA-1696 will have the same force and effect as the original.
- I declare under penalty of perjury that I have examined all the information on this form and on all accompanying statements or forms, including any information, attestations and certifications provided to SSA in registration, and that they are all currently true and correct to the best of my knowledge.

~~If I intend to seek direct payment of the award, I must also certify that:~~

Language will be removed.

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

Next

I CERTIFY TO ALL OF THE ABOVE Initials (Representative's Initials)

[Initials input field]

Type Initials

TR
Clear

Close

Apply

Form SSA-1696-APP (02-2021) UF

Page 5 of 6

Claimant's Social Security Number

Appointed Representative's Rep ID

[Empty input field]

**** New subsection- After subsection Part B, there will be new subsection for Part C as follows:**
Heading will read:

See prior page for other planned edits.

Part C - Assignment of Direct Payment of Authorized Fee to an Entity
(Complete only when applicable)

If you are representing the claimant, enter your Employer Identification Number (EIN) here (SSN). This is your employer's tax identification

Check the *Assignment* box below if you want to assign direct payment of your fee to the entity you identified above in Part B. If you previously assigned direct payment to another entity, an assignment to a new entity in Part B also constitutes a rescission of the prior assignment. Check only the *Rescission* box below if you want to rescind your prior assignment and receive direct payment with no assignment to an entity.

EIN 123456789

[Checkbox] Assignment - I, the representative whose name appears in Section 2 and whose signature appears in Section 8, request any fee authorized to me in this claim be directly paid to the entity identified above in Part B. I understand that the entity to which I assign direct payment of my fee must be registered prior to this assignment. I also understand that I can rescind this assignment only prior to the date SSA notifies the claimant of the first favorable determination or decision. If I previously assigned direct payment to another entity, this assignment also constitutes a rescission of the prior assignment.

Organization's Name (Enter the full name of representing this claim)

Test Organization

Representative's Business Address (if different from your business address)

Test Address

[Checkbox] Rescission of prior assignment - I, the representative whose name appears in Section 2 and whose signature appears in Section 8, rescind my prior assignment of direct payment of my authorized fee.

City

Test City

Maryland

12345

Country - if outside the U.S.

[Empty input field]

Representative's Certifications

I accept this appointment and certify the following:

See prior page for planned edits.

SSA's laws and rules on the representation of parties, including the Rules of Representatives; I will not charge, collect, or retain a fee for representational more than SSA approved unless a regulatory exclusion applies.

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

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

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

I CERTIFY TO ALL OF THE ABOVE

TR
TR

(Representative's Initials)

Next



Form SSA-1696-APP (02-2021) UF

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Claimant's Social Security Number

Appointed Representative's Rep ID

Section 6 - Claim Type

Move this section up to after Section 3 and change the heading to Section 4 - Claim Type.

I appoint the individual named in Section 4 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: ~~(Select YES for all that apply)~~ → Change to (Check all that apply)

Change radio buttons to check boxes.

Yes No

- Claim/Appeal for Title II Disability Benefits
- Claim/Appeal for Title XVI Disability Benefits
- Concurrent Title II and Title XVI Disability Benefits → Change 3rd option to Claim/Appeal for Title XVI Benefits
- Claim/Appeal for Retirement Benefits
- Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)
- Continuing Disability Review (CDR)
- Post-Entitlement Issue (a new issue you raise after eligibility for other benefits)

Other Information

(E.g., benefit amount, month of entitlement, representative payee, suspension, termination, overpayment)

Section 7 - Fee Arrangement

Change heading to Section 6 - Fee Arrangement

Check one box below: →

Language change to:

Check one box below. If the representative is eligible for direct payment and this section is left unchecked, we will assume the representative will seek a fee, until we receive a written waiver.

