

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

### Instructions for Representatives

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

- · Your valid email address.
- The claimant's valid email address.
- The valid email addresses for any 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 any 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 complete, sign and 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 the first step, 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:
  - You (or the other parties) forget or lose the password. 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 to authorize fees for services rendered to the claimant named on the form. We may also share the information for the following purposes, called routine uses:

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

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

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

\*I understand and agree to the above statement



### Fee Agreement for Representation

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

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

- You (or the other parties) forget or lose the password. 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.

<ul> <li>All parties do not electronically sign and submit the form within ten (10) calendar days.</li> </ul>	
Appointed Representative's Email	
Enter Appointed Representative's Email	
Confirm Appointed Representative's Email	
Confirm Appointed Representative's Email	
Claimant's Email	
Enter Claimant's Email	
Confirm Claimant's Email	
Confirm Claimant's Email	
Representative #2's Email	
Enter Representative #2's Email	
Confirm Representative #2's Email	
Confirm Representative #2's Email	
	Add Signer +
	Remove Signer -
Document Name	
Fee Agreement for Representation Before the Social Security Administration (Dev)	
Password Required	
Password must contain at least 8 characters, 1 uppercase, 1 lowercase, and 1 number.	
Password	
Confirm Password	
☐ Show Password	
Completion Deadline	
06/20/2021	



### 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

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



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

Form Expires On June 14, 2021

**Review and sign** 

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

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

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

Suspect Social Security Fraud?

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

SOCIAL SECURITY ADMINISTRATION



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

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

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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 <u>Social Security Administration</u> to obtain it.

**Enter Password** 



Options ~

### INSTRUCTIONS FOR COMPLETING FORM SSA-1693

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

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

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

#### Requesting a fee for representational services

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

Options >

Form SSA-1693 (3/XX/2021)

Page 2 of 2

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

### Electronic Signatures

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

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

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

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

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

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

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

### Paperwork Reduction Act Statement

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

#### References

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

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Fee Agreement for R	epresentation Be	fore the	Soc	ial Security	OMB No. 0960-081  Administration
	General	nformation	1		
You can use this online form to file eleauthorization of the fee your represent 206 of the Social Security Act limits the maximum dollar amount we set, which you and your representative(s) from agree in excess of the legal limit or in excrepresentative(s). Unless they have the liable for a fee under this fee agreeme total number of representatives who signals.	ative(s) may charge you to fee we authorize under ever is less. As of 11/30/2 greeing to any additional treess of what we authorized ir own representation, you tif we approve benefits	for services a fee agree 22, the maxi terms unrela is unlawful our depende	your rement to mum for ated to and ments, sp	epresentative(s) po 25 percent of your certain amount is \$7,3 the fee. Request ay lead to sanctionuse, or auxiliary	provides before us. Section our past-due benefits or a 200. This form does not limit ting, receiving, or keeping a ions for your y beneficiaries will also be
	Representativ	e's Inform	ation		
Representative's Rep ID					
First Name		Initial	Last	Name	
*			*		
City k Phone Number		Alternate P	hone N	State  * lumber (Optiona	ZIP/Postal Code *
ę					
	Claimant's	Information	n		
Claimant's Social Security Number  First Name		Initial	Last I	Name	
Mailing Address			×		
City				State	ZIP/Postal Code
Phone Number		Alternate	Phone	Number (Option	onal)

Form \$\$A-1693 (3/XX/2021)

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	General Information	
authorization of the fee your represent 206 of the Social Security Act limits the maximum dollar amount we set, which limit you and your representative(s) frokeeping a fee in excess of the legal ling representative(s). Unless they have the	tronically an agreement between you and your representative (see we authorize under a fee agreement to 25 percent over is less. As of 11/30/22, the maximum fee amount is a agreeing to any additional terms unrelated to the fee. It or in excess of what we authorize is unlawful and may rown representation, your dependents, spouse, or auxiliatif we approve benefits for them. Unlike the paper version it to six.	(s) provides before us. Section of your past-due benefits or a s \$7,200. This form does not Requesting, receiving, or lead to sanctions for your liary beneficiaries will also be
	Representative's Information	
Representative's Rep ID		
123456 <b>7</b> 890		
First Name Test	Initial Last Name Rep	
Mailing Address Test Address		
ity Test	State MD	ZIP/Postal Code 11111
hone Number	Alternate Phone Number (Opti	onal)
111-222-3333	(111) 222-3333	
	Claimant's Information	
Claimant's Social Security Number		
First Name	Initial Last Name	
Test	Claimant	
Mailing Address		
City	State	ZIP/Postal Cod
Phone Number	Alternate Phone Number (O	ptional)

