

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

Instructions for Representatives

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

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

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

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

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

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

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

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

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

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

PLEASE NOTE:

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

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

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

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

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

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2009, at 84 FR 58422; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information and a full listing of all our SORNs are available on our website at www.ssa.gov/privacy.

I understand and agree to the above statement

Start Application

Fee Agreement for Representation

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

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

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

Appointed Representative's Email

Confirm Appointed Representative's Email

Claimant's Email

Confirm Claimant's Email

Representative #2's Email

Confirm Representative #2's Email

[Add Signer](#) 

[Remove Signer](#) 

Document Name

Password Required

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

Show Password

Completion Deadline

Submit



Social Security

Fee Agreement for Representation

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

Wed 6/9/2021 9:45 AM

Social Security Administration <adobesign@adobesign.com>

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

To Appointed Rep Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 6/7/2028

 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
Fee Agreement for Representation Before the Social Security Administration

Form Expires On June 14, 2021

[Review and sign](#)

THIS LINK EXPIRES IN TEN (10) CALENDAR DAYS.

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

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

Suspect Social Security Fraud?

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

SOCIAL SECURITY ADMINISTRATION

[Help us improve.](#)



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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Please replace the date to reflect 11/30/2024. This change should be reflected throughout the entire document.

Fee Agreement

SSA-1693 (3/XX/2021)

Social Security Administration

OMB No. 0960-08

field 12

*** NOTE for mock-up of changes: All instructions, Paperwork Reduction ACT, and Privacy statement will be updated to match the revised SSA-1693. If the section is repeated a second or third time in this screen package this is to show the flow of the user. The edits are not repeated throughout the document***

Replace the deleted text Instruction language changed to: "File Form SSA-1693 only if you or your representative are submitting or have submitted a notice of appointment on a pending claim, matter, or issue."

Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

INSTRUCTIONS FOR COMPLETING FORM SSA-1693

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

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

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

Requesting a fee for representational services

Your appointed representative can ask for a fee for the services ~~he or she~~ provided in your claim. Not all representatives ask for a fee, and some only charge a fee if they win your case. To charge you a fee, your representative(s) generally must get our approval. Your representative can get our approval by submitting a fee agreement (you may use this form) or a fee petition. You and your representative choose which of these two processes to use. Under the fee agreement process, the amount your representative can ask for is limited by the Social Security Act. Under the fee petition process, your representative can ask for a higher fee. For more information on fees, fee processes, and our rules, visit our website at www.ssa.gov/representation.

Registration

~~Representatives who seek direct payment of their fee must first register with us.~~ For more information on representative registration, visit us online at www.ssa.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or contact your local Social Security office.

When to file a fee agreement

~~Your representative(s) must file your fee agreement before we issue a favorable decision in your case. If you or your representative(s) submit the fee agreement after our decision, we will disapprove your fee agreement.~~

What you have to pay

Under the terms of a fee agreement, you agree to pay an amount up to 25 percent of your total past-due benefits or an amount set by us, whichever is less. You must pay the fee we authorize. Your spouse, dependents or your auxiliary beneficiaries will also pay a fee unless they have their own representation. In addition to the fee we authorize, you *may* also have to pay:

- Fees authorized by a Federal court for services your attorney provided during court proceedings, and
 - Any "out-of-pocket" expenses your representative may incur (e.g., costs for making copies of a doctor's or hospital's records).
- Note: These fees and expenses do not require our authorization.*

Two-tiered fee agreements

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

Trust or escrow accounts

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

Third-party payments

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

Withholding of funds and direct payment to your representative

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

- ~~the amount of the fee we approve is more than the amount held for you in a trust or escrow account, or more than the amount we can pay to your representative from your past-due benefits.~~

Replace "he and she" with "they" for gender neutral language. Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Replace the deleted text with the following language. If you or your representative submit the fee agreement after our determination or decision, we will disapprove your fee agreement.

Replace "he and she" with "they" for gender neutral language. Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Replace the word "holds" with "hold"

Replace " he or she" with your representative

Remove all text language and bullets beginning with " However". Replace with the following language: "For more information on when you must pay your representative the authorized fee directly, visit our Public Policy page at <http://www.ssa.gov/representation/index.htm>. Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Please replace the first sentence in the registration section: "Beginning September 30, 2024, all representatives must register with us using Form SSA-1699 Representative Registration prior to being appointed. They will receive a Representative ID (Rep ID) once the registration is processed." Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Replace the deleted sentence with the following sentence: "You or your representative must file your fee agreement before we issue a favorable determination or decision in your case." Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document

Replace the strike through text with the following information: "Although representatives may only use either a fee agreement or a fee petition in each case (they are mutually exclusive), you and your representative can limit the effect of a fee agreement to a certain appeal level. Representatives can file a fee petition if your case is appealed beyond the specified administrative level. You and your representative can choose this option on the attached form." Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Replace the deleted text with the following language: If your representative is eligible under our rules to receive an authorized fee directly from us, we usually withhold 25 percent of your TII/ TXVI past-due (retroactive) benefits for direct payment of that fee. For more information on when you must pay your representative the authorized fee directly, visit our Public Policy page at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0203920006>.