- I will request a fee and direct payment of this fee. Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to pay you the fee we may authorize. (We must authorize the fee.)
- I will request a fee and direct payment of this fee. Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to directly pay the fee we may authorize. (We must authorize the fee.)
- I will request a fee but not direct payment. Select this box if you are not eligible for direct payment from the past-due benefits, or if you do not want direct payment. You are responsible for collecting any fee we may authorize on your own. (We must authorize the fee.)
- I waive the right to receive a fee from the claimant, any auxiliary beneficiaries or any other individual, but a third-party entity will pay my fee. Select this box if you certify that an entity, or a Federal, state, county, or city government agency will pay the fee and any expenses from its funds. The claimant, auxiliary beneficiaries, or other individuals must not be liable for the fee, directly or indirectly, in whole or in part, or any expenses. (We do not need to authorize the fee if all regulatory conditions apply.)
- I waive the right to a fee.

Section 8 - Signatures

Representative: Insert new section with heading: Section 7 - Other Claimants.

Click

Will add Instructions: List below any auxiliary claimants, such as a child or spouse of the claimant or number holder, who have not appointed their own representative.

Addition of column titled, Social Security Number, and a column titled, Name. Include rows for entering a properly formatted SSN and a text area for a name. Four rows total.

You will need to sign as the representative and the Claimant to be processed.

Type Signature



Test Rep

Clear

Close

Apply

Form SSA-1696-APP (02-2021) UF

Page 6 of 6

Claimant's Social Security Number

Appointed Representative's Rep ID

[Empty input field for Claimant's Social Security Number]

123456789A

Section 6 - Claim Type

I appoint the individual named in Section 4 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: (Select YES for all that apply)

Yes No

- Claim/Appeal for Title II Disability Benefits
- Claim/Appeal for Title XVI Disability Benefits
- Concurrent Title II and Title XVI Disability Benefits
- Claim/Appeal for Retirement Benefits
- Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)
- Continuing Disability Review (CDR)
- Post-Entitlement Issue (a new issue you raise after eligibility for other benefits)

Other Information

(E.g., benefit amount, month of entitlement, representative payee, suspension, termination, overpayment)

Section 7 - Fee Arrangement

Check one box below:

- I will request a fee and direct payment of this fee. Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to pay you the fee we may authorize. *(We must authorize the fee.)*
- I will request a fee but not direct payment. Select this box if you are not eligible for direct payment from the past-due benefits, or if you do not want direct payment. You must collect any fee we may authorize on your own. *(We must authorize the fee.)*
- I waive the right to receive a fee from the claimant, any auxiliary beneficiaries or any other individual. Select this box if you certify that an entity, or a Federal, state, county, or city government agency will pay the fee and any expenses from its funds. The claimant, auxiliary beneficiaries, or other individuals must not be liable for the fee, directly or indirectly, in whole or in part, or any expenses. *(We do not need to authorize the fee if all regulatory conditions apply.)*
- I waive the right to a fee.

Section 8 - Signatures

Representative's Signature

Test Rep

Test Rep (Mar 3, 2021)

Claimant's Signature

You will need to electronically sign the document and the Claimant to be processed.

Instructional language will be added:

Both you and your representative must sign this form if you are appointing a new representative. If you or your representative are submitting this form to update information relating to your existing appointment of this representative:

- You must sign this form if you are updating the information in Section 3.
- Your representative must sign this form if updating the information in Section 5.
- Both you and your representative must sign this form if updating the information in Sections 4, 6, or 7.



You're all set

You finished signing "Appointment of Representative".

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

All parties will be notified via email. You can also [download a copy](#) of what you just signed.




You're all set

You finished signing "Appointment of Representative".

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

All parties will be notified via email. You can also [download a copy](#) of what you just signed.

Password ✕

 'Appointment of Represent...' is protected. Please enter a Document Open Password.

Enter Password:

Fri 1/29/2021 10:09 AM


Social Security Administration <adobesign@adobesign.com>

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

To Claimant's Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2028

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



Social Security

Social Security Administration requests your signature

~~Appointment of Representative~~

Will change to reflect the form title:
Claimant's Appointment of a Representative

Form Expires On February 3, 2021

[Review and sign](#)

THIS LINK EXPIRES IN 5 CALENDAR DAYS.

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

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

Suspect Social Security Fraud?