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Language English: US

Next

Form \$\$A-1693 (3/XX/2021)	Page 2 of
Standard Fee Agreement	
If SSA favorably decides my claim(s) and the decision results in past-due (retroactive) benefits fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dold Security Act Section 206(a)(2), or such higher amount set by the Commissioner of Social Section (SSA) authorizes my representative's fee.	llar amount allowed under the Social
Choose One:	
agree to pay the maximum fee as stated in the preceding paragraph (\$7,200 as of	November 30, 2022).
agree to pay less than the maximum \$ or%.	
I understand that I, my eligible spouse, any affected auxiliary beneficiary, my represent have the right to protest the fee authorized under this fee agreement, in writing, within I understand that my representative may still request a fee even if my case does not relies not favorable. If the fee agreement cannot be approved because there are no past-direpresentative may file a fee petition to request that SSA authorize a fee. I also understo benefits withheld, if not enough past-due benefits are withheld, or if my representative if will be responsible to pay the authorized fee to my representative directly. SSA is not costs and expenses for which I may be responsible to pay directly to my representative	15 days from the authorization. esult in past-due benefits, or the decision lue benefits or for other reasons, my stand that if there are no past-due is not eligible for direct payment by SSA responsible for authorizing out-of-pocke
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.	
This fee agreement is in effect through this administrative level: <i>Initial</i> Reconsideral understand that a two-tiered fee agreement is not required, but if chosen and SSA favor administrative level indicated above, SSA will disapprove it and my representative(s) may fee petition. Only complete this section if you and your representative have chosen to limit	rably decides my claim(s) above the ask SSA to authorize a fee by filing a
administrative level indicated above, SSA will disapprove it and my representative(s) may	rably decides my claim(s) above the ask SSA to authorize a fee by filing a the effect of this fee agreement to a
This fee agreement is in effect through this administrative level: Initial Reconsideral I understand that a two-tiered fee agreement is not required, but if chosen and SSA favor administrative level indicated above, SSA will disapprove it and my representative(s) may fee petition. Only complete this section if you and your representative have chosen to limit certain appeal level.  Escrow/Trust Accounts or Third-party Payments Only complete this section if your representative(s) will use an escrow or trust account, spouse, dependents or auxiliary beneficiaries or another individual has or will pay your response.	rably decides my claim(s) above the ask SSA to authorize a fee by filing a tithe effect of this fee agreement to a  (Optional)  or someone other than you or your representative a fee.  count in the amount of \$
This fee agreement is in effect through this administrative level: Initial Reconsidera I understand that a two-tiered fee agreement is not required, but if chosen and SSA favor administrative level indicated above, SSA will disapprove it and my representative(s) may fee petition. Only complete this section if you and your representative have chosen to limit certain appeal level.  Escrow/Trust Accounts or Third-party Payments Only complete this section if your representative(s) will use an escrow or trust account, spouse, dependents or auxiliary beneficiaries or another individual has or will pay your recheck only if applicable:  With my consent my representative(s) has/have or will establish an escrow/trust account. My representative will receive a fee from another party (e.g., state, county, private earnd I will have no financial responsibility to pay any fee, unless SSA authorizes the	rably decides my claim(s) above the ask SSA to authorize a fee by filing a tithe effect of this fee agreement to a  (Optional)  or someone other than you or your representative a fee.