Form SSA-1693 (3/XX/2021)

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- ~~• we did not withhold past due benefits;~~
- ~~• your claim did not result in past due benefits;~~
- ~~• your representative is not eligible under our rules for direct payment of the fee from us;~~
- ~~• your representative waived direct payment of the fee from us;~~
- ~~• you ended the appointment of the representative before we issued a favorable decision;~~
- ~~• your representative withdrew from representing you before we issued a favorable decision;~~
- ~~• your representative was disqualified or suspended from acting as a representative before we issued the direct payment;~~
- ~~• your representative did not submit a valid fee agreement before the first favorable decision in your claim or did not:~~
 - ~~◦ ask for our approval of a fee with a fee petition until 60 days after the date of your notice of award, or~~
 - ~~◦ timely tell us that he or she planned to ask for a fee with a fee petition.~~

Electronic Signatures

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

Privacy Act Statement - Collection and Use of Personal Information

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

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

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

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

~~A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2009, at 84 FR 58422; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information and a full listing of all our SORNs are available on our website at www.ssa.gov/privacy.~~

Paperwork Reduction Act Statement

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 7 minutes to read the instructions, gather the facts, and answer the questions. You may send us comments on our time estimate to SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

References

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

Replace the deleted text with the new language. "If you appoint multiple representatives, all representatives who provide representational services on your claim and who do not waive a fee for those services must sign on a single fee agreement for the fee agreement to be approved. They may use the last page for this purpose."

Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Replace the privacy statement with the updated language. "Section 206 and 1631(d) of the Social Security Act, as amended, allow us to collect this information, which we will use to authorize fees for services rendered to the claimant named on the form. Providing the information is voluntary, but not providing all or part of the information may affect the amount of fees authorized for services rendered before SSA. As law permits, we may use and share the information you submit, including with other Federal agencies, contractors, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0003, 60-0089, and 60-0325, available at www.ssa.gov/privacy. The information you submit may also be used in computer matching programs to establish or verify eligibility for Federal benefit programs and to recoup debts under these programs. "

Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Start

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

OMB No. 0960-08

Fee Agreement for Representation Before the Social Security Administration

General Information

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. ~~This form does not limit you and your representative(s) from agreeing to any additional terms unrelated to the fee. Requesting, receiving, or keeping a fee in excess of the legal limit or in excess of what we authorize is unlawful and may lead to sanctions for your representative(s). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them.~~ Unlike the paper version, this online form limits the total number of representatives who sign it to six.

Replace the deleted text with the following language: "Your dependents or auxiliary beneficiaries who do not have their own representation will also be liable for a fee. This form does not limit you and your representative(s) from agreeing to any additional terms unrelated to the fee. Requesting, receiving, or keeping a fee in excess of the legal limit or in excess of what we authorize is unlawful and may lead to sanctions for your representative(s)."
Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Representative's Information

Representative's Rep ID

Start

First Name *	Initial	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address *

City *	State *	ZIP/Postal Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number *	Alternate Phone Number (Optional)
<input type="text"/>	<input type="text"/>

Claimant's Information

Claimant's Social Security Number

First Name *	Initial	Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address

City	State	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone Number	Alternate Phone Number (Optional)
<input type="text"/>	<input type="text"/>

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

OMB No. 0960-0810

Fee Agreement for Representation Before the Social Security Administration

General Information

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. ~~This form does not limit you and your representative(s) from agreeing to any additional terms unrelated to the fee. Requesting, receiving, or keeping a fee in excess of the legal limit or in excess of what we authorize is unlawful and may lead to sanctions for your representative(s). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them.~~ Unlike the paper version, this online form limits the total number of representatives who sign it to six.

Replace the deleted text with the following language: "Your dependents or auxiliary beneficiaries who do not have their own representation will also be liable for a fee. This form does not limit you and your representative(s) from agreeing to any additional terms unrelated to the fee. Requesting, receiving, or keeping a fee in excess of the legal limit or in excess of what we authorize is unlawful and may lead to sanctions for your representative(s)."

Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Representative's Information

Representative's Rep ID

1234567890

First Name Test	Initial	Last Name Rep
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Mailing Address
Test Address

City Test	State MD	ZIP/Postal Code 11111
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Phone Number 111-222-3333	Alternate Phone Number (Optional) (111) 222-3333
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Claimant's Information

Claimant's Social Security Number

First Name Test	Initial	Last Name Claimant
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Mailing Address

City	State	ZIP/Postal Code
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Phone Number	Alternate Phone Number (Optional)
---------------------	--



Next

Form SSA-1693 (3/XX/2021)

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Standard Fee Agreement

~~If the Social Security Administration (SSA) favorably decides my claim(s) and the decision results in past due benefits, section 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past due benefits or the maximum dollar amount set by the Commissioner of Social Security on the date SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of this form.~~

Choose One:

~~I agree to pay the maximum fee as stated in the preceding paragraph.~~

~~I agree to pay less than the maximum \$ _____ or _____ %.~~

I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.