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

SOCIAL SECURITY ADMINISTRATION



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

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

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Form **SSA-1696-APP** (02-2021) UF
Discontinue Prior Editions Social
Security Administration

Page 1 of 6
OMB No. 0960-0527

Instructions for Completing Form SSA-1696

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

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

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

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

General Information About This Form

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

Appointing a Representative

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

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

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

Section 2 - Authorization for Disclosure

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

Section 3 - Principal Representative

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

Section 4 - Representative's Information

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

Form **SSA-1696-APP** (02-2021) UF

Page 2 of 6

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

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

Section 6 - Claim Type

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

Section 7 - Fee Arrangement

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

Section 8 - Signatures

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

Privacy Act Statement - Collection and Use of Personal Information

Sections 206 and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from appointing a representative to act on your behalf.

We will use the information to verify the appointment of your representative and his or her acceptance of the appointment. We may also share your information for the following purposes, called routine uses:

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

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send us your comments on our estimated completion time to SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

References

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

Form SSA-1696-APP (02-2021) UF
Discontinue Prior Editions Social
Security Administration

Page 3 of 6
OMB No. 0960-0527

Claimant's Social Security Number

111-22-3333

Appointed Representative's Rep ID

123456789A

Claimant's Appointment of a Representative

Section 1 - Claimant's Information

First Name Test	Initial 	Last Name Claimant
---------------------------	--------------------	------------------------------

Mailing Address
Test Address

City Test City	State Maryland	ZIP/Postal Code 12345	Country - if outside the U.S.
--------------------------	--------------------------	---------------------------------	--

Phone Number 111-222-3333	Alternate Phone Number (Optional) 1112223333
-------------------------------------	--

Number Holder's Information *(Complete when applicable)*

My claim is based on another person's work or earnings (e.g., spouse or parent). This person's information is different from mine.

Number Holder's Social Security Number

999887777

First Name Test	Initial 	Last Name Person
---------------------------	--------------------	----------------------------

Section 2 - Disclosure *(Claimant Only)*

By selecting this box, I, the claimant listed in Section 1, whose signature appears in Section 8, authorize SSA to release information in relation to my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g., clerks, assistants), partners, or parties under contractual arrangements for or with my representative. *(The appointed representative's partners, associates, delegates and designees must be prepared to provide information in order to be authenticated.)*

Section 3 - Principal Representative *(Claimant only - Complete when applicable)*

I have appointed before, or appoint now, more than one representative. I ask SSA to make contacts or send notices to this individual. My principal representative is:

Name Test Name Here

Next

Next

Form SSA-1696-APP (02-2021) UF

Page 4 of 6

Claimant's Social Security Number

Appointed Representative's Rep ID

111-22-3333

123456789A

Section 4 - Representative's Information

Representatives who are eligible and seek direct payment of their fee must register and receive a Rep ID before the appointment. For more information about registration visit us on-line at www.socialsecurity.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or visit your local Social Security office.

First Name Test	Initial	Last Name Rep
---------------------------	----------------	-------------------------

Mailing Address
Fake Address

City Fake City	State Maryland	ZIP/Postal Code 12345	Country - if outside the U.S.
--------------------------	--------------------------	---------------------------------	--------------------------------------

Phone Number 111-222-3333	Alternate Phone Number (Optional) 1112223333
-------------------------------------	--

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

Representative's Status Part A - Type of Representative (Representatives have a duty to keep their information current)

- I am an attorney (SSA law states that an attorney is someone in good standing who has the right to practice law before a court of a State, Territory, District, or island possession of the United States, or before the Supreme Court or a lower Federal court of the United States.)
- I am a non-attorney eligible for direct payment (SSA law requires that non-attorneys meet certain criteria to qualify for direct payment. Refer to our website at www.ssa.gov/representation for criteria).
- I am a non-attorney not eligible for direct payment.

I work for a non-profit organization (e.g. a law clinic or state legal aid)

Representative's Status Part B - Disqualification

I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice law.

Yes No

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency.

Yes No

Form SSA-1696-APP (02-2021) UF

Page 5 of 6

Claimant's Social Security Number

Appointed Representative's Rep ID

111-22-3333

123456789A

Section 5 - Continued

Affiliation Information

If you are representing the claimant(s) as a partner or employee of a business entity, firm or other organization you may provide your Employer Identification Number (EIN) here, if one exists for tax purposes. This number is not your Social Security Number (SSN). This is your employer's tax identification number. (Do not complete this section if you do not qualify for direct payment.)