This fee agreement is in effect through this administrative level: Initial Reconsidera I understand that a two-tiered fee agreement is not required, but if chosen and SSA favor administrative level indicated above, SSA will disapprove it and my representative(s) may fee petition. Only complete this section if you and your representative have chosen to limit certain appeal level.  Escrow/Trust Accounts or Third-party Payments  Only complete this section if your representative(s) will use an escrow or trust account, spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative (s) has/have or will establish an escrow/trust account. With my consent my representative(s) has/have or will establish an escrow/trust account. My representative will receive a fee from another party (e.g., state, county, private eand I will have no financial responsibility to pay any fee, unless SSA authorizes the third party, me, and/or my spouse, dependents or auxiliary beneficiaries).	rably decides my claim(s) above the ask SSA to authorize a fee by filing a to the effect of this fee agreement to a  (Optional)  or someone other than you or your representative a fee.  count in the amount of \$ entity) of \$ total fee (i.e., the total amount paid by the
This fee agreement is in effect through this administrative level: Initial  Reconsidera   I understand that a two-tiered fee agreement is not required, but if chosen and SSA favor   administrative level indicated above, SSA will disapprove it and my representative(s) may   fee petition. Only complete this section if you and your representative have chosen to limit   certain appeal level.  Escrow/Trust Accounts or Third-party Payments   Only complete this section if your representative(s) will use an escrow or trust account,   spouse, dependents or auxiliary beneficiaries or another individual has or will pay your   Check only if applicable:  With my consent my representative(s) has/have or will establish an escrow/trust acc   My representative will receive a fee from another party (e.g., state, county, private e   and I will have no financial responsibility to pay any fee, unless SSA authorizes the   third party, me, and/or my spouse, dependents or auxiliary beneficiaries).  Claimant and Representative Signatures  Only representative who have been properly appointed can be authorized to receive a fee   representative(s) not waiving a fee are each required to sign this fee agreement. Other re	rably decides my claim(s) above the ask SSA to authorize a fee by filing a to the effect of this fee agreement to a  (Optional)  or someone other than you or your representative a fee.  count in the amount of \$ entity) of \$ total fee (i.e., the total amount paid by the claimant and any appointed
This fee agreement is in effect through this administrative level: Initial Reconsidera I understand that a two-tiered fee agreement is not required, but if chosen and SSA favor administrative level indicated above, SSA will disapprove it and my representative(s) may fee petition. Only complete this section if you and your representative have chosen to limit certain appeal level.  Escrow/Trust Accounts or Third-party Payments Only complete this section if your representative(s) will use an escrow or trust account, spouse, dependents or auxiliary beneficiaries or another individual has or will pay your received only if applicable:  With my consent my representative(s) has/have or will establish an escrow/trust account. My representative will receive a fee from another party (e.g., state, county, private e and I will have no financial responsibility to pay any fee, unless SSA authorizes the 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.	rably decides my claim(s) above the ask SSA to authorize a fee by filing a to the effect of this fee agreement to a  (Optional)  or someone other than you or your representative a fee.  count in the amount of \$ entity) of \$ total fee (i.e., the total amount paid by the epresentatives can also sign on the form.







