Social Security

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.

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.

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

Start Application

Social Security

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: 1. The password is lost or forgotten. The password cannot be reset. 2. You do not receive an email notification within a few minutes of your online submission. Be sure to check your junk folder. 3. All parties do not electronically sign and submit the form within ten (10) calendar days.

Appointed Representative's Email

Adobe.Forms.Team@ssa.gov

Confirm Appointed Representative's Email

Adobe.Forms.Team@ssa.gov

Claimant's Email

Adobe.Forms.Team@ssa.gov

Confirm Claimant's Email

Adobe.Forms.Team@ssa.gov

Representative #2's Email

Adobe.Forms.Team@ssa.gov

Confirm Representative #2's Email

Adobe.Forms.Team@ssa.gov

Add Signer

Remove Signer

Document Name

Fee Agreement for Representation Before the Social Security Administration

Password Required

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

••••••••••

••••••••••

Show Password

Completion Deadline

04/11/2025

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.

[EXTERNAL] Social Security Administration Has Sent You Fee Agreement for Representati...

SS

Social Security Administration <adobesign@ad

To #Adobe Forms Team

Reply | Reply All | Forward

Tue 4/1/2025 2:01 PM

Retention Policy Delete _7_Year_Default (7 years) Expires 3/30/2032

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 April 11, 2025

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 originating representative has set a password for this document. If you are not the originating representative, you will need to contact the originating 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.

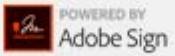
This link is personalized for you and, for security purposes, we recommend that you do NOT forward/share this email or link with others. If you DO forward/share this email or link with others, you accept the risk that, by sharing

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.

Don't forward this email: If you don't want to sign, you can **delegate** to someone else.



Form **SSA-1693-APP** (12-2024)
Discontinue Prior Editions
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 decision about it. In this document, " you" means the claimant, beneficiary, auxiliary, or spouse. In this document, "us" and "SSA" means the Social Security Administration. 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.

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

Requesting a fee for representational services

Your representative may ask for a fee for the services they 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 for services related to your claim(s), your representative 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

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.

For more information on representative registration visit us on-line at www.socialsecurity.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

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

What you have to pay

Under the terms of a fee agreement, you will 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 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 representative provided during the 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

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

Start

Language English: US

Two-tiered fee agreements

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Trust and escrow accounts

Your representative may accept money from you before we authorize a fee as long as they hold 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 your representative 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, 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.

Start

Language English: US

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 and Sign" button. 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.

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, 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.

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

Language English: US

Fee Agreement for Representation Before the Social Security Administration

General Information

You can use this form to file an agreement between you and your representative(s) to seek our authorization of the fee for services your representative(s) will provide 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 (retroactive) benefits or a maximum dollar amount we set, whichever is less. 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). 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

0123456789

First Name	**Initial**	**Last Name**
Test		Developer

Mailing Address

Testing Mailing Address

City	**State**	**ZIP/Postal Code**
Testing City	Testing State	35285

Phone Number	**Alternate Phone Number (Optional)**
123-123-1234	
Phone Number	Phone Number

Claimant's Information

Claimant's Social Security Number

Next

Language English: US

Claimant's Information

Claimant's Social Security Number

First Name	Initial	Last Name
Test		Developer

Mailing Address

City	State	ZIP/Postal Code

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

Next

Language English: US

Claimant's Social Security Number

Representative's Rep ID

0123456789

Standard Fee Agreement

If SSA favorably decides my claim(s) and the determination or 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 or decision. The current maximum fee amount is available on the Public Policy page on our website at https://secure.ssa.gov/apps10/poms.nsf/lnx/0203920006.

Choose One:

◉ 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.

○ I agree to pay less than the maximum. I agree to pay the lesser of $ _____ or _____ %.

Read and acknowledge the following:

I understand that, subject to the maximum dollar amount in effect, SSA also may authorize fees to my representative based on past-due benefits awarded to my unrepresented spouse or any unrepresented auxiliary beneficiary.

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 determination or 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(s) directly. SSA does not authorize out-of-pocket costs, and expenses which I am responsible for paying directly to my representative.