EIN 123456789

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

Test Organization

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

Test Address

City	State	ZIP/Postal Code
Test City	Maryland	12345

Country - if outside the U.S.

Representative's Certifications

I accept this appointment and certify the following:

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

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

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

I CERTIFY TO ALL OF THE ABOVE

TR (Representative's Initials)

(Representative's Initials)

Next

Form SSA-1696-APP (02-2021) UF

Page 6 of 6

Claimant's Social Security Number

Appointed Representative's Rep ID

111-22-3333

123456789A

Section 6 - Claim Type

I appoint the individual named in Section 4 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: Select YES for all that apply

Yes No

- Claim/Appeal for Title II Disability Benefits
- Claim/Appeal for Title XVI Disability Benefits
- Concurrent Title II and Title XVI Disability Benefits
- Claim/Appeal for Retirement Benefits
- Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)
- Continuing Disability Review (CDR)
- Post-Entitlement Issue (a new issue you raise after eligibility for other benefits)

Other Information

(E.g., benefit amount, month of entitlement, representative payee, suspension, termination, overpayment)

Section 7 - Fee Arrangement

Check one box below:

- I will request a fee and direct payment of this fee. Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to pay you the fee we may authorize. *(We must authorize the fee.)*
- I will request a fee but not direct payment. Select this box if you are not eligible for direct payment from the past-due benefits, or if you do not want direct payment. You must collect any fee we may authorize on your own. *(We must authorize the fee.)*
- I waive the right to receive a fee from the claimant, any auxiliary beneficiaries or any other individual. Select this box if you certify that an entity, or a Federal, state, county, or city government agency will pay the fee and any expenses from its funds. The claimant, auxiliary beneficiaries, or other individuals must not be liable for the fee, directly or indirectly, in whole or in part, or any expenses. *(We do not need to authorize the fee if all regulatory conditions apply.)*
- I waive the right to a fee.

Section 8 - Signatures

Representative's Signature

Test Rep

Test Rep (Mar 6, 2021 08:25 EST)

Date

Mar 3, 2021

Claimant's Signature

Click here to sign

Date

Mar 3, 2021

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

Type Signature



Test Claimant

Clear

Close

Apply

Form **SSA-1696-APP (02-2021) UF**

Page 6 of 6

Claimant's Social Security Number

Appointed Representative's Rep ID

111-22-3333

123456789A

Section 6 - Claim Type

I appoint the individual named in Section 4 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: (Select YES for all that apply)

Yes No

- Claim/Appeal for Title II Disability Benefits
- Claim/Appeal for Title XVI Disability Benefits
- Concurrent Title II and Title XVI Disability Benefits
- Claim/Appeal for Retirement Benefits
- Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)
- Continuing Disability Review (CDR)
- Post-Entitlement Issue (a new issue you raise after eligibility for other benefits)

Other Information

(E.g., benefit amount, month of entitlement, representative payee, suspension, termination, overpayment)

Section 7 - Fee Arrangement

Check one box below:

- I will request a fee and direct payment of this fee.** Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to pay you the fee we may authorize. *(We must authorize the fee.)*
- I will request a fee but not direct payment.** Select this box if you are not eligible for direct payment from the past-due benefits, or if you do not want direct payment. You must collect any fee we may authorize on your own. *(We must authorize the fee.)*
- I waive the right to receive a fee from the claimant, any auxiliary beneficiaries or any other individual.** Select this box if you certify that an entity, or a Federal, state, county, or city government agency will pay the fee and any expenses from its funds. The claimant, auxiliary beneficiaries, or other individuals must not be liable for the fee, directly or indirectly, in whole or in part, or any expenses. *(We do not need to authorize the fee if all regulatory conditions apply.)*
- I waive the right to a fee.**

Section 8 - Signatures

Representative's Signature

Test Rep

Test Rep (Mar 3, 2021 08:25 EST)

Date

Mar 3, 2021

Claimant's Signature

Test Claimant

Test Claimant (Mar 3, 2021)

Date

Mar 3, 2021

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



You're all set

You finished signing "Appointment of Representative".