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# Test Rep

Clear



**Apply** 

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Form SSA-1693 (3/XX/2021)	Page 2 of
Standard Fee Agreement	
If SSA favorably decides my claim(s) and the decision results in past-due (retroactive representative(s) a fee that does not exceed the lesser of 25 percent of my past-due kallowed under the Social Security Act Section 206(a)(2), or such higher amount set by based on the date Social Security Administration (SSA) authorizes my representative	benefits or the maximum dollar amount y the Commissioner of Social Security
Choose One:	
O I agree to pay the maximum fee as stated in the preceding paragraph (\$7,200 as o	of November 30, 2022).
I agree to pay less than the maximum \$ 100 or	
understand that I, my eligible spouse, any affected auxiliary beneficiary, my represer have the right to protest the fee authorized under this fee agreement, in writing, within	
understand that my representative may still request a fee even if my case does not is not favorable. If the fee agreement cannot be approved because there are no past-representative may file a fee petition to request that SSA authorize a fee. I also under benefits withheld, if not enough past-due benefits are withheld, or if my representative SSA, I will be responsible to pay the authorized fee to my representative directly. SSA pocket costs and expenses for which I may be responsible to pay directly to my representative.	-due benefits or for other reasons, my rstand that if there are no past-due e is not eligible for direct payment by A is not responsible for authorizing out-of-
Two-Tiered Fee Agreement (Optional)	
Only complete this section if you and your representative(s) have chosen to limit the effect administrative level.	ct of this fee agreement to a certain
Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsider I understand that a two-tiered fee agreement is not required, but if chosen and SSA favoradministrative level indicated above, SSA will disapprove it and my representative(s) may fee petition. Only complete this section if you and your representative have chosen to limit certain appeal level.  Escrow/Trust Accounts or Third-party Payments Only complete this section if your representative(s) will use an escrow or trust account spouse, dependents or auxiliary beneficiaries or another individual has or will pay your Check only if applicable:	orably decides my claim(s) above the ay ask SSA to authorize a fee by filing a nit the effect of this fee agreement to a (Optional)  t, or someone other than you or your representative a fee.
Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsider I understand that a two-tiered fee agreement is not required, but if chosen and SSA favoradministrative level indicated above, SSA will disapprove it and my representative(s) may fee petition. Only complete this section if you and your representative have chosen to limit certain appeal level.  Escrow/Trust Accounts or Third-party Payments Only complete this section if your representative(s) will use an escrow or trust account spouse, dependents or auxiliary beneficiaries or another individual has or will pay your Check only if applicable:	orably decides my claim(s) above the ay ask SSA to authorize a fee by filing a nit the effect of this fee agreement to a (Optional)  t, or someone other than you or your representative a fee.  ccount in the amount of \$
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orm <b>SSA-1693</b> (03/XX/21)		Page 3 of
	Additional Signatures	
This page is optional - Use only if mul	tiple representatives want to sign on the same fee	agreement.
epresentative's Rep ID (when applicable)	Representative's Name and Signature	

Saved



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

Next, following people still need to take action:

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

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



Wed 6/9/2021 9:45 AM

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

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

To Claimant Email Address

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

Expires 6/7/2028

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



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

Form Expires On June 14, 2021

**Review and sign** 

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

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

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

Suspect Social Security Fraud?

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

SOCIAL SECURITY ADMINISTRATION



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

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

© 2020 Adobe. All rights reserved.



### This Document is Password Protected

You need a password to access this document. If you don't have a password, you will need to contact <u>Social Security Administration</u> to obtain it.

**Enter Password** 



Options >

X



### INSTRUCTIONS FOR COMPLETING FORM SSA-1693

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

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

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

### Requesting a fee for representational services

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

### Registration

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

#### When to file a fee agreement

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

### What you have to pay

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

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

### Two-tiered fee agreements

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

### Trust or escrow accounts

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

### Third-party payments

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

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

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

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



Options >



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

Page 2 of 2

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

#### Electronic Signatures

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

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

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

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

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

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

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

#### Paperwork Reduction Act Statement

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

### References

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



Form <b>SSA-1693</b> (3/XX/2021
Social Security Administration
Fee Agreemer

OMB No. 0960-0810

### ent for Representation Before the Social Security Administration

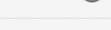
#### **General Information**

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. As of 11/30/22, the maximum fee amount is \$7,200. 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.

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Start



Options ~

**Next Required** 

Form \$\$A-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. As of 11/30/22, the maximum fee amount is \$7,200. 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.

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Fee Agreement for Representati...



Next Required 1

Form SSA-1693 (3/XX/2021)	Page 2 o
Standard Fee Agreement	
f SSA favorably decides my claim(s) and the decision results in past-due (retroactive) representative(s) a fee that does not exceed the lesser of 25 percent of my past-due amount allowed under the Social Security Act Section 206(a)(2), or such higher amount Security based on the date Social Security Administration (SSA) authorizes in	e benefits or the maximum dollar ount set by the Commissioner of
Choose One:	
I agree to pay the maximum fee as stated in the preceding paragraph (\$7,200 a	as of November 30, 2022).
I agree to pay less than the maximum \$ 100 or%.	
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## Test Claimant