I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.

Two-Tiered Fee Agreement (Optional)

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

Check only if applicable:

~~This fee agreement is in effect through this administrative level:~~ Initial Reconsideration Hearing N/A

~~I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition. Only complete this section if you and your representative have chosen to limit the effect of this fee agreement to a certain appeal level.~~

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

Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.

Check only if applicable:

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

My representative will receive a fee from another party (e.g., state, county, private entity) of \$ _____ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (~~i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries~~).

Claimant and Representative Signatures

~~Only representative who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form.~~

Claimant's Signature

Date



* Click here to sign

Jun 10, 2021

Representative's Signature

Date

Replace this language to read: "If SSA favorably decides my claim(s) and the decision results in past-due (retroactive) benefits, I agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount allowed under the Social Security Act Section 206(a)(2), or such higher amount set by the Commissioner of Social Security based on the maximum dollar amount in effect as of the date of my favorable determination. The current maximum fee amount is available on the Public Policy page on our website at <https://secure.ssa.gov/apps10poms.nsf/lx/0203920006>." Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Replace the deleted text with the following new language: "I agree to pay less than the maximum. I agree to pay the lesser of \$ _____ or _____ %". Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document. Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Add a period after "total fee." and remove the remaining text from the form. Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Add the following text above the representatives signature. "By signing this form, I affirm all the information provided above and acknowledge that I have informed the claimant of the maximum dollar amount that they may have to pay and also that SSA may increase this maximum dollar amount before the date of the favorable determination or decision. I will inform the claimant of any increase in the maximum dollar amount that occurs before the date of the favorable determination or decision. However, if this agreement reflects that the parties have agreed to a fee that is less than the maximum dollar amount, the agreed upon lower amount will remain applicable regardless of any changes to the maximum dollar amount." Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Replace the deleted text with the following language: "I agree to pay the maximum fee as stated in the preceding paragraph. By selecting this box, I acknowledge my representative has informed me of the current maximum dollar amount that I may have to pay and also that SSA may increase the maximum dollar amount before the date of my favorable determination or decision."

Replace the deleted text with the following new language: "If my claim(s) proceeds beyond the _____ level of review and results in a favorable determination or decision due to that appeal the fee agreement is void and my representative(s) may seek a higher fee by filing a fee petition. SSA must authorize this fee." Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Replace the deleted text and replace with the following language: "Only representatives who have been properly appointed can be authorized to receive under the fee agreement process." Note: Please use this replacement language in all duplicate sections of the screenshots to ensure consistency and accuracy throughout the document.

Add the following language above the claimant's signature line. "By signing this form, I affirm all of the information provided above and acknowledge that I have been informed of the maximum dollar amount that I may have to pay and also that SSA may increase this maximum dollar amount before the date of my favorable determination or decision. However, if this fee agreement reflects that the parties have agreed to a fee that is less than the maximum dollar amount, the agreed upon lower amount will remain applicable regardless of any changes to the maximum dollar amount."



Type



Draw



Mobile



Sign

Test Rep

Clear

Close

Apply

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Page 2 of 2

Standard Fee Agreement

If the Social Security Administration (SSA) favorably decides my claim(s) and the decision results in past-due benefits, section 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount set by the Commissioner of Social Security on the date SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of this form.

See Prior page for revised language

Choose One:

I agree to pay the maximum fee as stated in the preceding paragraph.

See Prior page for revised edits.

I agree to pay less than the maximum \$ 100 or %.

See Prior page for revised edits.

I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.

I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.

Two-Tiered Fee Agreement (Optional)

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

Check only if applicable:

This fee agreement is in effect through this administrative level: Initial Reconsideration Hearing N/A

I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition. Only complete this section if you and your representative have chosen to limit the effect of this fee agreement to a certain appeal level.

See previous page for revised edits.

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

Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.

Check only if applicable:

With my consent my representative(s) has/have or will establish an escrow/trust account in the amount of \$ 100

My representative will receive a fee from another party (e.g., state, county, private entity) of \$ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).

See Prior page for revised language

Claimant and Representative Signatures

Only representative who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form.

See Prior page for revised language



Claimant's Signature

Date



Test Rep

Jun 10, 2021

Representative's Signature

Date

See Prior page for revised language

See Prior page for revised language

Saved



Add the following text at the end of the sentence: "By signing this agreement, I affirm all of the information provided above and acknowledge that I have informed the claimant of the maximum dollar amount that they may have to pay and also that SSA may increase this maximum dollar amount before the date of the favorable determination or decision. I will inform the claimant of any increase in the maximum dollar amount that occurs before the date of the favorable determination or decision. However, if this fee agreement reflects that the parties have agreed to a fee that is less than the maximum dollar amount, the agreed upon lower amount will remain applicable regardless of any changes to the maximum dollar amount."