All parties will be notified via email. You can also [download a copy](#) of what you just signed.




You're all set

You finished signing "Appointment of Representative".

All parties will be notified via email. You can also [download a copy](#) of what you just signed.

Password ✕

 'Appointment of Represent...' is protected. Please enter a Document Open Password.

Enter Password:

Fri 1/29/2021 1:50 PM

Social Security Administration <adobesign@adobesign.com>


[EXTERNAL] Appointment of Representative has been Signed

To Claimant's & Representative's

Cc Email Addresses

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2028

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



Social Security



You're done signing

~~Appointment of Representative~~

[Open agreement](#)

Will change to reflect the form title:
Claimant's Appointment of a Representative

The agreement is complete.

You can [open the final agreement](#) to review its activity history or download a copy for reference.

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

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

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



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.

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Appointment of Representative

Created Jan 15, 2021 10:37 AM

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

Status: Signed

Message: THIS LINK EXPIRES IN 5 CALENDAR DAYS. You have a document to review and sign. You can access the

[See more](#)

Actions

- Download PDF
- Download Audit Report
- Add Notes

> 2 Recipients (2 Completed)

> Activity

Password Required

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

Cancel Submit





Instructions for Completing Form SSA-1696

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

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

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

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

General Information About This Form

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

Appointing a Representative

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

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

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

Section 2 - Authorization for Disclosure

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

Section 3 - Principal Representative

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

Section 4 - Representative's Information

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

Appointment of Representative

Created Mar 03, 2021 8:02 AM

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

Status: Signed

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

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

Section 6 - Claim Type

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

Section 7 - Fee Arrangement

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

Section 8 - Signatures

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

Privacy Act Statement - Collection and Use of Personal Information

Sections 206 and 1631(d) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from appointing a representative to act on your behalf.

We will use the information to verify the appointment of your representative and his or her acceptance of the appointment. We may also share your information for the following purposes, called routine uses:

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

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June 4, 2020, at 85 FR 34477; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information and a full listing of all our SORNs, is available on our website at www.ssa.gov/privacy.

Paperwork Reduction Act Statement

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send us your comments on our estimated completion time to SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

References

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

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Form **SSA-1696-APP** (02-2021) UF
 Discontinue Prior Editions Social
 Security Administration

Page 3 of 6
 OMB No. 0960-0527

Claimant's Social Security Number

111-22-3333

Appointed Representative's Rep ID

123456789A

Claimant's Appointment of a Representative

Section 1 - Claimant's Information

First Name

Test

Initial

Last Name

Claimant

Mailing Address

Test Address

City

Test City

State

Maryland

ZIP/Postal Code

12345

Country - if outside the U.S.

Phone Number

111-222-3333

Alternate Phone Number (Optional)

1112223333

Number Holder's Information *(Complete when applicable)*

My claim is based on another person's work or earnings (e.g., spouse or parent). This person's information is different from mine.

Number Holder's Social Security Number

999887777

First Name

Test

Initial

Last Name

Person

Section 2 - Disclosure *(Claimant Only)*

By selecting this box, I, the claimant listed in Section 1, whose signature appears in Section 8, authorize SSA to release information in relation to my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g., clerks, assistants), partners, or parties under contractual arrangements for or with my representative. *(The appointed representative's partners, associates, delegates and designees must be prepared to provide information in order to be authenticated.)*

Section 3 - Principal Representative *(Claimant only – Complete when applicable)*

I have appointed before, or appoint now, more than one representative. I ask SSA to make contacts or send notices to this individual. My principal representative is:

Name Test Name Here

Appointment of Representative

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Claimant's Social Security Number

Appointed Representative's Rep ID

111-22-3333

123456789A

Section 4 - Representative's Information

Representatives who are eligible and seek direct payment of their fee must register and receive a Rep ID before the appointment. For more information about registration visit us on-line at www.socialsecurity.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or visit your local Social Security office.