Claimant's Initials

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.

Next

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.

Language English: US

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 paid or will pay your representative fee.

☐ 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) for $ _____
and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee.

Only representatives who have been properly appointed can be authorized to receive a fee under the fee agreement process. The claimant and any representative not waiving a fee are each required to sign this fee agreement.

Claimant's Social Security Number

Representative's Rep ID

0123456789

Claimant and Representative Signatures

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.

Claimant's Signature

Date

By signing this form, 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.

Omair Alam

Omair Alam (Apr 1, 2025)

Apr 1, 2025

Representative's Signature

Date

Additional Signatures

This section is optional. Use only if multiple appointed representatives want to sign the same fee agreement.

By signing this form, 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.

Representative's Rep ID

Representative's Name, Signature, and Date

By signing, I agree to this document, the Consumer Disclosure and to utilize electronic signatures.

Click to Sign

Omair Alam

Omair Alam (Apr 1, 2025)

Representative's Signature

Apr 1, 2025

Date

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Representative's Rep ID	Representative's Name, Signature, and Date

INSTRUCTIONS FOR COMPLETING FORM SSA-1693

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Requesting a fee for representational services

Your representative may ask for a fee for the services they 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 for services related to your claim(s), your representative 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.

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For more information on representative registration visit us on-line at www.socialsecurity.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or contact your local Social Security office.

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Start

Language English: US

Electronic Signatures

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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

General Information

You **can** use this form to file an agreement between you and your representative(s) to seek our authorization of the fee for services your representative(s) will provide 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 (retroactive) benefits or a maximum dollar amount we set, whichever is less. 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). 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
0123456789

First Name	Initial	Last Name
Test		Developer

Mailing Address
Testing Mailing Address

City	State	ZIP/Postal Code
Testing City	Testing State	35285

Phone Number	Alternate Phone Number (Optional)
123-123-1234	
Phone Number	Phone Number

Claimant's Information

Claimant's Social Security Number

Claimant's Information

Claimant's Social Security Number

123456789

First Name	Initial	Last Name
Test		Developer

Mailing Address

Testing Mailing Address

City	State	ZIP/Postal Code
Testing City	Testing State	35285

Phone Number	Alternate Phone Number (Optional)
123-123-1234	
Phone Number	Phone Number

Next

Claimant's Social Security Number: 123456789

Representative's Rep ID: 0123456789

Standard Fee Agreement

If SSA favorably decides my claim(s) and the determination or 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 or decision. The current maximum fee amount is available on the Public Policy page on our website at https://secure.ssa.gov/apps10/poms.nsf/lnx/0203920006.

Choose One:

◉ 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.

○ I agree to pay less than the maximum. I agree to pay the lesser of $ _____ or _____ %.

Read and acknowledge the following:

I understand that, subject to the maximum dollar amount in effect, SSA also may authorize fees to my representative based on past-due benefits awarded to my unrepresented spouse or any unrepresented auxiliary beneficiary.

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 determination or 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(s) directly. SSA does not authorize out-of-pocket costs, and expenses which I am responsible for paying directly to my representative.

Claimant's Initials TD (TD)

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.

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.

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.

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.

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 paid or will pay your representative fee.

☐ 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) for $ _____ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee.

Only representatives who have been properly appointed can be authorized to receive a fee under the fee agreement process. The claimant and any representative not waiving a fee are each required to sign this fee agreement.

Claimant's Social Security Number	Representative's Rep ID
123456789	0123456789

Claimant and Representative Signatures

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.

Omair Alam
Omair Alam (Apr 2, 2025)

Claimant's Signature — Apr 2, 2025 — Date

By signing this form, 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.

Omair Alam
Omair Alam (Apr 1, 2025 17:33 EDT)

Representative's Signature — Apr 1, 2025 — Date

Additional Signatures

This section is optional. Use only if multiple appointed representatives want to sign the same fee agreement.

By signing this form, 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.

Representative's Rep ID — **Representative's Name, Signature, and Date**

Representative's Rep ID	Representative's Name, Signature, and Date		

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 decision about it. In this document, " you" means the claimant, beneficiary, auxiliary, or spouse. In this document, "us" and "SSA" means the Social Security Administration. 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.