Form SSA-1693 (03/XX/21)

Page 3 of 3

Additional Signatures

This page is optional - Use only if multiple representatives want to sign on the same fee agreement.

Representative's Rep ID (when applicable)

Representative's Name and Signature



Add Date to the "Representative's Name and Signature" It should read "Representative's Name, Signature, and Date".

Five empty rectangular input boxes for Representative's Rep ID.

Five horizontal lines for Representative's Name and Signature.

Saved

Click to Sign



You're all set

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

Next, following people still need to take action:

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

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

Wed 6/9/2021 9:45 AM

Social Security Administration <adobesign@adobesign.com>

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

To Claimant Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 6/7/2028

 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
Fee Agreement for Representation Before the Social Security Administration

Form Expires On June 14, 2021

[Review and sign](#)

THIS LINK EXPIRES IN TEN (10) CALENDAR DAYS.

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

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

Suspect Social Security Fraud?

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

SOCIAL SECURITY ADMINISTRATION

[Help us improve.](#)



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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This Document is Password Protected

You need a password to access this document. If you don't have a password, you will need to contact [Social Security Administration](#) to obtain it.



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

OMB No. 0960-0810

INSTRUCTIONS FOR COMPLETING FORM SSA-1693

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

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

See Prior planned edits.

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

See Prior planned edits.

Requesting a fee for representational services

Your appointed representative can ask for a fee for the services ~~he or she~~ provided in your claim. Not all representatives ask for a fee, and some only charge a fee if they win your case. To charge you a fee, your representative(s) generally must get our approval. Your representative can get our approval by submitting a fee agreement (you may use this form) or a fee petition. You and your representative choose which of these two processes to use. Under the fee agreement process, the amount your representative can ask for is limited by the Social Security Act. Under the fee petition process, your representative can ask for a higher fee. For more information on fees, fee processes, and our rules, visit our website at www.ssa.gov/representation.

See Prior planned edits.

Registration

~~Representatives who seek direct payment of their fee must first register with us.~~ For more information on representative registration, visit us online at www.ssa.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or contact your local Social Security office.

See Prior planned edits.

When to file a fee agreement

Your representative(s) must file your fee agreement before we issue a favorable decision in your case. If you or your representative(s) submit the fee agreement after our decision, we will disapprove your fee agreement.

What you have to pay

Under the terms of a fee agreement, you agree to pay an amount up to 25 percent of your total past-due benefits or an amount set by us, whichever is less. You must pay the fee we authorize. Your spouse, dependents or your auxiliary beneficiaries will also pay a fee unless they have their own representation. In addition to the fee we authorize, you *may* also have to pay:

- Fees authorized by a Federal court for services your attorney provided during court proceedings, and
 - Any "out-of-pocket" expenses your representative may incur (e.g., costs for making copies of a doctor's or hospital's records).
- Note: These fees and expenses do not require our authorization.*

See Prior planned edits.

Two-tiered fee agreements

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

See Prior page for revised edits.

Trust or escrow accounts

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

See Prior page for revised edits.

Third-party payments

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

See Prior page for revised edits.

Withholding of funds and direct payment to your representative

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

See Prior planned edits.

- ~~the amount of the fee we approve is more than the amount held for you in a trust or escrow account, or more than the amount we can pay to your representative from your past-due benefits,~~



Form SSA-1693 (3/XX/2021)

Page 2 of 2

- ~~we did not withhold past due benefits,~~
- ~~your claim did not result in past due benefits,~~
- ~~your representative is not eligible under our rules for direct payment of the fee from us,~~
- ~~your representative waived direct payment of the fee from us,~~
- ~~you ended the appointment of the representative before we issued a favorable decision,~~
- ~~your representative withdrew from representing you before we issued a favorable decision,~~
- ~~your representative was disqualified or suspended from acting as a representative before we issued the direct payment,~~
- ~~your representative did not submit a valid fee agreement before the first favorable decision in your claim or did not:

 - ~~ask for our approval of a fee with a fee petition until 60 days after the date of your notice of award, or~~
 - ~~timely tell us that he or she planned to ask for a fee with a fee petition.~~~~

See Prior planned edits.

Electronic Signatures

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

See Prior planned edits.

Privacy Act Statement - Collection and Use of Personal Information

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

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

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

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

~~A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2009, at 84 FR 58422; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information and a full listing of all our SORNs are available on our website at www.ssa.gov/privacy.~~

Paperwork Reduction Act Statement

This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 7 minutes to read the instructions, gather the facts, and answer the questions. You may send us comments on our time estimate to SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

References

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

Start

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

OMB No. 0960-0810

Fee Agreement for Representation Before the Social Security Administration

General Information

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. ~~This form does not limit you and your representative(s) from agreeing to any additional terms unrelated to the fee. Requesting, receiving, or keeping a fee in excess of the legal limit or in excess of what we authorize is unlawful and may lead to sanctions for your representative(s). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them.~~ Unlike the paper version, this online form limits the total number of representatives who sign it to six.