First Name	Initial	Last Name
Test		Rep

Mailing Address

Fake Address

City	State	ZIP/Postal Code	Country - if outside the U.S.
Fake City	Maryland	12345	

Phone Number	Alternate Phone Number (Optional)
111-222-3333	1112223333

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

Representative's Status Part A - Type of Representative (Representatives have a duty to keep their information current)

- I am an attorney (SSA law states that an attorney is someone in good standing who has the right to practice law before a court of a State, Territory, District, or island possession of the United States, or before the Supreme Court or a lower Federal court of the United States.)
- I am a non-attorney eligible for direct payment (SSA law requires that non-attorneys meet certain criteria to qualify for direct payment. Refer to our website at www.ssa.gov/representation for criteria).
- I am a non-attorney not eligible for direct payment.
- I work for a non-profit organization (e.g. a law clinic or state legal aid)

Representative's Status Part B - Disqualification

I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice law.

Yes No

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency.

Yes No

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Claimant's Social Security Number

Appointed Representative's Rep ID

111-22-3333

123456789A

Section 5 - Continued

Affiliation Information

If you are representing the claimant(s) as a partner or employee of a business entity, firm or other organization you may provide your Employer Identification Number (EIN) here, if one exists for tax purposes. This number is not your Social Security Number (SSN). This is your employer's tax identification number. (Do not complete this section if you do not qualify for direct payment.)

EIN 123456789

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

Test Organization

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

Test Address

City	State	ZIP/Postal Code
Test City	Maryland	12345

Country - if outside the U.S.

Representative's Certifications

I accept this appointment and certify the following:

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

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

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

I CERTIFY TO ALL OF THE ABOVE

TR (Representative's Initials)

Appointment of Representative

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Claimant's Social Security Number

Appointed Representative's Rep ID

111-22-3333

123456789A

Section 6 - Claim Type

I appoint the individual named in Section 4 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: *(Select YES for all that apply)*

Yes No

- Claim/Appeal for Title II Disability Benefits
- Claim/Appeal for Title XVI Disability Benefits
- Concurrent Title II and Title XVI Disability Benefits
- Claim/Appeal for Retirement Benefits
- Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)
- Continuing Disability Review (CDR)
- Post-Entitlement Issue (a new issue you raise after eligibility for other benefits)

Other Information

(E.g., benefit amount, month of entitlement, representative payee, suspension, termination, overpayment)

Section 7 - Fee Arrangement

Check one box below:

- I will request a fee and direct payment of this fee.** Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to pay you the fee we may authorize. *(We must authorize the fee.)*
- I will request a fee but not direct payment.** Select this box if you are not eligible for direct payment from the past-due benefits, or if you do not want direct payment. You must collect any fee we may authorize on your own. *(We must authorize the fee.)*
- I waive the right to receive a fee from the claimant, any auxiliary beneficiaries or any other individual.** Select this box if you certify that an entity, or a Federal, state, county, or city government agency will pay the fee and any expenses from its funds. The claimant, auxiliary beneficiaries, or other individuals must not be liable for the fee, directly or indirectly, in whole or in part, or any expenses. *(We do not need to authorize the fee if all regulatory conditions apply.)*
- I waive the right to a fee.**

Section 8 - Signatures

Representative's Signature

Test Rep
Test Rep (Mar 3, 2021 08:25 EST)

Date

Mar 3, 2021

Claimant's Signature

Test Claimant
Test Claimant (Mar 3, 2021 08:29 EST)

Date

Mar 3, 2021

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

Appointment of Representative

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Fri 1/29/2021 1:40 PM

Social Security Administration <adobesign@adobesign.com>


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

To Representative or Claimant's Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2021

Will change to reflect the form title:
Claimant's Appointment of a Representative

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



Social Security



Please sign ~~Appointment of Representative~~

[Click here to review and sign Appointment of Representative.](#)

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

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

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

Appointment of Representative

Final Audit Report

Will change to reflect the form title:
Claimant's Appointment of a Representative

2021-01-15

Created:	2021-01-15
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2021-01-15 - 3:46:49 PM GMT
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2021-01-15 - 3:48:56 PM GMT- IP address: 137.200.0.112
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-  Agreement completed.
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