Clear



**Apply** 

Form \$\$A-1693 (3/XX/2021)	Page 2 of 2
Standard Fee Agreement	
If SSA favorably decides my claim(s) and the decision results in past-due (retroactive) benefits representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits of amount allowed under the Social Security Act Section 206(a)(2), or such higher amount set by Social Security based on the date Social Security Administration (SSA) authorizes my representation (SSA) authorizes my representative.	r the maximum dollar the Commissioner of
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□ I agree to pay the maximum fee as stated in the preceding paragraph (\$7,200 as of November)	per 30, 2022).
I agree to pay less than the maximum \$ 100 or%.	
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Check only if applicable:  This fee agreement is in effect through this administrative level: Initial Reconsideration I understand that a two-tiered fee agreement is not required, but if chosen and SSA favorably decide administrative level indicated above, SSA will disapprove it and my representative(s) may ask SSA to fee petition. Only complete this section if you and your representative have chosen to limit the effect 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 someon spouse, dependents or auxiliary beneficiaries or another individual has or will pay your representative check only if applicable:  With my consent my representative(s) has/have or will establish an escrow/trust account in the My representative will receive a fee from another party (e.g., state, county, private entity) of \$_and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee (i. 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 claim representative(s) not waiving a fee are each required to sign this fee agreement. Other representative	es my claim(s) above the pauthorize a fee by filing a of this fee agreement to a e other than you or your tive a fee.  e amount of \$ 100 e., the total amount paid by the ant and any appointed wes can also sign on the form.
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Fee Agreement for Representati...

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orm <b>SSA-1693</b> (03/XX/21)			Page 3 o
	Additional Signatures		
This page is optional - Use only if mul	tiple representatives want to s	sign on the same fee agree	ment.
presentative's Rep ID (when applicable)	Representative's N	lame and Signature	



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.



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 Additional Rep Email Address

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

Expires 6/7/2028

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



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

Form Expires On June 14, 2021

**Review and sign** 

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

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

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

Suspect Social Security Fraud?

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

SOCIAL SECURITY ADMINISTRATION



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

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

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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 <u>Social Security Administration</u> to obtain it.

**Enter Password** 



Options >

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

OMB No. 0960-0810

### INSTRUCTIONS FOR COMPLETING FORM SSA-1693

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

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

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

### Requesting a fee for representational services

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





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

Page 2 of 2

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

### Electronic Signatures

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

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

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

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

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

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

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

### Paperwork Reduction Act Statement

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

### References

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

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. As of 11/30/22, the maximum fee amount is \$7,200. 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 Informa	ation	
Representative's Rep ID				
1234567890				
First Name		Initial	Last Name	
Test			Rep	
Mailing Address Test Address				
City			State	ZIP/Postal Code
Test			MD	11111
Phone Number	Alt	ternate Pl	none Number (Option	nal)
111-222-3333	(11	11) 222-	3333	
	Claimant's In	formatior	i e	
Claimant's Social Security Number				
123456789				
First Name		Initial	Last Name	
Test			Claimant	
Mailing Address Test Address				
City			State	ZIP/Postal Code
Test			MD	11111
Phone Number		Alternate	Phone Number (Opt	ional)
1112223333				



Form SSA-1693 (3/XX/2021)	Page 2 of
Standard Fee Agreement	
If SSA favorably decides my claim(s) and the decision results in past-due (retroactive representative(s) a fee that does not exceed the lesser of 25 percent of my past-due amount allowed under the Social Security Act Section 206(a)(2), or such higher amo Social Security based on the date Social Security Administration (SSA) authorizes n	benefits or the maximum dollar unt set by the Commissioner of
Choose One:	
☐ I agree to pay the maximum fee as stated in the preceding paragraph (\$7,200 as	s of November 30, 2022).
I agree to pay less than the maximum \$ 100 or%.	
understand that I, my eligible spouse, any affected auxiliary beneficiary, my represent have the right to protest the fee authorized under this fee agreement, in writing, within	
understand that my representative may still request a fee even if my case does not resolve the solution of the solution to request that SSA authorize a fee. I also understand the solution if not enough past-due benefits are withheld, or if my representative SSA, I will be responsible to pay the authorized fee to my representative directly. SSA pocket costs and expenses for which I may be responsible to pay directly to my representative.	lue benefits or for other reasons, my stand that if there are no past-due is not eligible for direct payment by is not responsible for authorizing out-of-
Two-Tiered Fee Agreement (Optional)	
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Start

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Fee Agreement for Representati...