See Prior planned edits.

Representative's Information

Representative's Rep ID

1234567890

First Name
Test

Initial

Last Name
Rep

Mailing Address
Test Address

City
Test

State
MD

ZIP/Postal Code
11111

Phone Number
111-222-3333

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

Claimant's Information

Claimant's Social Security Number

*

Start

First Name
Test

Initial

Last Name
Claimant

Mailing Address
*

City
*

State
*

ZIP/Postal Code
*

Phone Number
*

Alternate Phone Number (Optional)

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

OMB No. 0960-0810

Fee Agreement for Representation Before the Social Security Administration

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You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. ~~This form does not limit you and your representative(s) from agreeing to any additional terms unrelated to the fee. Requesting, receiving, or keeping a fee in excess of the legal limit or in excess of what we authorize is unlawful and may lead to sanctions for your representative(s). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them.~~ Unlike the paper version, this online form limits the total number of representatives who sign it to six.

See Prior planned edits.

Representative's Information

Representative's Rep ID

1234567890

First Name
Test

Initial

Last Name
Rep

Mailing Address
Test Address

City
Test

State
MD

ZIP/Postal Code
11111

Phone Number
111-222-3333

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

Claimant's Information

Claimant's Social Security Number

123456789

First Name
Test

Initial

Last Name
Claimant

Mailing Address
Test Address

City
Test

State
MD

ZIP/Postal Code
11111

Phone Number
1112223333

Alternate Phone Number (Optional)

Next

See Prior planned edits.

Form SSA-1693 (3/XX/2021)

Page 2 of 2

Standard Fee Agreement

If the Social Security Administration (SSA) favorably decides my claim(s) and the decision results in past-due benefits, section 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount set by the Commissioner of Social Security on the date SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of this form.

Choose One:

- I agree to pay the maximum fee as stated in the preceding paragraph.
- I agree to pay less than the maximum \$ 100 or %.

See Prior planned edits.

See Prior planned edits.

I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.

I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.

Two-Tiered Fee Agreement (Optional)

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

Check only if applicable:

This fee agreement is in effect through this administrative level: Initial Reconsideration Hearing N/A

I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition. Only complete this section if you and your representative have chosen to limit the effect of this fee agreement to a certain appeal level.

See Prior planned edits.

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

Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.

Check only if applicable:

- With my consent my representative(s) has/have or will establish an escrow/trust account in the amount of \$ 100
- My representative will receive a fee from another party (e.g., state, county, private entity) of \$ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).

See Prior planned edits.

Claimant and Representative Signatures

Only representative who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form.

See Prior planned edits.

See Prior planned edits.

Click here to sign

Jun 10, 2021

Claimant's Signature

Date

See Prior planned edits.

Test Rep

Jun 10, 2021

Representative's Signature

Date



Type



Draw



Mobile



Sign

Test Claimant

Clear

Close

Apply

Form SSA-1693 (3/XX/2021)

Page 2 of 2

Standard Fee Agreement

~~If the Social Security Administration (SSA) favorably decides my claim(s) and the decision results in past-due benefits, section 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount set by the Commissioner of Social Security on the date SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of this form.~~

Choose One:

- I agree to pay the maximum fee as stated in the preceding paragraph.
- I agree to pay less than the maximum \$ 100 or _____ %.

I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.

I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.

Two-Tiered Fee Agreement (Optional)

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

~~Check only if applicable:~~

~~This fee agreement is in effect through this administrative level: Initial Reconsideration Hearing N/A~~

~~I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition. Only complete this section if you and your representative have chosen to limit the effect of this fee agreement to a certain appeal level.~~

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- My representative will receive a fee from another party (e.g., state, county, private entity) of \$ _____ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).

Claimant and Representative Signatures


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Test Claimant
Test Claimant (Jun 10, 2021)

Claimant's Signature

Jun 10, 2021

Date


Test Rep
Test Rep (Jun 10, 2021 15:17 EDT)

Representative's Signature

Jun 10, 2021

Date

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

Form SSA-1693 (03/XX/21)

Page 3 of 3

Additional Signatures

This page is optional - Use only if multiple representatives want to sign on the same fee agreement.

Representative's Rep ID (when applicable)

Representative's Name and Signature

See Prior planned edits.

See Prior planned edits.





You're all set

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

Next, following people still need to take action:

- Add. Rep Email Address (signer)

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

Social Security Administration <adobesign@adobesign.com>

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

To Additional Rep Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 6/7/2028

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Social Security

Social Security Administration requests your signature
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Form Expires On June 14, 2021

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

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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.



This Document is Password Protected

You need a password to access this document. If you don't have a password, you will need to contact [Social Security Administration](#) to obtain it.