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

Requesting a fee for representational services

Your representative may ask for a fee for the services they 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 for services related to your claim(s), your representative 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

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.

For more information on representative registration visit us on-line at www.socialsecurity.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

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

What you have to pay

Under the terms of a fee agreement, you will 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 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 representative provided during the 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

Two-tiered fee agreements

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.

Trust and escrow accounts

Your representative may accept money from you before we authorize a fee as long as they hold 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 your representative 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, 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.

Start

Language English: US

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 and Sign" button. 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.

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, 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.

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.

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Representative's Information

Representative's Rep ID

0123456789

First Name	Initial	Last Name
Test		Developer

Mailing Address

Testing Mailing Address

City	State	ZIP/Postal Code
Testing City	Testing State	35285

Phone Number	Alternate Phone Number (Optional)
123-123-1234	
Phone Number	Phone Number

Claimant's Information

Claimant's Social Security Number

Claimant's Information

Claimant's Social Security Number

123456789

First Name	Initial	Last Name
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Mailing Address

Testing Mailing Address

City	State	ZIP/Postal Code
Testing City	Testing State	35285

Phone Number	Alternate Phone Number (Optional)
1231231234	
Phone Number	Phone Number

Start

Language English: US

Claimant's Social Security Number	Representative's Rep ID
123456789	0123456789

Standard Fee Agreement

If SSA favorably decides my claim(s) and the determination or 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 or decision. The current maximum fee amount is available on the Public Policy page on our website at https://secure.ssa.gov/apps10/poms.nsf/lnx/0203920006.

Choose One:

- (●) 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.
- ( ) I agree to pay less than the maximum. I agree to pay the lesser of $ _____ or _____ %.

Read and acknowledge the following:

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Claimant's Initials TD

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.

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.

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Start

Language English: US

Claimant's Social Security Number: 123456789

Representative's Rep ID: 0123456789

Claimant and Representative Signatures

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Omair Alam
Omair Alam (Apr 2, 2025 12:33 EDT)

Claimant's Signature — Apr 2, 2025 — Date

By signing this form, 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.

Omair Alam
Omair Alam (Apr 1, 2025 17:33 EDT)

Representative's Signature — Apr 1, 2025 — Date

Additional Signatures

This section is optional. Use only if multiple appointed representatives want to sign the same fee agreement.

By signing this form, 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.

Representative's Rep ID — **Representative's Name, Signature, and Date**

Representative's Rep ID		Representative's Nan Click to change and Date	
0123456789	Test Developer	Omair Alam Omair Alam (Apr 2, 2025)	Apr 2, 2025

You've signed successfully.

You finished signing "Fee Agreement for Representation Before the Social Security Administration".
All parties will be notified via email.

Save a copy for your reference.

Access the latest version of your signed document from anywhere by saving it to your Acrobat account. To continue, you'll need to create a free account or sign in.

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AI Assistant

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SS

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To #Adobe Forms Team

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Wed 4/2/2025 1:03 PM

Retention Policy Delete _7_Year_Default (7 years) Expires 3/31/2032

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

Social Security

You're done signing

Fee Agreement for Representation Before the Social Security Administration

Open Agreement

The agreement is complete.

Agreement Participants: Omair Alam , Omair Alam , Omair Alam

You can **open the final agreement** to review its activity history or download a copy for reference.

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 appointedrepresentative 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 you do NOT forward/share this email or link with others. If you DO

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.

[EXTERNAL] Fee Agreement for Representation Before the Social Security Administration has b...

SS Social Security Administration <adobesign@adobesi(

To #Adobe Forms Team

Reply | Reply All | Forward

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[EXTERNAL] Fee Agreement for Representation Before the Social Security Administration has b...

SS Social Security Administration <adobesign@adobesig

To #Adobe Forms Team

Reply | Reply All | Forward

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Retention Policy Delete _7_Year_Default (7 years) Expires 3/31/2032

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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

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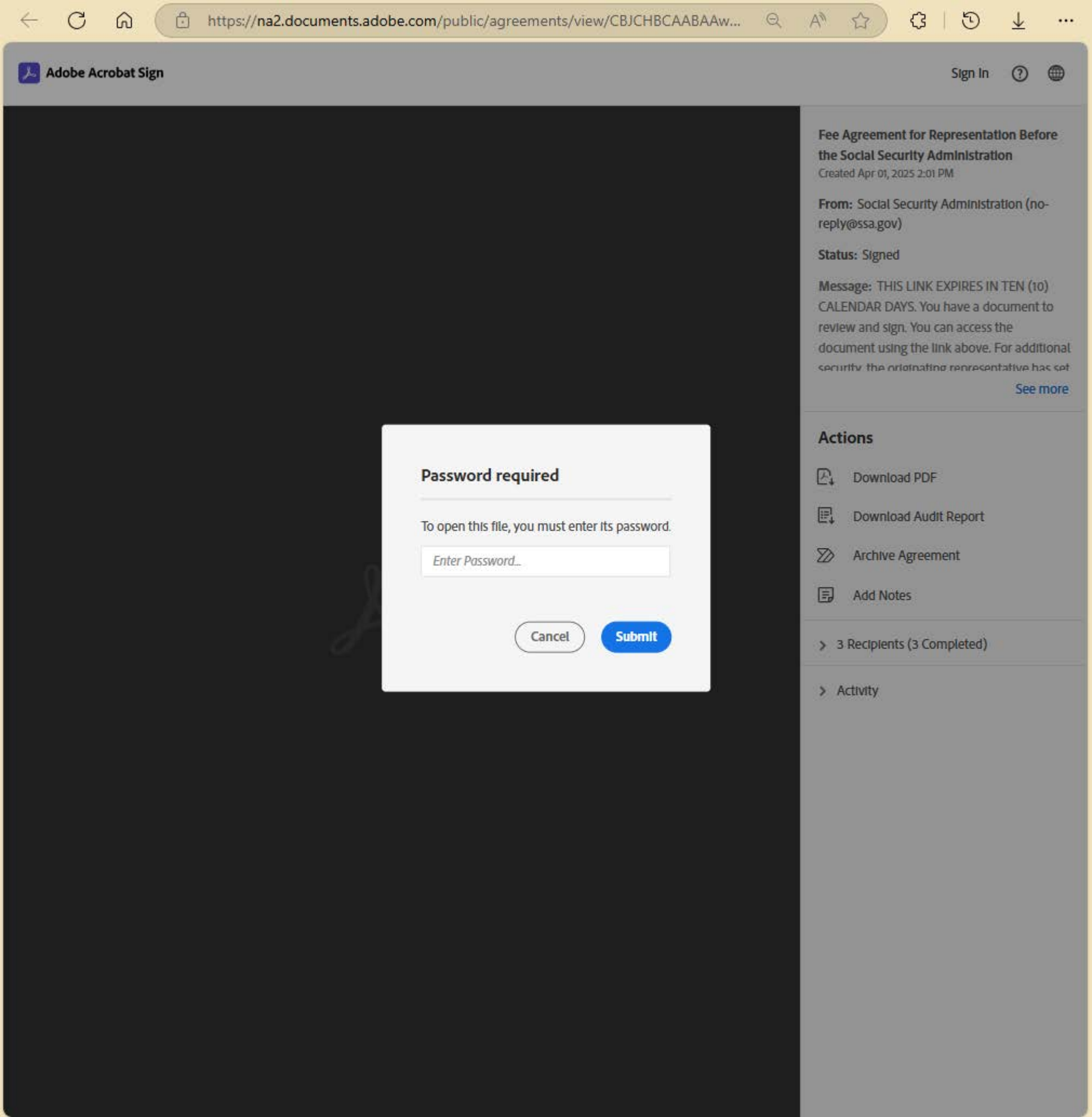
Help us improve.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INSTRUCTIONS FOR COMPLETING FORM SSA-1693

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Your representative may accept money from you before we authorize a fee as long as they hold 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 your representative 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

Third-party payments

We collect information on payments your representative may receive from a third party for services your representative 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, 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.

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 and Sign" button. 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.

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, 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.

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

General Information

You **can** use this form to file an agreement between you and your representative(s) to seek our authorization of the fee for services your representative(s) will provide 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 (retroactive) benefits or a maximum dollar amount we set, whichever is less. 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). 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
0123456789

First Name	Initial	Last Name
Test		Developer

Mailing Address
Testing Mailing Address

City	State	ZIP/Postal Code
Testing City	Testing State	35285

Phone Number	Alternate Phone Number (Optional)
123-123-1234	
Phone Number	Phone Number

Claimant's Information

Claimant's Social Security Number
123456789

First Name	Initial	Last Name
Test		Developer

Mailing Address
Testing Mailing Address

City	State	ZIP/Postal Code
Testing City	Testing State	35285

Phone Number	Alternate Phone Number (Optional)
1231231234	
Phone Number	Phone Number

Claimant's Social Security Number: 123456789

Representative's Rep ID: 0123456789

Standard Fee Agreement

If SSA favorably decides my claim(s) and the determination or 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 or decision. The current maximum fee amount is available on the Public Policy page on our website at https://secure.ssa.gov/apps10/poms.nsf/lnx/0203920006.

Choose One:

- (●) 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.
- ( ) I agree to pay less than the maximum. I agree to pay the lesser of $ _____ or _____ %.

Read and acknowledge the following:

I understand that, subject to the maximum dollar amount in effect, SSA also may authorize fees to my representative based on past-due benefits awarded to my unrepresented spouse or any unrepresented auxiliary beneficiary.

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 determination or 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(s) directly. SSA does not authorize out-of-pocket costs, and expenses which I am responsible for paying directly to my representative.

Claimant's Initials TD

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.

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.

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 paid or will pay your representative fee.

- ☐ 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) for $ _____ and I will have no financial responsibility to pay any fee, unless SSA authorizes the total fee.

Only representatives who have been properly appointed can be authorized to receive a fee under the fee agreement process. The claimant and any representative not waiving a fee are each required to sign this fee agreement.

Claimant's Social Security Number	Representative's Rep ID
123456789	0123456789

Claimant and Representative Signatures

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.

Omair Alam
Omair Alam (Apr 2, 2025 12:33 EDT)

Claimant's Signature — Date: Apr 2, 2025

By signing this form, 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.

Omair Alam
Omair Alam (Apr 1, 2025 17:33 EDT)

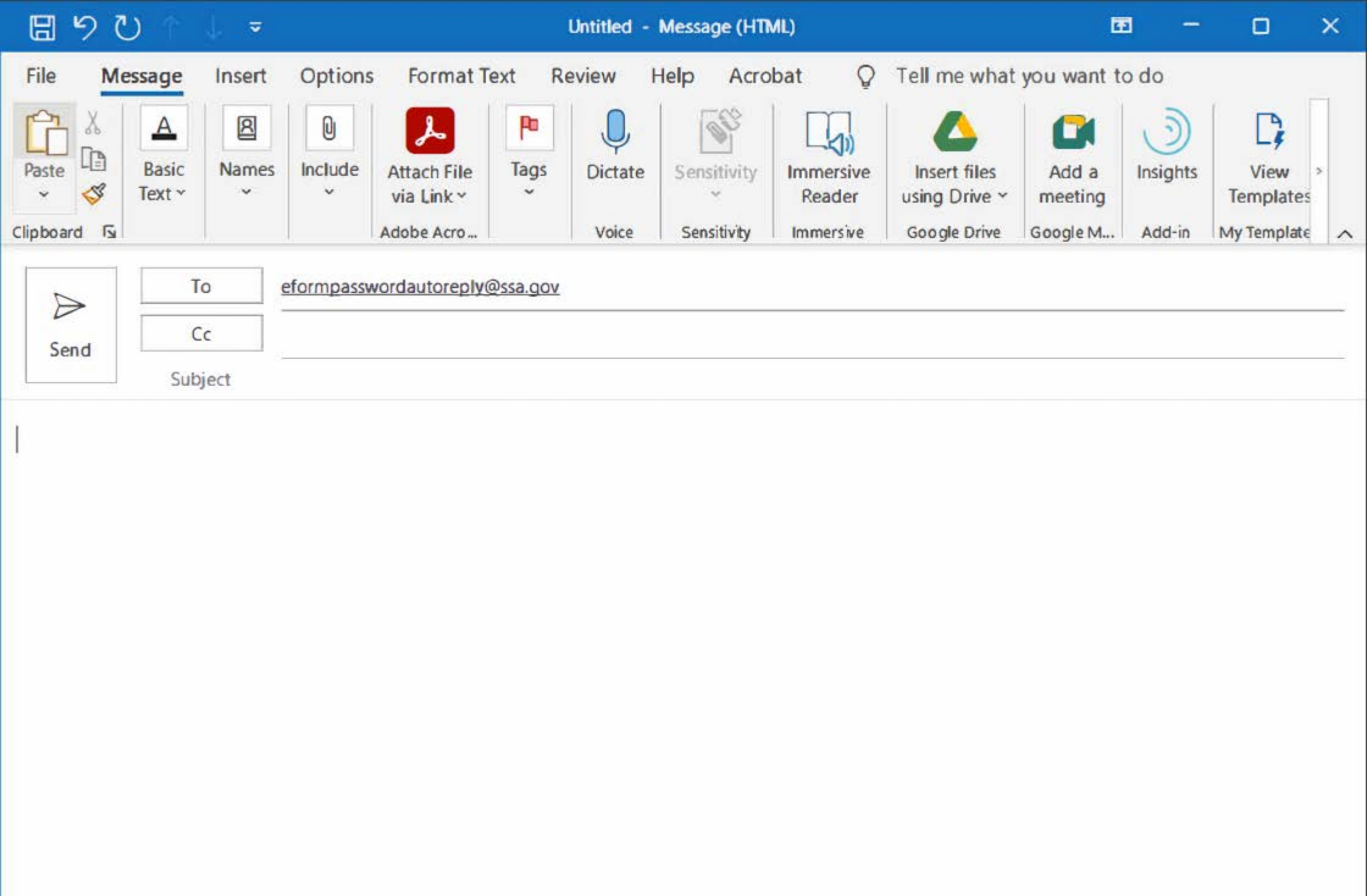
Representative's Signature — Date: Apr 1, 2025

Additional Signatures

This section is optional. Use only if multiple appointed representatives want to sign the same fee agreement.

By signing this form, 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.

Representative's Rep ID	Representative's Name, Signature, and Date		
0123456789	Test Developer	Omair Alam (Apr 2, 2025 15:02 EDT)	Apr 2, 2025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Tell me what you want to do
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Dictate
Sensitivity
Immersive Reader
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Insights
View Templates
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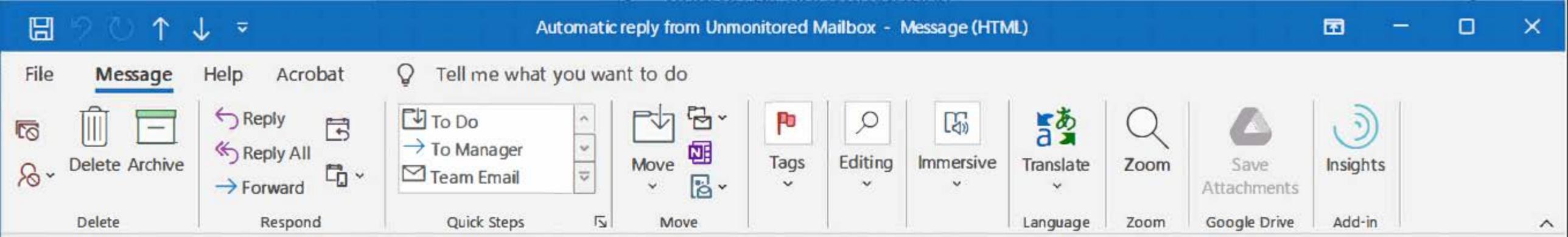

Automatic reply from Unmonitored Mailbox

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

Reply | Reply All | Forward | ...

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 ***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.