Next Required 2

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orm <b>SSA-1693</b> (03/XX/21)		Page 3 o
	Additional Signatures	
This page is optional - Use only if mult	iple representatives want t	o sign on the same fee agreement.
Representative's Rep ID (when applicable)	Representative's	s Name and Signature
	*	*Click here to sign

×









Draw

Mobile

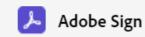


## Additional Rep

Clear



Apply



Fee Agreement for Representati...

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Add Rep Name  Additional Rep	This page is optional - Use only if mu	ıltiple representatives want to sign on				
	presentative's Rep ID (when applicable)	Representative's Name a	and Signature			
	234567890	Add Rep Name	Additional Rep			
			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

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





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.



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Thu 6/10/2021 3:28 PM

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

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

To Claimant Email Address

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

Expires 6/8/2028

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





### 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, 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.



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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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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.

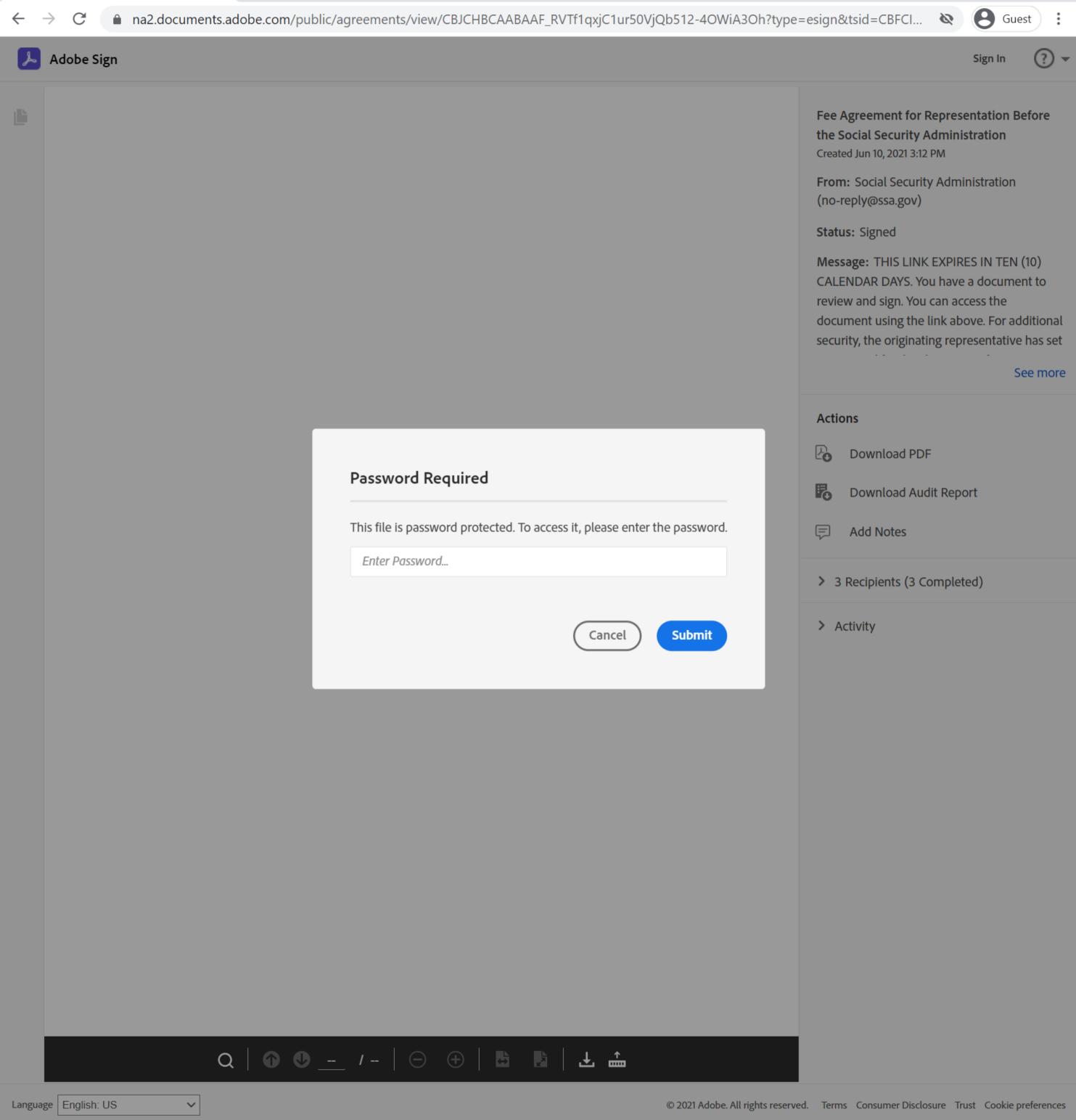
The agreement is fully executed. The Social Security Administration has control over the retention period for this agreement which determines the amount of time it will be available for download from Adobe Sign. Adobe recommends that you save a local copy of this fully-executed agreement for your records.