OK

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

OMB No. 0960-0810

INSTRUCTIONS FOR COMPLETING FORM SSA-1693

See Prior planned edits.

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

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

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See Prior planned edits.

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 - Any "out-of-pocket" expenses your representative may incur (e.g., costs for making copies of a doctor's or hospital's records).
- Note: These fees and expenses do not require our authorization.*

See Prior planned edits.

Two-tiered fee agreements

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

See Prior planned edits.

See Prior planned edits.

Trust or escrow accounts

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

See Prior planned edits.

Third-party payments

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

See Prior planned edits.

Withholding of funds and direct payment to your representative

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

- ~~the amount of the fee we approve is more than the amount held for you in a trust or escrow account, or more than the amount we can pay to your representative from your past-due benefits,~~



~~Form SSA 1693 (3/XX/2021)~~

Page 2 of 2

- ~~▪ we did not withhold past due benefits,~~
- ~~▪ your claim did not result in past due benefits,~~
- ~~▪ your representative is not eligible under our rules for direct payment of the fee from us,~~
- ~~▪ your representative waived direct payment of the fee from us,~~
- ~~▪ you ended the appointment of the representative before we issued a favorable decision,~~
- ~~▪ your representative withdrew from representing you before we issued a favorable decision,~~
- ~~▪ your representative was disqualified or suspended from acting as a representative before we issued the direct payment,~~
- ~~▪ your representative did not submit a valid fee agreement before the first favorable decision in your claim or did not:~~
 - ~~○ ask for our approval of a fee with a fee petition until 60 days after the date of your notice of award, or~~
 - ~~○ timely tell us that he or she planned to ask for a fee with a fee petition.~~

See Prior planned edits.

Electronic Signatures

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

See Prior planned edits.

Privacy Act Statement - Collection and Use of Personal Information

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

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

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

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

~~A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0003, entitled Attorney Fee File, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1803; 60-0089, entitled Claims Folders System, as published in the FR on October 31, 2009, at 84 FR 58422; and 60-0325, entitled Appointed Representative File, as published in the FR on October 8, 2009, at 74 FR 51940. Additional information and a full listing of all our SORNs are available on our website at www.ssa.gov/privacy.~~

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This information collection meets the clearance requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 7 minutes to read the instructions, gather the facts, and answer the questions. You may send us comments on our time estimate to SSA, 6401 Security Boulevard, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

References

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

Start

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

OMB No. 0960-0810

Fee Agreement for Representation Before the Social Security Administration

See Prior planned edits. **General Information**

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. ~~This form does not limit you and your representative(s) from agreeing to any additional terms unrelated to the fee. Requesting, receiving, or keeping a fee in excess of the legal limit or in excess of what we authorize is unlawful and may lead to sanctions for your representative(s). Unless they have their own representation, your dependents, spouse, or auxiliary beneficiaries will also be liable for a fee under this fee agreement if we approve benefits for them.~~ Unlike the paper version, this online form limits the total number of representatives who sign it to six.

Representative's Information

Representative's Rep ID

1234567890

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

Mailing Address
Test Address

City Test	State MD	ZIP/Postal Code 11111
--------------	-------------	--------------------------

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

Claimant's Information

Claimant's Social Security Number

123456789

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

Mailing Address
Test Address

City Test	State MD	ZIP/Postal Code 11111
--------------	-------------	--------------------------

Phone Number 1112223333	Alternate Phone Number (Optional)
----------------------------	-----------------------------------



Form SSA-1693 (3/XX/2021)

Page 2 of 2

Standard Fee Agreement

If the Social Security Administration (SSA) favorably decides my claim(s) and the decision results in past-due benefits, section 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount set by the Commissioner of Social Security on the date SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of this form.

Choose One:

- I agree to pay the maximum fee as stated in the preceding paragraph.
- I agree to pay less than the maximum \$ 100 or %.

I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.

I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.

Two-Tiered Fee Agreement (Optional)

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

Check only if applicable:

This fee agreement is in effect through this administrative level: Initial Reconsideration Hearing N/A

I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition. Only complete this section if you and your representative have chosen to limit the effect of this fee agreement to a certain appeal level.

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

Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.

Check only if applicable:

- With my consent my representative(s) has/have or will establish an escrow/trust account in the amount of \$ 100
- My representative will receive a fee from another party (e.g., state, county, private entity) of \$ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).

Claimant and Representative Signatures

Only representative who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form.

Test Claimant Jun 10, 2021
Test Claimant (Jun 10, 2021 15:24 EDT)
 Claimant's Signature Date

Test Rep Jun 10, 2021
Test Rep (Jun 10, 2021 15:17 EDT)
 Representative's Signature Date

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.

See Prior planned edits.



Form SSA-1693 (03/XX/21)

Page 3 of 3

Additional Signatures

This page is optional - Use only if multiple representatives want to sign on the same fee agreement

Representative's Rep ID (when applicable)

Representative's Name and Signature

See Prior planned edits.

See Prior planned edits.

Start

Input field for Representative's Rep ID

Input field for Representative's Name and Signature

Input field for Representative's Name and Signature with "Click here to sign" text

Input field for Representative's Rep ID

Input field for Representative's Name and Signature

Input field for Representative's Name and Signature

Input field for Representative's Rep ID

Input field for Representative's Name and Signature

Input field for Representative's Name and Signature

Input field for Representative's Rep ID

Input field for Representative's Name and Signature

Input field for Representative's Name and Signature

Input field for Representative's Rep ID

Input field for Representative's Name and Signature

Input field for Representative's Name and Signature



Type



Draw



Mobile



Sign

Additional Rep

Clear

Close

Apply

Form SSA-1693 (03/XX/21)

See Prior planned edits.

Page 3 of 3

Additional Signatures

This page is optional - Use only if multiple representatives want to sign on the same fee

Representative's Rep ID (when applicable)

1234567890

Representative's Name and Signature

Add Rep Name

Click to change

See Prior planned edits.

Additional Rep

Additional Rep (Jun 10, 2021)



Click to Sign



You're all set

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

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

Thu 6/10/2021 3:28 PM

SOCIAL SECURITY ADMINISTRATION <adobesign@adobesign.com>

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

To Appointed Rep Email

Retention Policy Delete_7_Year_Default (7 years)

Expires 6/8/2028

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



You're done signing

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

[Open Agreement](#)

The agreement is complete.

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

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

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

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

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

[Help us improve.](#)



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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Thu 6/10/2021 3:28 PM

SOCIAL SECURITY ADMINISTRATION <adobesign@adobesign.com>

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To Claimant Email Address

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Expires 6/8/2028

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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.

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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.com](#) to your address book or safe list.

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Thu 6/10/2021 3:28 PM

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To Additional Rep Email

Retention Policy Delete_7_Year_Default (7 years)

Expires 6/8/2028

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[Open Agreement](#)

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[Help us improve.](#)



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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Fee Agreement for Representation Before the Social Security Administration
Created Sep 27, 2021 11:42 AM

From: Social Security Administration (eformpasswordautoreply@ssa.gov)

Status: Signed

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

See more

Actions

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> 3 Recipients (3 Completed)

> Activity

Password Required

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

Enter Password...

Cancel

Submit



Form SSA-1693-APP (06-2021)
Social Security Administration

OMB No. 0960-0810

INSTRUCTIONS FOR COMPLETING FORM SSA-1693

See Prior planned edits.

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

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

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

See Prior planned edits.

Requesting a fee for representational services

Your appointed representative can ask for a fee for the services ~~he or she~~ provided in your claim. Not all representatives ask for a fee, and some only charge a fee if they win your case. To charge you a fee, your representative(s) generally must get our approval. Your representative can get our approval by submitting a fee agreement (you may use this form) or a fee petition. You and your representative choose which of these two processes to use. Under the fee agreement process, the amount your representative can ask for is limited by the Social Security Act. Under the fee petition process, your representative can ask for a higher fee. For more information on fees, fee processes, and our rules, visit our website at www.ssa.gov/representation.

Registration

See Prior planned edits.

~~Representatives who seek direct payment of their fee must first register with us.~~ For more information on representative registration, visit us online at www.ssa.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or contact your local Social Security office.

When to file a fee agreement

See Prior planned edits.

~~Your representative(s) must file your fee agreement before we issue a favorable decision in your case.~~ If you or your representative(s) submit the fee agreement after our decision, we will disapprove your fee agreement.

What you have to pay

Under the terms of a fee agreement, you agree to pay an amount up to 25 percent of your total past-due benefits or an amount set by us, whichever is less. You must pay the fee we authorize. Your spouse, dependents or your auxiliary beneficiaries will also pay a fee unless they have their own representation. In addition to the fee we authorize, you *may* also have to pay:

- Fees authorized by a Federal court for services your attorney provided during court proceedings, and
- Any "out-of-pocket" expenses your representative may incur (e.g., costs for making copies of a doctor's or hospital's records).

Note: These fees and expenses do not require our authorization.

Two-tiered fee agreements

See Prior planned edits.

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

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See Prior planned edits.

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Created Sep 27, 2021 11:42 AM

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(eformpasswordautoreply@ssa.gov)

Status: Signed

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Form SSA-1693-APP (06-2021)

Page 2 of 2

- ~~we did not withhold past due benefits;~~
- ~~your claim did not result in past due benefits;~~
- ~~your representative is not eligible under our rules for direct payment of the fee from us;~~
- ~~your representative waived direct payment of the fee from us;~~
- ~~you ended the appointment of the representative before we issued a favorable decision;~~
- ~~your representative withdrew from representing you before we issued a favorable decision;~~
- ~~your representative was disqualified or suspended from acting as a representative before we issued the direct payment;~~
- ~~your representative did not submit a valid fee agreement before the first favorable decision in your claim or did not:~~
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> Activity

Form SSA-1693-APP (06-2021) Social Security Administration OMB No. 0960-0810

Fee Agreement for Representation Before the Social Security Administration

General Information See Prior planned edits.

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Representative's Information

Representative's Rep ID
1234567890

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

Mailing Address
Test Address

City Test	State MD	ZIP/Postal Code 11111
---------------------	--------------------	---------------------------------

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

Claimant's Information

Claimant's Social Security Number
123456789

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

Mailing Address
Test Address

City Test	State MD	ZIP/Postal Code 11111
---------------------	--------------------	---------------------------------

Phone Number 1112223333	Alternate Phone Number (Optional)
-----------------------------------	--

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

From: Social Security Administration (eformpasswordautoreply@ssa.gov)

Status: Signed

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

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> 3 Recipients (3 Completed)

> Activity

Form SSA-1693-APP (06-2021)

Page 2 of 2

Standard Fee Agreement

If the Social Security Administration (SSA) favorably decides my claim(s) and the decision results in past-due benefits, section 206(a)(2) of the Social Security Act permits me to agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount set by the Commissioner of Social Security on the date SSA authorizes my representative's fee. The maximum amount is \$6,000 as of the publication of this form.

Choose One:

I agree to pay the maximum fee as stated in the preceding paragraph.

I agree to pay less than the maximum \$ 100 or %

I understand that I, my eligible spouse, any affected auxiliary beneficiary, my representative or the decision maker have the right to protest the fee authorized under this fee agreement, in writing, within 15 days from the authorization.

I understand that my representative may still request a fee even if my case does not result in past-due benefits, or the decision is not favorable. If the fee agreement cannot be approved because there are no past-due benefits or for other reasons, my representative may file a fee petition to request that SSA authorize a fee. I also understand that if there are no past-due benefits withheld, if not enough past-due benefits are withheld, or if my representative is not eligible for direct payment by SSA, I will be responsible to pay the authorized fee to my representative directly. SSA is not responsible for authorizing out-of-pocket costs and expenses for which I may be responsible to pay directly to my representative.

Two-Tiered Fee Agreement (Optional)

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

Check only if applicable:

This fee agreement is in effect through this administrative level: Initial [selected] Reconsideration [unselected] Hearing [unselected] N/A [unselected]

I understand that a two tiered fee agreement is not required, but if chosen and SSA favorably decides my claim(s) above the administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to authorize a fee by filing a fee petition. Only complete this section if you and your representative have chosen to limit the effect of this fee agreement to a certain appeal level.

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

Only complete this section if your representative(s) will use an escrow or trust account, or someone other than you or your spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative a fee.

Check only if applicable:

With my consent my representative(s) has/have or will establish an escrow/trust account in the amount of \$ 100

My representative will receive a fee from another party (e.g., state, county, private entity) of \$ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i.e., the total amount paid by the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).

Claimant and Representative Signature

Only representative who have been properly appointed can be authorized to receive a fee. The claimant and any appointed representative(s) not waiving a fee are each required to sign this fee agreement. Other representatives can also sign on the form.

Signature and Date fields for Claimant and Representative, including redaction boxes and timestamps.

Fee Agreement for Representation Before the Social Security Administration

Created Jun 10, 2021 3:12 PM

From: Social Security Administration (eformpasswordautoreply@ssa.gov)

Status: Signed

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

See more

Actions

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Add Notes

3 Recipients (3 Completed)

Activity

Form SSA-1693-APP (06-2021)

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Additional Signatures

This page is optional - Use only if multiple representatives want to sign on the same fee agreement.

Representative's Rep ID (when applicable)

1234567890

Representative's Name and Signature

Add Rep Name

Additional Rep
Additional Rep (Jun 10, 2021 15:28 EDT)

See Prior planned edits.

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

From: Social Security Administration
eformpasswordautoreply@ssa.gov

Status: Signed

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

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Actions

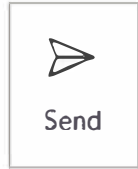
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> Activity

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To: eformpasswordautoreply@ssa.gov

Cc:

Subject:

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Automatic reply from Unmonitored Mailbox

From: eformpasswordautoreply@ssa.gov
To: Representative or Claimant Email

Reply	Reply All	Forward	
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Mon 9/27/2021 12:23 PM

THIS IS AN AUTOMATIC REPLY FROM AN UNMONITORED MAILBOX.

MESSAGES SENT TO THIS MAILBOX ARE NOT REVIEWED AND ARE DELETED UPON RECEIPT.

Lost or forgotten password?

If you are **not** the representative, please contact the representative to obtain the password.

If you **are** the **representative** and have lost or forgotten the password you established, the password cannot be reset. You will need to start a new form.

To start a new form, visit:

[SSA-1696 Claimant's Appointment of Representative](#)

[SSA-1693 Fee Agreement for Representation Before the Social Security Administration](#)

How are we doing?

Tell us at www.ssa.gov/feedback.