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Sign In



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

OMB No. 0960-0810

### INSTRUCTIONS FOR COMPLETING FORM SSA-1693

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

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

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

### Requesting a fee for representational services

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

### Registration

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

### When to file a fee agreement

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

### What you have to pay

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

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

### Two-tiered fee agreements

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

### Trust or escrow accounts

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

### Third-party payments

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

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

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

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

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

From: Social Security Administration

(no-reply@ssa.gov)

Status: Signed

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

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

### Electronic Signatures

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

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

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

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

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

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

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

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

From: Social Security Administration

(no-reply@ssa.gov)

Status: Signed

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Sign In



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

OMB No. 0960-0810

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

### **General Information**

You can use this online form to file electronically an agreement between you and your representative(s) to seek our authorization of the fee your representative(s) may charge you for services your representative(s) provides before us. Section 206 of the Social Security Act limits the fee we authorize under a fee agreement to 25 percent of your past-due benefits or a maximum dollar amount we set, whichever is less. As of 11/30/22, the maximum fee amount is \$7,200. 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.

Representat	ive's	Informa	ation			
Representative's Rep ID						
1234567890						
First Name		Initial	Last N	lame		
Test			Rep			
Mailing Address Test Address						
City				State		ZIP/Postal Code
Test				MD		11111
Phone Number	Alter	nate Pl	none N	umber (Optiona	al)	
111-222-3333	(111	) 222-	3333			
Claimant's	s Info	rmatior	1			
Claimant's Social Security Number						
123456789						
First Name		Initial	Last N	ame		
Test			Claim	ant		
Mailing Address Test Address						
City				State		ZIP/Postal Code
Test				MD		11111
Phone Number 1112223333	Alt	ternate	Phone	Number (Option	onal)	

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

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

Status: Signed

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

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allowed under the Social Security Act Section 206(a)(2), or such higher amount set by the Commissioner of Social Security based

I agree to pay the maximum fee as stated in the preceding paragraph (\$7,200 as of November 30, 2022).

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

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.

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

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

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

fee petition. Only complete this section if you and your representative have chosen to limit the effect of this fee agreement to a

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

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

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

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

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

**Claimant and Representative Signatures** 

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

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

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

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

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

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

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

Two-Tiered Fee Agreement (Optional)

on the date Social Security Administration (SSA) authorizes my representative's fee.

I agree to pay less than the maximum \$ 100

Fee Agreement for Representation Before the Social Security Administration

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

Status: Signed

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

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Activity

Jun 10, 2021

Jun 10, 2021

Date

Date

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Test Claimant

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

Representative's Signature

Choose One:

administrative level.

certain appeal level.

Check only if applicable:

Check only if applicable:

