Social Security

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

Instructions for Representatives

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

- Your valid email address.
- The claimant's valid email address.
- Your Representative Identification (RepID) (this is the number you were assigned when you registered with us).

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

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

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

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

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

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

The form will be available to you and the claimant for 15 calendar days after you initiate the process online (i.e., when you enter your and the claimant's email addresses in order to receive a link to complete the form). You should inform the claimant about the importance of taking action in response to this email upon receipt of the email. If you and the claimant do not complete, sign, and submit the form within fifteen (15) calendar days, you will need to start a new form.

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

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

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

PLEASE NOTE:

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

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 your information, which we will use to verify the appointment of your representative and their acceptance of the appointment. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with a congressional office, Federal, State, and local agencies, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0089, 60-0320, 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

Claimant's Appointment of a Representative (SSA-1696 dev)

Representatives: This form will expire after 15 calendar days if the Claimant does not sign and submit the form. If the Claimant does not submit the form within 15 days, you will need to send a new form to the Claimant. You will need to provide the claimant with the password that you have created.

Representative's Email Address

kelvin.huynh@ssa.gov

Confirm Representative's Email Address

kelvin.huynh@ssa.gov

Claimant's Email Address

kelvin.huynh@ssa.gov

Confirm Claimant's Email Address

kelvin.huynh@ssa.gov

Document Name

Claimant's Appointment of a Representative

☑ Password Required

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

••••••••••

••••••••••

☐ Show Password

☑ Completion Deadline

04/03/2026

Submit

Once user “Submit”

[EXTERNAL] Social Security Administration Has Sent You Claimant's Appointment of a Representative to Sign

SS

Social Security Administration <adobesign@adobesign.com>
To Huynh, Kelvin

Retention Policy Delete _7_Year_Default (7 years) Expires 3/17/2033

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
Claimant's Appointment of a Representative

Form Expires On April 3, 2026

Review and sign

THIS LINK EXPIRES IN 15 CALENDAR DAYS.

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

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

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

SOCIAL SECURITY ADMINISTRATION
Help us improve.

POWERED BY Adobe Sign

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.

Instructions for Completing Form SSA-1696-APP

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

DO NOT FILE Form SSA-1696 if you do not have a claim, you are not filing a claim with this form, or there is no other case or issue pending decision with us. *In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. "We","Us", and "SSA" means the Social Security Administration.*

YOU DO NOT HAVE TO SIGN THIS FORM - If you do not agree with any information on this form, do not sign it. Refusing to sign the form will not affect how we process and decide your claim.

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

General Information About This Form

- You have the ri... under any of our programs... 's appointment be... bsite at www.ssa.gov/re... s, toll-free, at 1-80...
- You may also c... unrepresented. ...not need to appoint some... another language. You ... r behalf.
- You and your re... information on t... minal charges or adm...

Appointing a Re...

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

Section 1 - Reason for Submission and Claimant's Information

You or your representative must complete all of the information in this section, including your Social Security number. If you are filing your claim on someone else's Social Security record, this person is the "number holder", and we need the number holder's information to process your claim. To assist us in processing this form, tell us why you are submitting it by checking all applicable boxes in the "Reason for Submission" section.

Section 2 - Representative's Information

Your representative must complete the information in this section.

Section 3 - Claimant's Principal Representative

You or your representative must complete the information in this section. If you have more than one representative, use this section to name the person you want to be your principal representative. We will make contact and send notices to this person. If you name a new person here, any principal representative you named before will no longer be your principal representative. Your prior principal representative is still your representative unless you revoke the appointment with a separate writing that you sign, date, and file with us.

Section 4 - Claim Type

You or your representative must complete the information in this section. Check all types of claims or issues for which you are appointing this representative.

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

- **Part A - Representative's Status, Disqualifications, or Suspensions -** Your representative must complete this section to let us know the representative's status as a professional.

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

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

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

- **Part B - Representative's Affiliation Information -** If your representative is seeking a fee and chooses to designate an affiliate (business, firm, or other organization) for this claim, the representative should complete this section and give us the Employer Identification Number (EIN) of the affiliate entity. If your representative does not want to designate an affiliate entity for this claim or does not qualify for or seek direct payment in this claim, they should check "No EIN".
- **Part C - Assignment of Direct Payment of Authorized Fee to an Entity -** If your representative wants us to pay directly to the entity identified as an affiliate in Part B any representative fee we authorize, the representative must check the entity and the "Assignment" box in this part of the section. We will send the appropriate tax forms to both the entity and the representative. For more information on Forms IRS 1099-MISC or -NEC and employer registration, visit our website at www.ssa.gov/representation.

  If your representative wants to rescind (cancel) their prior assignment and make a new assignment to a different entity, they must provide the information for the new entity in Part B of this section and check the *Assignment* box in this part of the section.

  If your representative wants to rescind (cancel) their prior assignment to an entity and receive direct payment without assigning to a new entity, they must check the *Rescission* box in this part of the section.
- **Part D - Representative's Certifications -** Your representative must also certify the accuracy of all statements in this section.

Section 6 - Fee Arrangement

Your representative must complete the information in this section. This section reflects you and your representative's agreement on payment of a fee, waiver of direct payment of a fee, or waiver of a fee. Generally, to charge a fee for services, your representative must get our approval. Your representative may waive their right to charge you a fee or tell us that a third-party entity (business, government agency, or organization) will pay the fee. In these situations, the third party must pay out of its own funds the fee and any expenses, and you and any auxiliary beneficiaries (e.g., children or spouse) must be free of any responsibility to pay any fees or expenses.

Section 7 - Other Claimants

You or your representative must complete the information in this section. If auxiliary claimants, such as your children or spouse, have not appointed their own representative(s), list their names and Social Security numbers in this section.

Section 8 - Signatures

You and your representative must electronically sign the form in this section by clicking the "Click to Sign" button.

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 your information, which we will use to verify the appointment of your representative and their acceptance of the appointment. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with a congressional office, Federal, State, and local agencies, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0089, 60-0320, 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 control number. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send us your comments on our estimated completion time to **SSA, 6401 Security Blvd., Baltimore, MD 21235-6401**. Send only comments relating to our time estimate to this address, not the completed form.

References

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

Form **SSA-1696-APP** (12-2024)
Discontinue Prior Editions
Social Security Administration

OMB No. 0960-0527

Claimant's Appointment of a Representative

Section 1

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

Check the box indicating your rea… te
information provided in your subr… ou or
your representative are updating.

- (●) **Appoint a new represent**
- ( ) **Update information you**
  - ☐ Claimant's Principal Representative (Section 3)
  - ☐ Claim Type (Section 4)
  - ☐ Representative's Status, Disqualifications or Suspensions (Section 5, Part A)
  - ☐ Representative's Affiliation Information (Section 5, Part B)
  - ☐ Assignment of Direct Payment of Authorized Fee to an Entity (Section 5, Part C)
  - ☐ Fee Arrangement (Section 6)
  - ☐ Other Claimants (Section 7)

Claimant's Information

First Name	Initial	Last Name
Test		Claimant

Claimant's Social Security Number	ZIP Code
123456789	12345

Number Holder's Information (Complete only when applicable)

Zip Code

This information facilitates electronic work management system routing of the electronic form, but is not necessary for the paper form.

We want to make sure it is kept in the SSA-1696-APP despite not appearing on the SSA-1696.

My claim is based on another person

Number Holder's Social Security N

First Name

Section 2 - Representative's Information

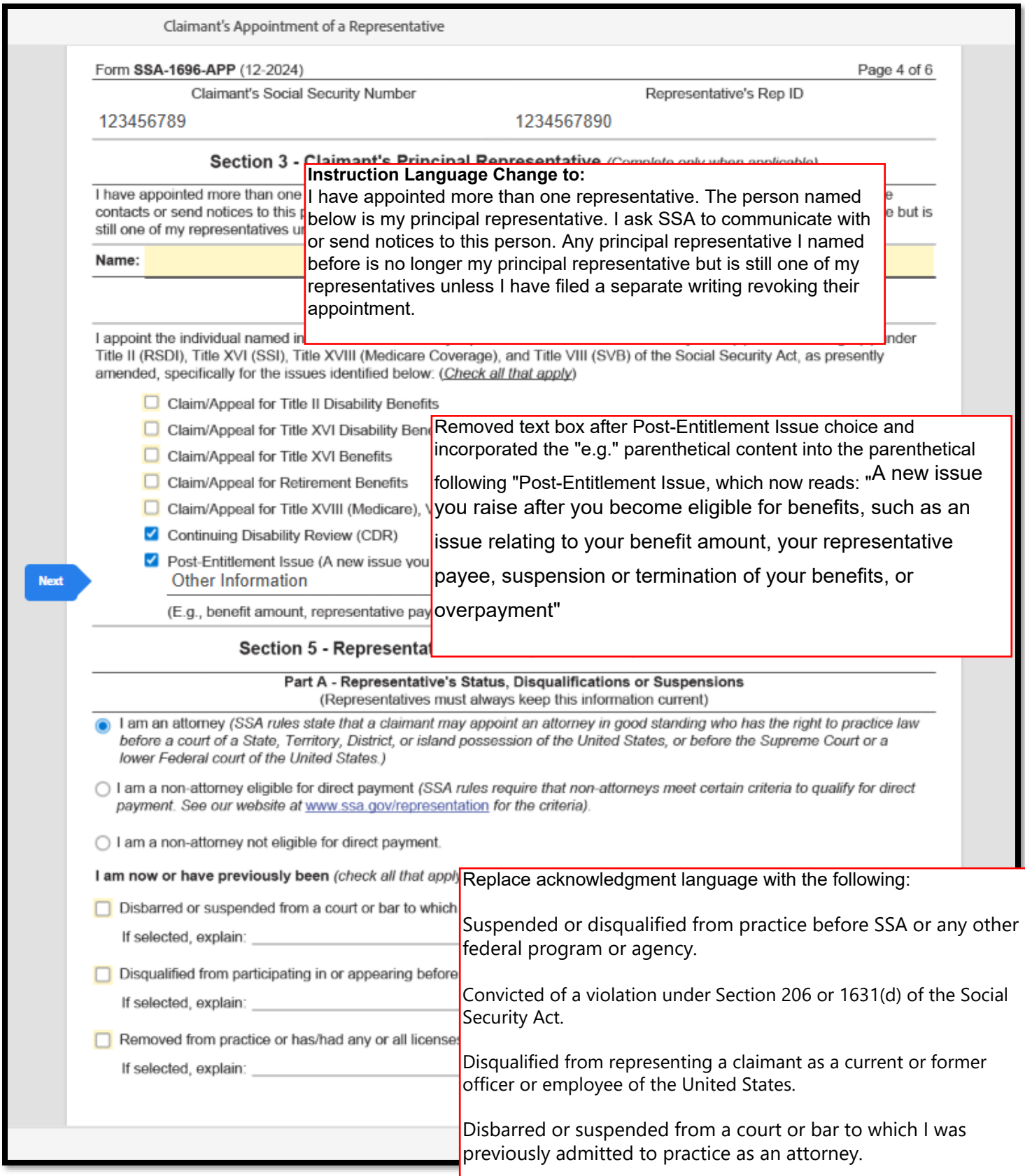
All representatives must register and receive a Representative Identification (Rep ID). For more information about registration visit us on-line at www.ssa.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778) or visit your local Social Security office. If your representative wishes to update their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

Representative's Middle Initial

First Name	Initial	Last Name
Test		Claimant

Registered Representative Rep ID
1234567890

Next


Claimant's Appointment of a Representative
Form SSA-1696-APP (12-2024)
Page 4 of 6
Claimant's Social Security Number
123456789
Representative's Rep ID
1234567890
Section 3 - Claimant's Principal Representative
Instruction Language Change to:
I have appointed more than one representative. The person named below is my principal representative. I ask SSA to communicate with or send notices to this person. Any principal representative I named before is no longer my principal representative but is still one of my representatives unless I have filed a separate writing revoking their appointment.
Name:
I appoint the individual named in
Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: (Check all that apply)
Claim/Appeal for Title II Disability Benefits
Claim/Appeal for Title XVI Disability Ben
Claim/Appeal for Title XVI Benefits
Claim/Appeal for Retirement Benefits
Claim/Appeal for Title XVIII (Medicare),
Continuing Disability Review (CDR)
Post-Entitlement Issue (A new issue you
Next
Other Information
(E.g., benefit amount, representative pay
Removed text box after Post-Entitlement Issue choice and incorporated the "e.g." parenthetical content into the parenthetical following "Post-Entitlement Issue, which now reads: "A new issue you raise after you become eligible for benefits, such as an issue relating to your benefit amount, your representative payee, suspension or termination of your benefits, or overpayment"
Section 5 - Representat
Part A - Representative's Status, Disqualifications or Suspensions
(Representatives must always keep this information current)
I am an attorney (SSA rules state that a claimant may appoint an attorney in good standing who has the right to practice law before a court of a State, Territory, District, or island possession of the United States, or before the Supreme Court or a lower Federal court of the United States.)
I am a non-attorney eligible for direct payment (SSA rules require that non-attorneys meet certain criteria to qualify for direct payment. See our website at www.ssa.gov/representation for the criteria).
I am a non-attorney not eligible for direct payment.
I am now or have previously been (check all that appl
Disbarred or suspended from a court or bar to which
If selected, explain:
Disqualified from participating in or appearing before
If selected, explain:
Removed from practice or has/had any or all license
If selected, explain:
Replace acknowledgment language with the following:
Suspended or disqualified from practice before SSA or any other federal program or agency.
Convicted of a violation under Section 206 or 1631(d) of the Social Security Act.
Disqualified from representing a claimant as a current or former officer or employee of the United States.
Disbarred or suspended from a court or bar to which I was previously admitted to practice as an attorney.
Removed or suspended by a professional licensing authority or agency.

Claimant's Appointment of a Representative

Form **SSA-1696-APP** (12-2024) Page 5 of 6

Claimant's Social Security Number	Representative's Rep ID
123456789	1234567890

Part B - Representative's Affiliation Information

If you want to designate an affiliate (business, f
Identification Number (EIN) here. This number
identification number. **To designate an affiliat**
SSA-1699 that identifies this entity as an aff
qualify for or seek direct payment, mark no EIN.

EIN 123456789

Entity's Name (Enter the full name of the busir
this claim)
Test Organization

Part B instructions now read:

If you want to designate an affiliate entity (business, firm, or other organization) for this claim, provide the entity's name and Employer Identification Number (EIN) here. Before listing an affiliate entity, the entity must have registered with us using Form SSA-1694, and you must have affiliated with the entity using Form SSA-1699. If you do not want to designate an affiliate entity for this claim or do not qualify for or seek direct payment in this claim, you should check "No EIN".

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

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

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

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

Part D - Representative's Certifications

I accept this appointment and certify the following:

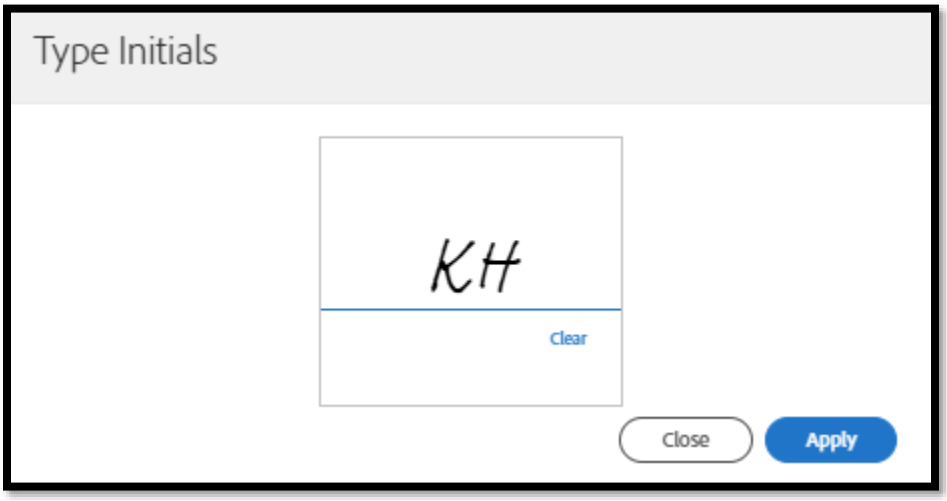
- I understand and agree that I will comply with the applicable policy and SSA rules on the representation of parties, including the *Rules of conduct and standards of responsibility for representatives* (20 CFR404.1740-404.1799 and 416.1540-416.1599); I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved unless a regulatory exclusion applies.
- I understand tha squalified from acting as a representative
- I will not disclos nt.
- I am not current
- I am not prohibit ed States.
- I accept appoint h with the claims and asserted rights
- I agree that a co
- I declare under panying statements or forms, including they are all currently true and correct

We will add "or another Federal agency." to the "I am not currently suspended or disqualified from practicing before the SSA" certification and insert the following certification below it:
"I will immediately disclose to SSA if I am suspended or disbarred by a Federal or State court, administrative tribunal, bar disciplinary authority, or other authority during my appointment."

Next

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

User selects the Initials box on the screen above:



Claimant's Appointment of a Representative

Form **SSA-1696-APP** (12-2024) Page 6 of 6

Claimant's Social Security Number	Representative's Rep ID
123456789	1234567890

Section 6 - Fee Arrangement *(Representative Only)*

Check one box below.

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

Section 7 - Other Claimants

List below any auxiliary claimants, such as a child or s representative.

Social Security Number

Formatting (here and throughout):

Updated formatting of Name boxes throughout the form for the sake of consistency.

Created submission forms for every SSN, Rep ID, and EIN providing one box per digit, as this will help prevent claimants and representatives from submitting obviously incorrect numbers by accident.

Section 8 - Signatures

To submit this form for processing, you and your representative must electronically sign the form in this section by clicking the "Click to Sign" button.

Representative's Signature *Kelvin Huynh* te

ar 19, 2026

Claimant's Signature te

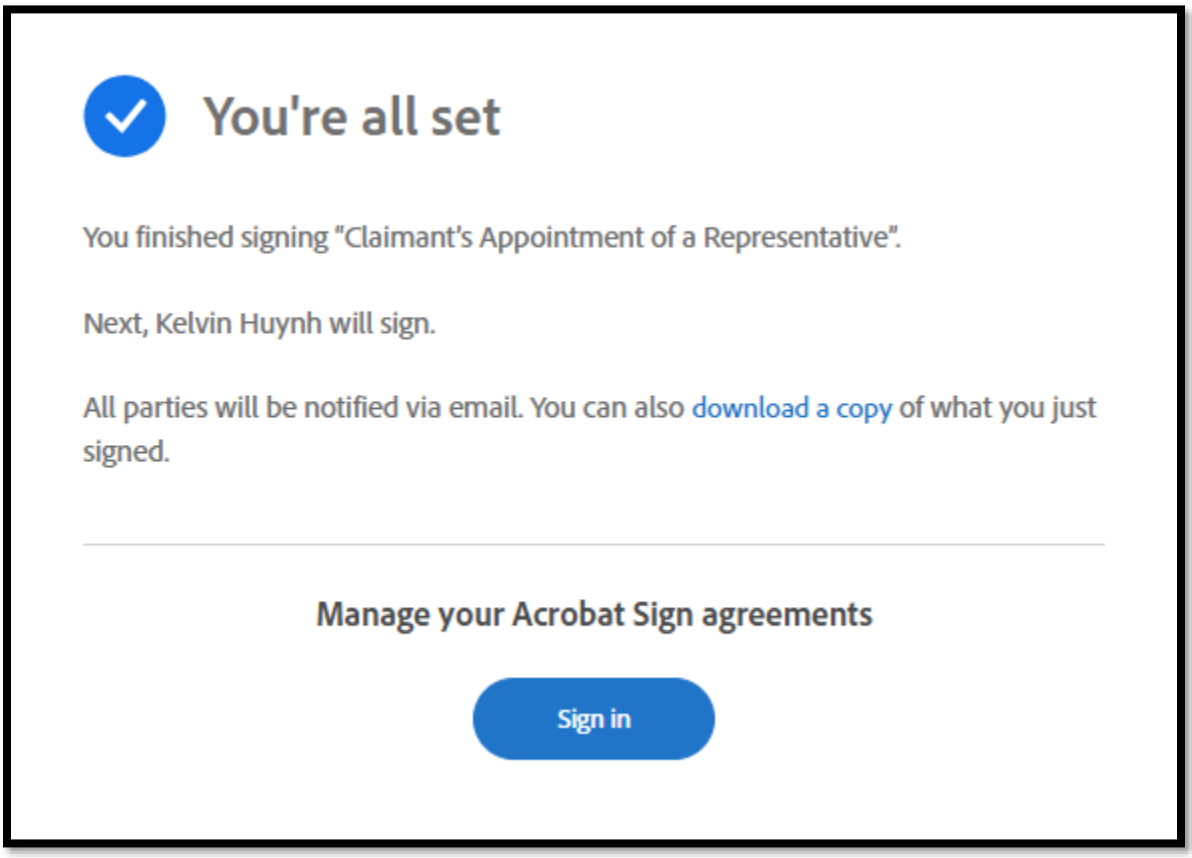
Section 8 instructions now read: Both you and your representative must sign this form if you are appointing a new representative. If you are updating information about an existing appointment, see the Section 8 instructions for signature requirements.

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

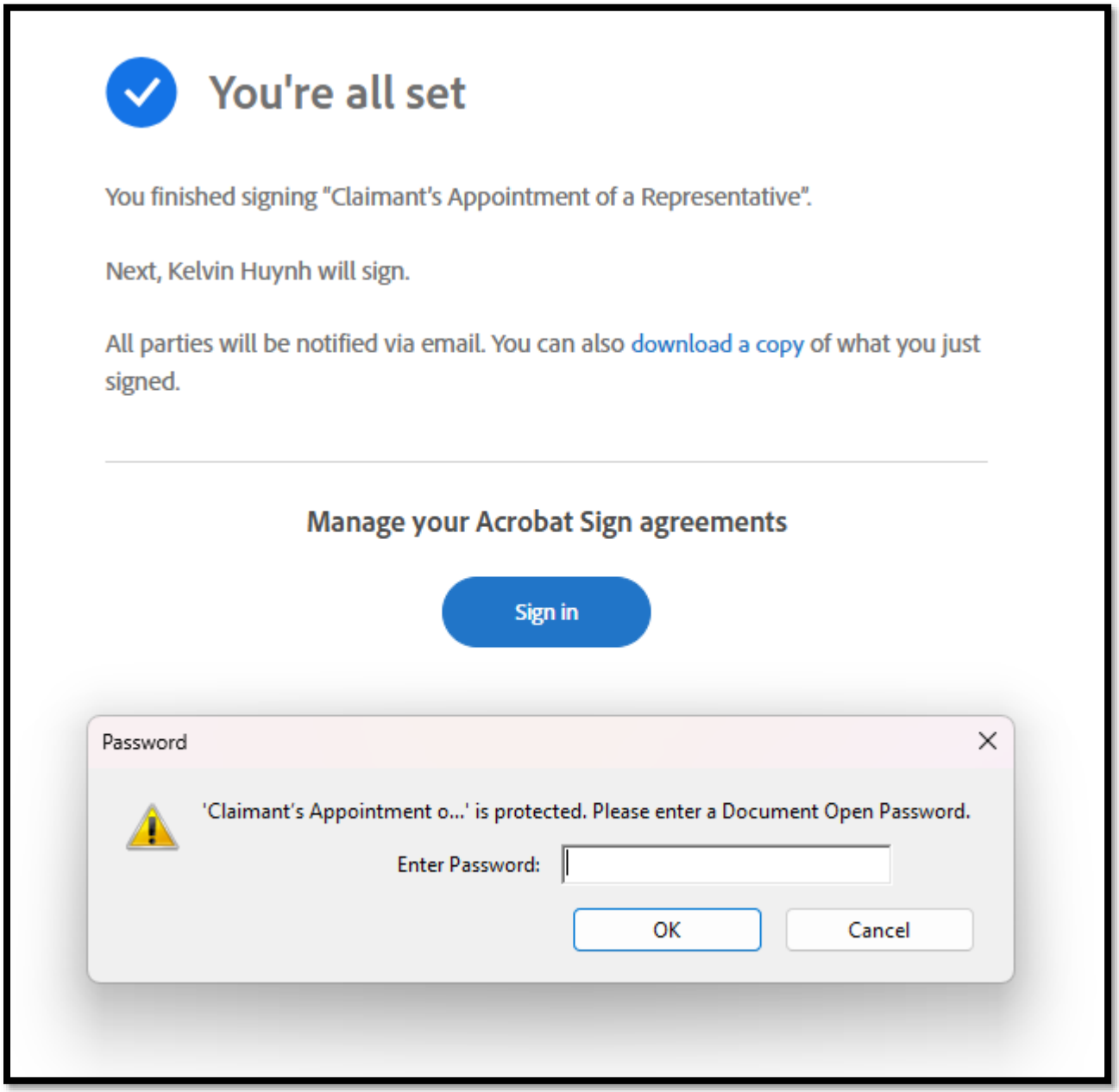
Click to Sign

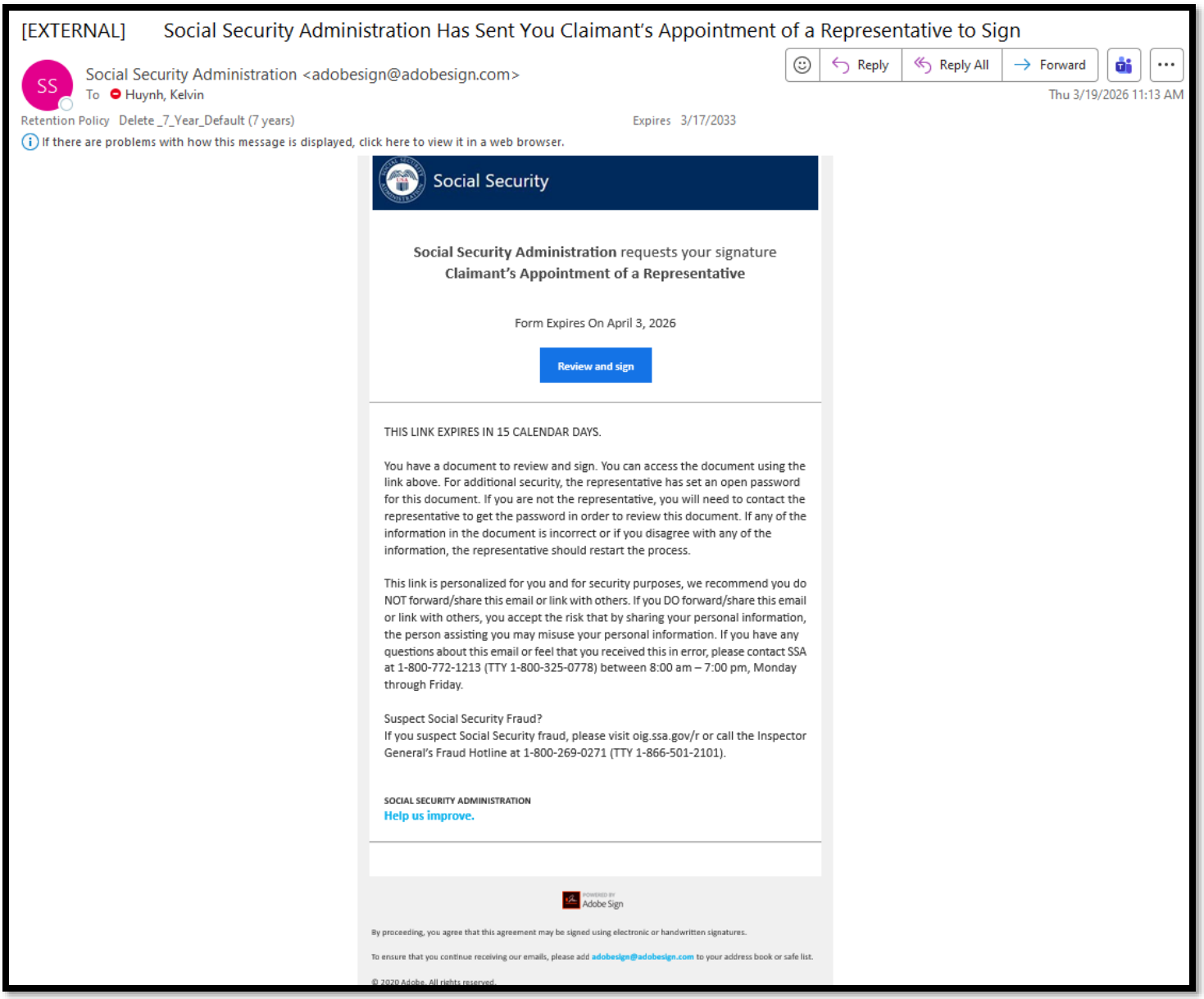
User selects the Representative's Signature on screen above:

User selects the "Click to Sign" bottom right in the screen above:

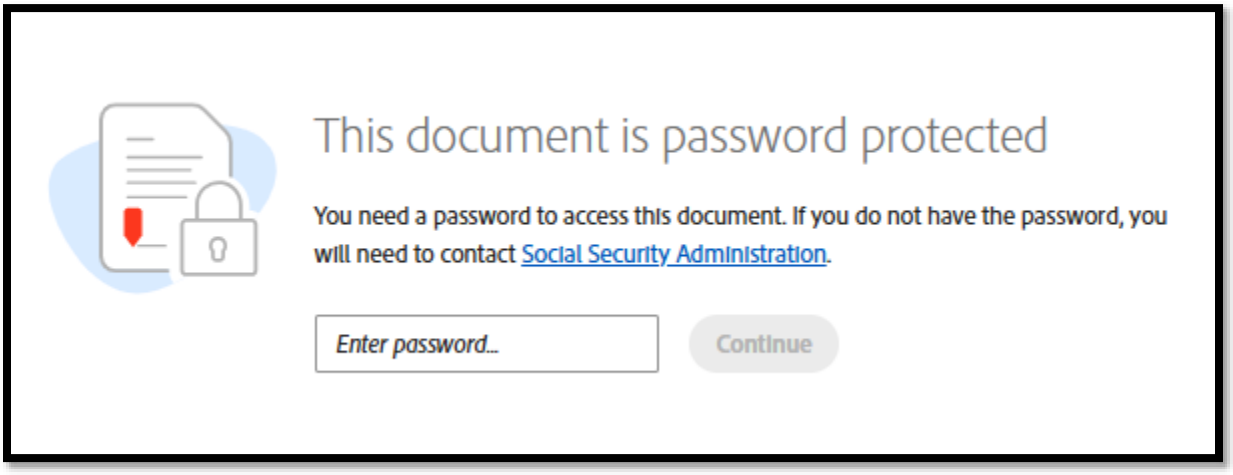


The Password pop-up is displayed when user selects “download a copy” and upon opening the PDF:





The Password pop-up is displayed when user selects "Review and sign" from the email above:



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DO NOT FILE Form SSA-1696 if you do not have a claim, you are not filing a claim with this form, or there is no other case or issue pending decision with us. *In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. "We","Us", and "SSA" means the Social Security Administration.*

YOU DO NOT HAVE TO SIGN THIS FORM - If you do not agree with any information on this form, do not sign it. Refusing to sign the form will not affect how we process and decide your claim.

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

General Information About This Form

- You have the right to appoint a qualified representative of your choice to represent you on any claim or asserted right under any of our programs. For more information on who can qualify to be an appointed representative, when your representative's appointment begins or ends, payment of fees to appointed representative(s), and other helpful information, visit our website at www.ssa.gov/representation. To locate your local field office, you can visit our website at www.ssa.gov/locator or call us, toll-free, at 1-800-772-1213.
- You may also choose to be unrepresented. We handle your case in the same manner whether you are represented or unrepresented. You do not need to appoint someone who simply helps you through the process. For example, you do not need to appoint someone who helps you come to our office, reads to you from documents, or interprets for you if you speak another language. You only need to appoint someone if that person will be acting on your behalf or appearing before us on your behalf.
- You and your representative(s) must give us accurate information as quickly as possible. Providing misleading or false information on this form or on your application, or withholding or delaying giving us evidence, could lead to possible criminal charges or administrative sanctions against you and/or your representative.

Appointing a Representative

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

Section 1 - Reason for Submission and Claimant's Information

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You or your representative must complete the information in this section. If you have more than one representative, use this section to name the person you want to be your principal representative. We will make contact and send notices to this person. If you name a new person here, any principal representative you named before will no longer be your principal representative. Your prior principal representative is still your representative unless you revoke the appointment with a separate writing that you sign, date, and file with us.

Section 4 - Claim Type

You or your representative must complete the information in this section. Check all types of claims or issues for which you are appointing this representative.

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

- **Part A - Representative's Status, Disqualifications, or Suspensions -** Your representative must complete this section to let us know the representative's status as a professional.

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

- **Part B - Representative's Affiliation Information -** If your representative is seeking a fee and chooses to designate an affiliate (business, firm, or other organization) for this claim, the representative should complete this section and give us the Employer Identification Number (EIN) of the affiliate entity. If your representative does not want to designate an affiliate entity for this claim or does not qualify for or seek direct payment in this claim, they should check "No EIN".
- **Part C - Assignment of Direct Payment of Authorized Fee to an Entity -** If your representative wants us to pay directly to the entity identified as an affiliate in Part B any representative fee we authorize, the representative must check the entity and the "Assignment" box in this part of the section. We will send the appropriate tax forms to both the entity and the representative. For more information on Forms IRS 1099-MISC or -NEC and employer registration, visit our website at www.ssa.gov/representation.

  If your representative wants to rescind (cancel) their prior assignment and make a new assignment to a different entity, they must provide the information for the new entity in Part B of this section and check the *Assignment* box in this part of the section.

  If your representative wants to rescind (cancel) their prior assignment to an entity and receive direct payment without assigning to a new entity, they must check the *Rescission* box in this part of the section.
- **Part D - Representative's Certifications -** Your representative must also certify the accuracy of all statements in this section.

Section 6 - Fee Arrangement

Your representative must complete the information in this section. This section reflects you and your representative's agreement on payment of a fee, waiver of direct payment of a fee, or waiver of a fee. Generally, to charge a fee for services, your representative must get our approval. Your representative may waive their right to charge you a fee or tell us that a third-party entity (business, government agency, or organization) will pay the fee. In these situations, the third party must pay out of its own funds the fee and any expenses, and you and any auxiliary beneficiaries (e.g., children or spouse) must be free of any responsibility to pay any fees or expenses.

Section 7 - Other Claimants

You or your representative must complete the information in this section. If auxiliary claimants, such as your children or spouse, have not appointed their own representative(s), list their names and Social Security numbers in this section.

Section 8 - Signatures

You and your representative must electronically sign the form in this section by clicking the "Click to Sign" button.

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 your information, which we will use to verify the appointment of your representative and their acceptance of the appointment. Providing this information is voluntary, but not providing all or part of the information may prevent us from assisting you with the request. As law permits, we may use and share the information you submit, including with a congressional office, Federal, State, and local agencies, and others, as outlined in the routine uses within System of Records Notices (SORN) 60-0089, 60-0320, 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

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References

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

Form **SSA-1696-APP** (12-2024)
Discontinue Prior Editions
Social Security Administration

OMB No. 0960-0527

Claimant's Appointment of a Representative

Section 1 - Reason for Submission and Claimant's Information

Reason for Submission

Check the box indicating your reason for submitting this form. If you or your representative are submitting this form to update information provided in your submission, please check the "Update" box and check the box(es) specifying the information you or your representative are updating.

- (●) **Appoint a new representative**
- ( ) **Update information you previously submitted (Specify below by checking all applicable boxes)**
  - [ ] Claimant's Principal Representative (Section 3)
  - [ ] Claim Type (Section 4)
  - [ ] Representative's Status, Disqualifications or Suspensions (Section 5, Part A)
  - [ ] Representative's Affiliation Information (Section 5, Part B)
  - [ ] Assignment of Direct Payment of Authorized Fee to an Entity (Section 5, Part C)
  - [ ] Fee Arrangement (Section 6)
  - [ ] Other Claimants (Section 7)

Claimant's Information

First Name	Initial	Last Name
Test		Claimant

Claimant's Social Security Number	ZIP Code
123456789	12345

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

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

Number Holder's Social Security Number

999887777

First Name	Initial	Last Name
Test		Person

Section 2 - Representative's Information

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

First Name	Initial	Last Name
Test		Claimant

Registered Representative Rep ID

1234567890

Claimant's Social Security Number	Representative's Rep ID
123456789	1234567890

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

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

Name: Test Name Here

Section 4 - Claim Type

I appoint the individual named in Section 2 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: (*Check all that apply*)

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

Other Information

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

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

Part A - Representative's Status, Disqualifications or Suspensions

(Representatives must always keep this information current)

- ◉ I am an attorney *(SSA rules state that a claimant may appoint an attorney in good standing who has the right to practice law before a court of a State, Territory, District, or island possession of the United States, or before the Supreme Court or a lower Federal court of the United States.)*
- ○ I am a non-attorney eligible for direct payment *(SSA rules require that non-attorneys meet certain criteria to qualify for direct payment. See our website at www.ssa.gov/representation for the criteria).*
- ○ I am a non-attorney not eligible for direct payment.

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

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

  If selected, explain: _____
- ☐ Disqualified from participating in or appearing before a Federal program or agency.

  If selected, explain: _____
- ☐ Removed from practice or has/had any or all licenses suspended by a professional licensing authority or agency.

  If selected, explain: _____

Claimant's Social Security Number	Representative's Rep ID
123456789	1234567890

Part B - Representative's Affiliation Information

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

EIN 123456789 ☐ **No EIN**

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

Test Organization

Part C - Assignment of Direct Payment of Authorized Fee to an Entity

(Complete only when applicable)

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

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

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

Part D - Representative's Certifications

I accept this appointment and certify the following:

- I understand and agree that I will comply with the applicable policy and SSA rules on the representation of parties, including the *Rules of conduct and standards of responsibility for representatives* (20 CFR404.1740-404.1799 and 416.1540-416.1599); I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved unless a regulatory exclusion applies.
- I understand that if I fail to comply with any of applicable policy and SSA rules I may be suspended or disqualified from acting as a representative before SSA.
- I will not disclose any information to any unauthorized party without the claimant's specific written consent.
- I am not currently suspended or disqualified from practicing before the SSA.
- I am not prohibited from representing the claimant as a current or former officer or employee of the United States.
- I accept appointment as the representative for the claimant named in Section 1 of this form in connection with the claims and asserted rights described in Section 4 of this form.
- I agree that a copy of this signed form SSA-1696 will have the same force and effect as the original.
- I declare under penalty of perjury that I have examined all the information on this form and on all accompanying statements or forms, including any information, attestations and certifications provided to SSA in registration, and that they are all currently true and correct to the best of my knowledge.

Next

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

Claimant's Social Security Number	Representative's Rep ID
123456789	1234567890

Section 6 - Fee Arrangement *(Representative Only)*

Check one box below.

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

Section 7 - Other Claimants

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

Social Security Number	Name

Section 8 - Signatures

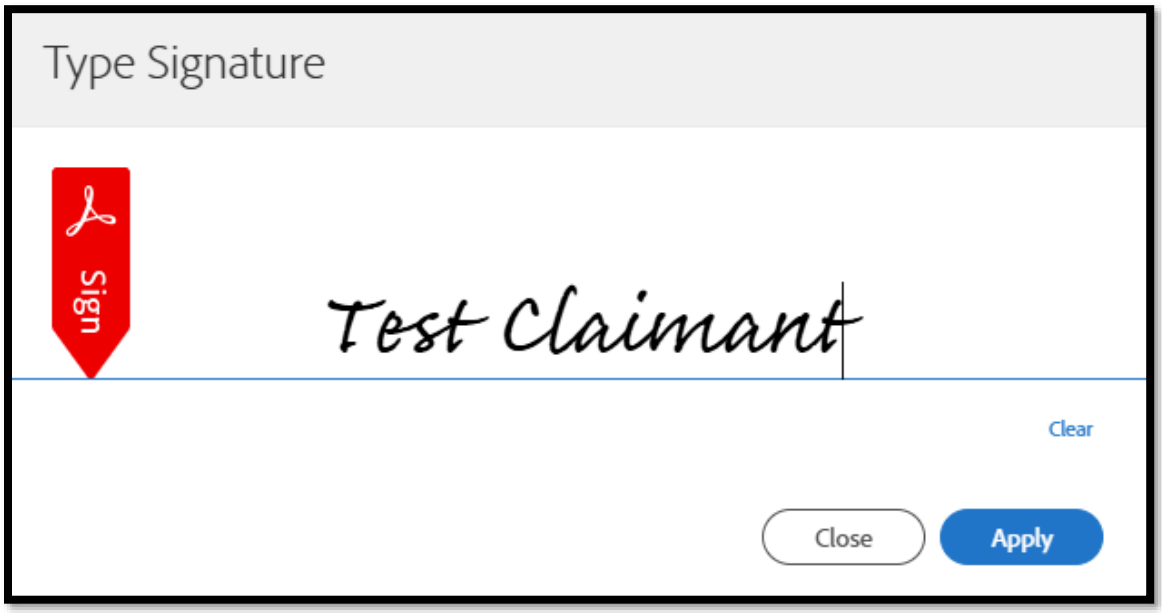
To submit this form for processing, you and your representative must electronically sign the form in this section by clicking the "Click to Sign" button.

Representative's Signature	Date
Kelvin Huynh Kelvin Huynh (Mar 19, 2026 11:13:26 EDT)	Mar 19, 2026
Claimant's Signature	**Date**
Test Claimant Test Claimant (Mar 19, 2026)	Mar 19, 2026

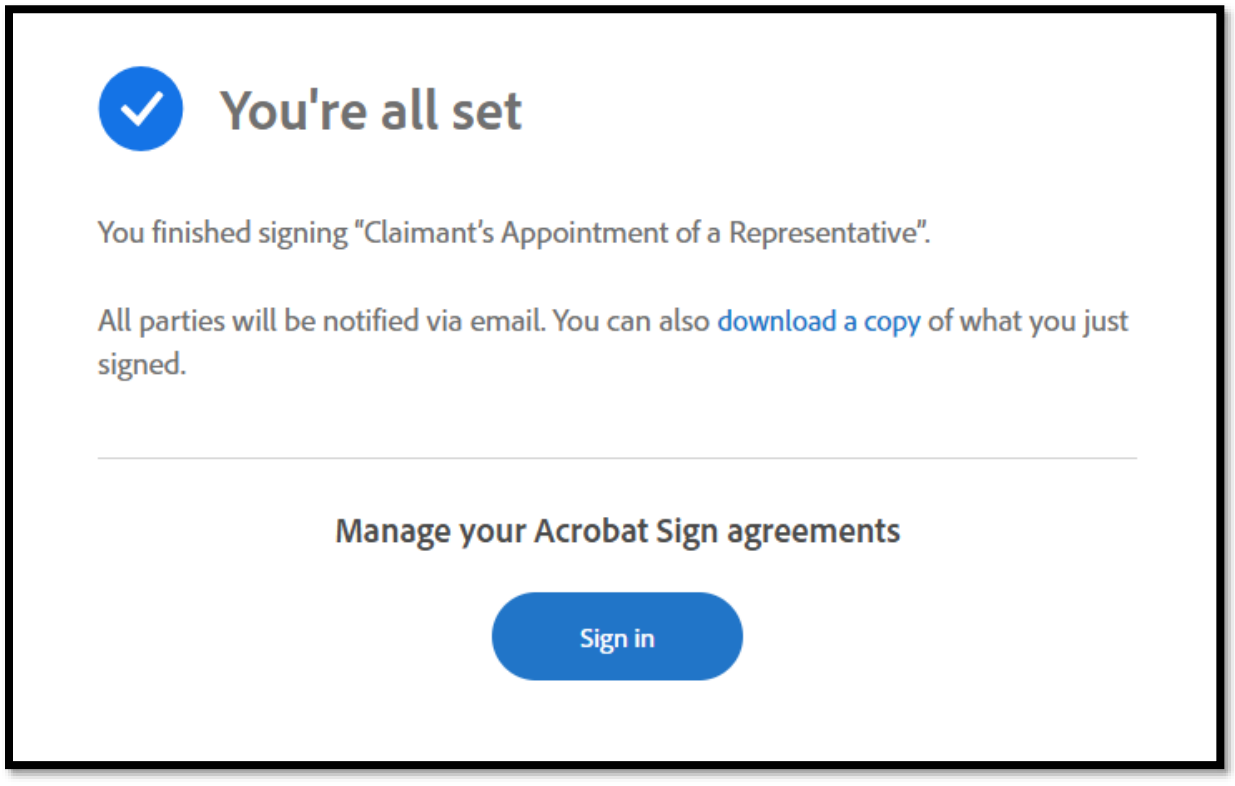
By signing, I agree to this document, the Consumer Disclosure and to utilize electronic signatures.

Click to Sign

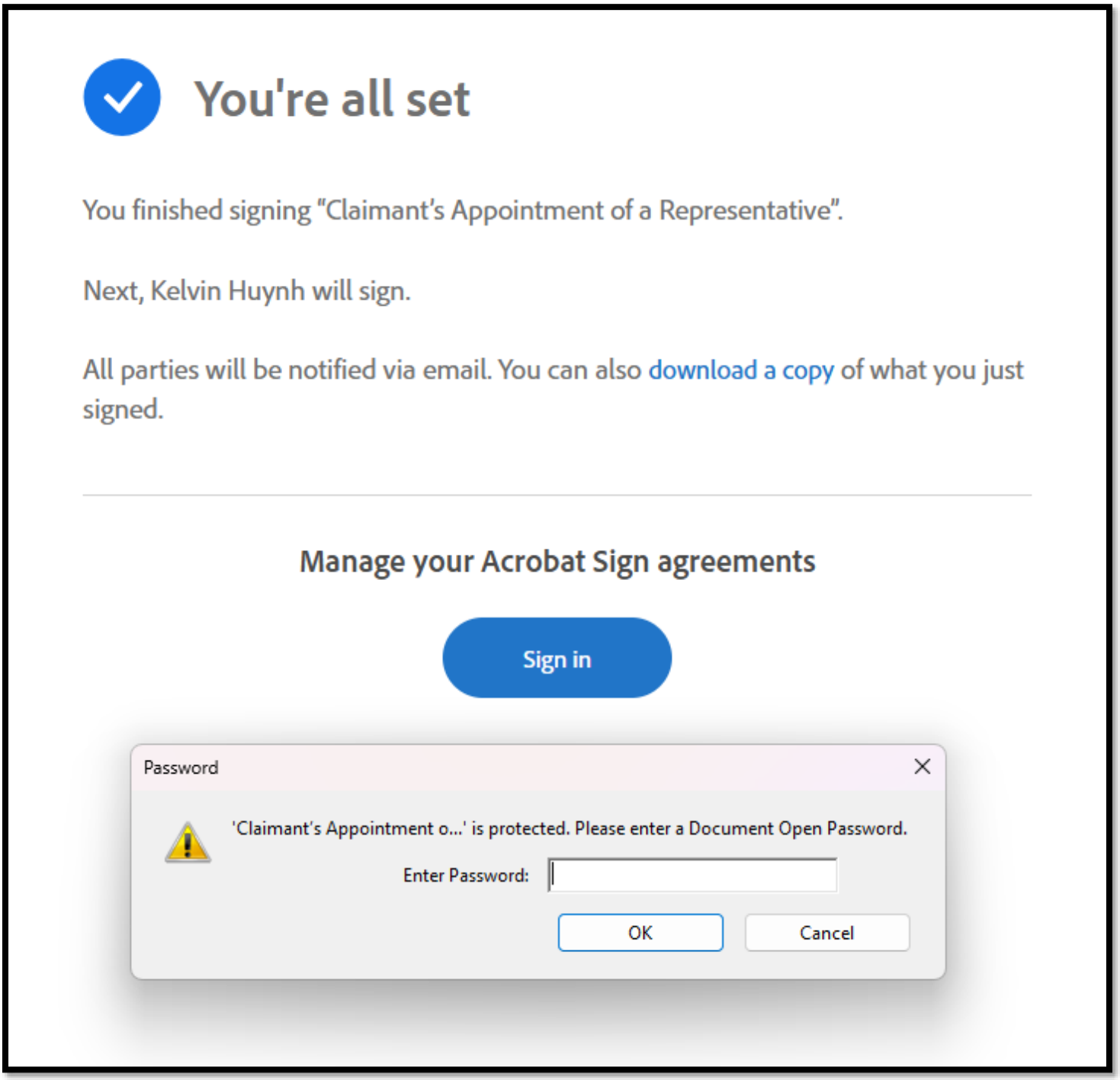
User selected “Claimant’s Signature” in the screen above:



User selects the “Click to Sign” bottom right in the same screen above:



The Password pop-up is displayed when user selects “download a copy” and upon opening the PDF:



[EXTERNAL] Claimant's Appointment of a Representative has been Signed

SS

Social Security Administration <adobesign@adobesign.com>
To Huynh, Kelvin

Reply | Reply All | Forward

Thu 3/19/2026 11:39 AM

Retention Policy Delete _7_Year_Default (7 years) Expires 3/17/2033

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
Claimant's Appointment of a Representative

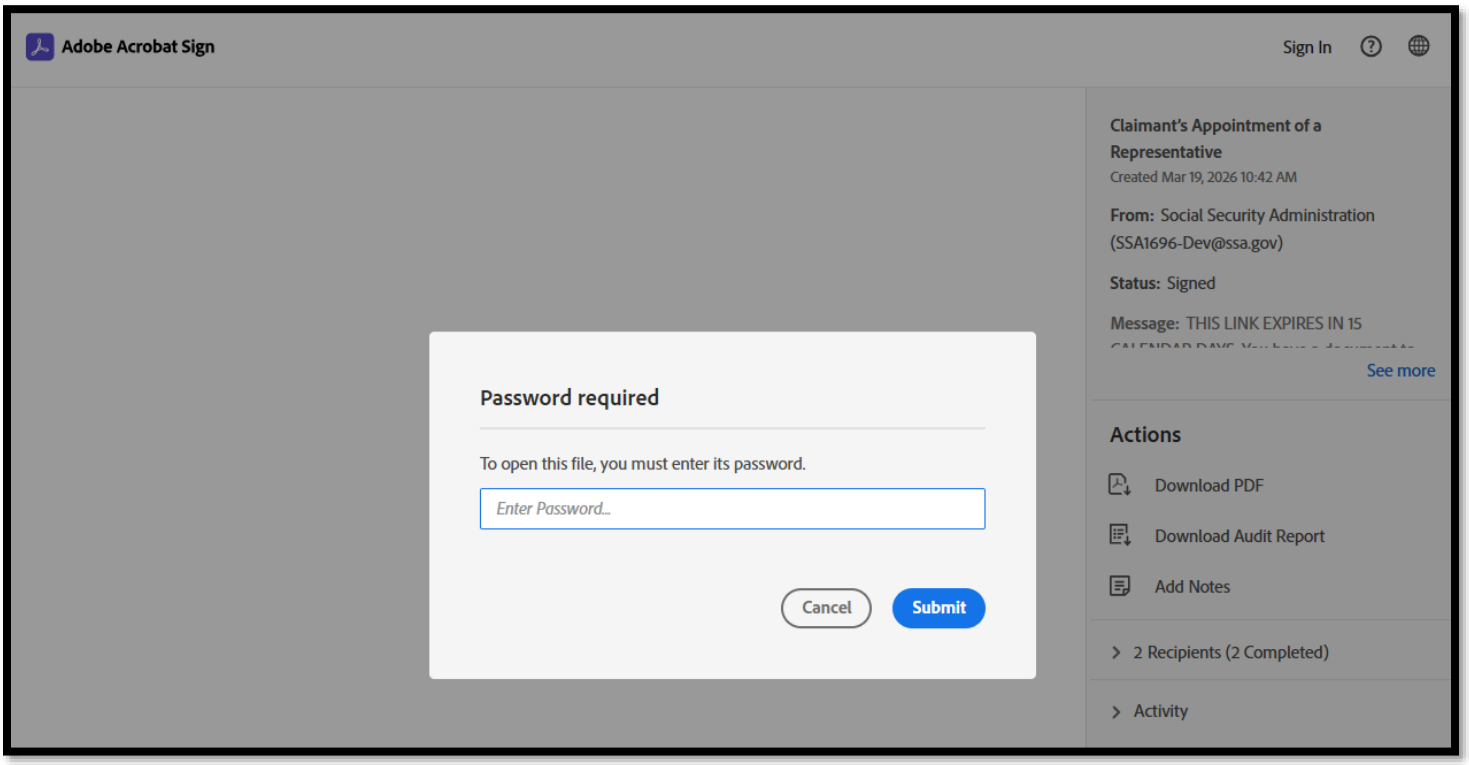
Open Agreement

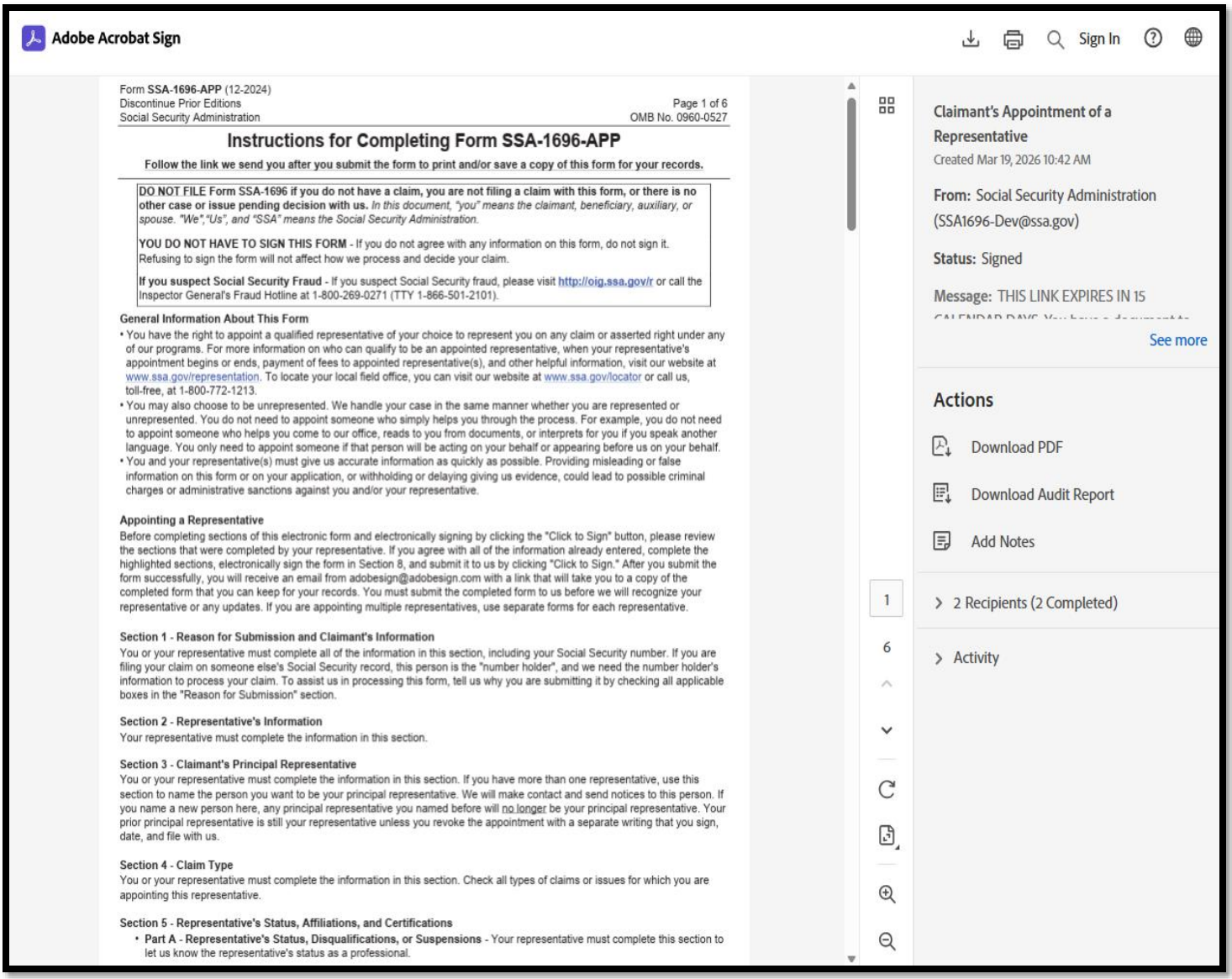
The agreement is complete.

Agreement Participants: Kelvin Huynh and Test Claimant
You can open the final agreement to review its activity history or download a copy for reference.
For additional security, the representative has set an open password for this document. If you are not the representative, you will need to contact the representative to get the password in order to review this document. If any of the information in the document is incorrect or if you disagree with any of the information, the representative should restart the process.
This link is personalized for you and for security purposes, we recommend you do NOT forward/share this email or link with others. If you DO forward/share this email or link with others, you accept the risk that by sharing your personal information, the person assisting you may misuse your personal information. If you have any questions about this email or feel that you received this in error, please contact SSA at 1-800-772-1213 (TTY 1-800-325-0778) between 8:00 am – 7:00 pm, Monday through Friday.
The agreement is fully executed. The Social Security Administration has control over the retention period for this agreement which determines the amount of time it will be available for download from Adobe Sign. Adobe recommends that you save a local copy of this fully-executed agreement for your records.
Help us improve.

POWERED BY Adobe Sign

User selected the “Open Agreement” link in the email above.

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Sign In
Form SSA-1696-APP (12-2024)
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Social Security Administration
Page 1 of 6
OMB No. 0960-0527
Instructions for Completing Form SSA-1696-APP
Follow the link we send you after you submit the form to print and/or save a copy of this form for your records.
DO NOT FILE Form SSA-1696 if you do not have a claim, you are not filing a claim with this form, or there is no other case or issue pending decision with us. In this document, "you" means the claimant, beneficiary, auxiliary, or spouse. "We","Us", and "SSA" means the Social Security Administration.
YOU DO NOT HAVE TO SIGN THIS FORM - If you do not agree with any information on this form, do not sign it. Refusing to sign the form will not affect how we process and decide your claim.
If you suspect Social Security Fraud - If you suspect Social Security fraud, please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).
General Information About This Form
• You have the right to appoint a qualified representative of your choice to represent you on any claim or asserted right under any of our programs. For more information on who can qualify to be an appointed representative, when your representative's appointment begins or ends, payment of fees to appointed representative(s), and other helpful information, visit our website at www.ssa.gov/representation. To locate your local field office, you can visit our website at www.ssa.gov/locator or call us, toll-free, at 1-800-772-1213.
• You may also choose to be unrepresented. We handle your case in the same manner whether you are represented or unrepresented. You do not need to appoint someone who simply helps you through the process. For example, you do not need to appoint someone who helps you come to our office, reads to you from documents, or interprets for you if you speak another language. You only need to appoint someone if that person will be acting on your behalf or appearing before us on your behalf.
• You and your representative(s) must give us accurate information as quickly as possible. Providing misleading or false information on this form or on your application, or withholding or delaying giving us evidence, could lead to possible criminal charges or administrative sanctions against you and/or your representative.
Appointing a Representative
Before completing sections of this electronic form and electronically signing by clicking the "Click to Sign" button, please review the sections that were completed by your representative. If you agree with all of the information already entered, complete the highlighted sections, electronically sign the form in Section 8, and submit it to us by clicking "Click to Sign." After you submit the form successfully, you will receive an email from adobesign@adobesign.com with a link that will take you to a copy of the completed form that you can keep for your records. You must submit the completed form to us before we will recognize your representative or any updates. If you are appointing multiple representatives, use separate forms for each representative.
Section 1 - Reason for Submission and Claimant's Information
You or your representative must complete all of the information in this section, including your Social Security number. If you are filing your claim on someone else's Social Security record, this person is the "number holder", and we need the number holder's information to process your claim. To assist us in processing this form, tell us why you are submitting it by checking all applicable boxes in the "Reason for Submission" section.
Section 2 - Representative's Information
Your representative must complete the information in this section.
Section 3 - Claimant's Principal Representative
You or your representative must complete the information in this section. If you have more than one representative, use this section to name the person you want to be your principal representative. We will make contact and send notices to this person. If you name a new person here, any principal representative you named before will no longer be your principal representative. Your prior principal representative is still your representative unless you revoke the appointment with a separate writing that you sign, date, and file with us.
Section 4 - Claim Type
You or your representative must complete the information in this section. Check all types of claims or issues for which you are appointing this representative.
Section 5 - Representative's Status, Affiliations, and Certifications
• Part A - Representative's Status, Disqualifications, or Suspensions - Your representative must complete this section to let us know the representative's status as a professional.
1
6
Claimant's Appointment of a Representative
Created Mar 19, 2026 10:42 AM
From: Social Security Administration (SSA1696-Dev@ssa.gov)
Status: Signed
Message: THIS LINK EXPIRES IN 15
See more
Actions
Download PDF
Download Audit Report
Add Notes
2 Recipients (2 Completed)
Activity

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

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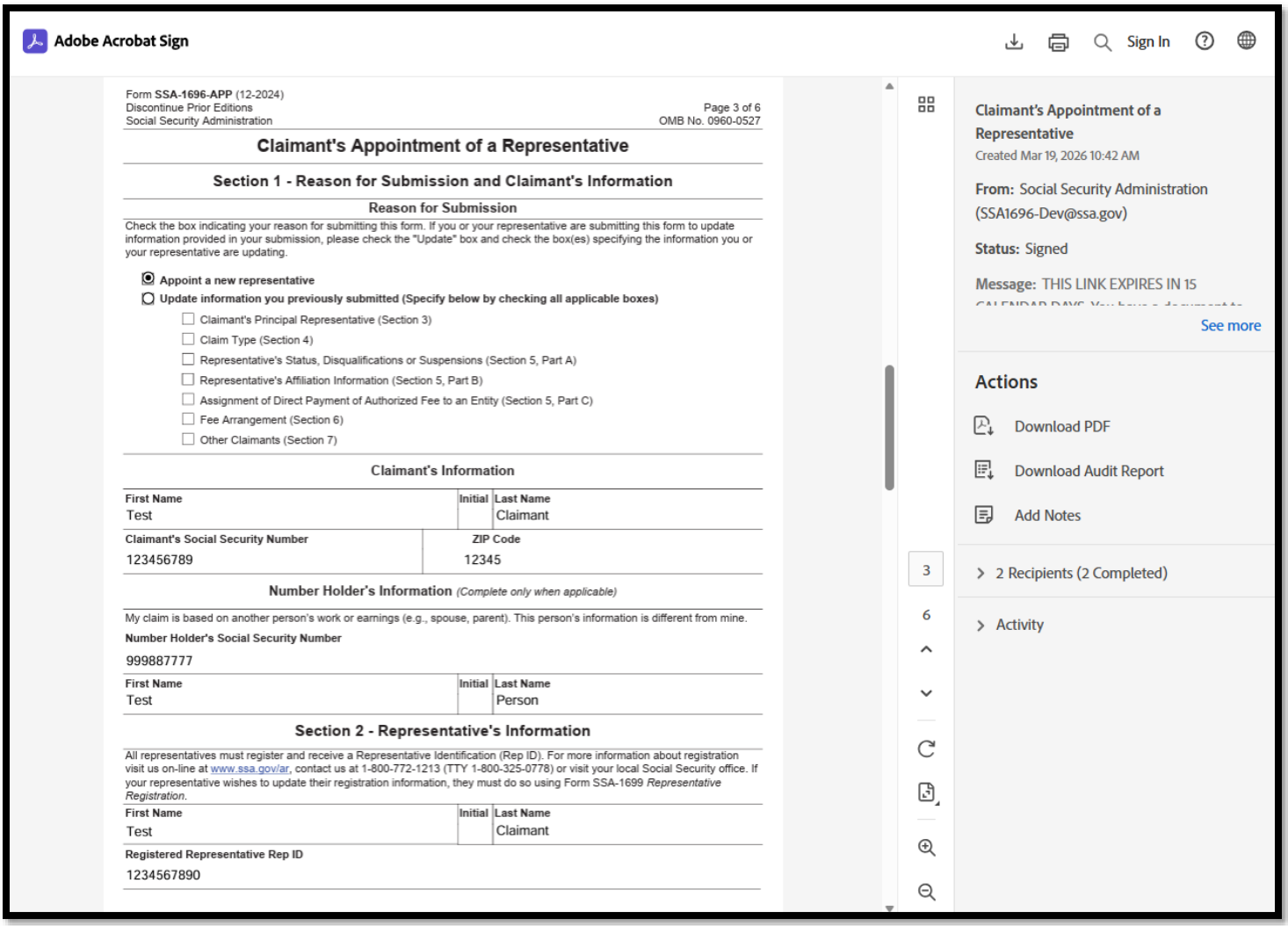
- 26 U.S.C. §§ 6041 and 6045(f) and 20 CFR §§ 404.1700 et. seq. and 416.1500 et. seq.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Sign In
Form SSA-1696-APP (12-2024)
Discontinue Prior Editions
Social Security Administration
Page 3 of 6
OMB No. 0960-0527
Claimant's Appointment of a Representative
Section 1 - Reason for Submission and Claimant's Information
Reason for Submission
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Appoint a new representative
Update information you previously submitted (Specify below by checking all applicable boxes)
Claimant's Principal Representative (Section 3)
Claim Type (Section 4)
Representative's Status, Disqualifications or Suspensions (Section 5, Part A)
Representative's Affiliation Information (Section 5, Part B)
Assignment of Direct Payment of Authorized Fee to an Entity (Section 5, Part C)
Fee Arrangement (Section 6)
Other Claimants (Section 7)
Claimant's Information
First Name
Test
Initial
Last Name
Claimant
Claimant's Social Security Number
123456789
ZIP Code
12345
Number Holder's Information (Complete only when applicable)
My claim is based on another person's work or earnings (e.g., spouse, parent). This person's information is different from mine.
Number Holder's Social Security Number
999887777
First Name
Test
Initial
Last Name
Person
Section 2 - Representative's Information
All representatives must register and receive a Representative Identification (Rep ID). For more information about registration visit us on-line at www.ssa.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778) or visit your local Social Security office. If your representative wishes to update their registration information, they must do so using Form SSA-1699 Representative Registration.
First Name
Test
Initial
Last Name
Claimant
Registered Representative Rep ID
1234567890
3
6
Claimant's Appointment of a Representative
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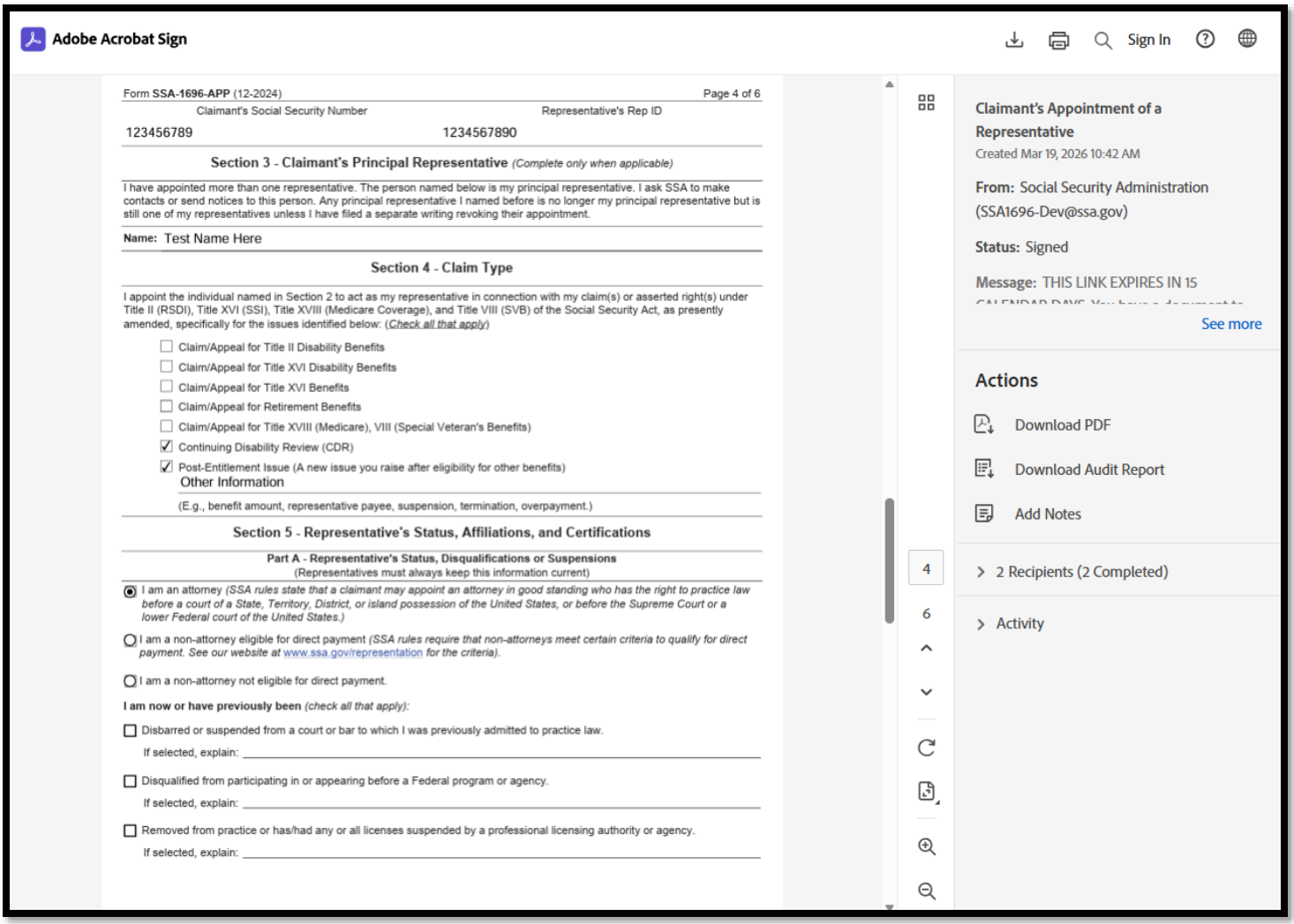
See more
Actions
Download PDF
Download Audit Report
Add Notes
2 Recipients (2 Completed)
Activity


Adobe Acrobat Sign
Sign In
Form SSA-1696-APP (12-2024)
Page 4 of 6
Claimant's Social Security Number
Representative's Rep ID
123456789
1234567890
Section 3 - Claimant's Principal Representative (Complete only when applicable)
I have appointed more than one representative. The person named below is my principal representative. I ask SSA to make contacts or send notices to this person. Any principal representative I named before is no longer my principal representative but is still one of my representatives unless I have filed a separate writing revoking their appointment.
Name: Test Name Here
Section 4 - Claim Type
I appoint the individual named in Section 2 to act as my representative in connection with my claim(s) or asserted right(s) under Title II (RSDI), Title XVI (SSI), Title XVIII (Medicare Coverage), and Title VIII (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: (Check all that apply)
Claim/Appeal for Title II Disability Benefits
Claim/Appeal for Title XVI Disability Benefits
Claim/Appeal for Title XVI Benefits
Claim/Appeal for Retirement Benefits
Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)
Continuing Disability Review (CDR)
Post-Entitlement Issue (A new issue you raise after eligibility for other benefits)
Other Information
(E.g., benefit amount, representative payee, suspension, termination, overpayment.)
Section 5 - Representative's Status, Affiliations, and Certifications
Part A - Representative's Status, Disqualifications or Suspensions
(Representatives must always keep this information current)
I am an attorney (SSA rules state that a claimant may appoint an attorney in good standing who has the right to practice law before a court of a State, Territory, District, or island possession of the United States, or before the Supreme Court or a lower Federal court of the United States.)
I am a non-attorney eligible for direct payment (SSA rules require that non-attorneys meet certain criteria to qualify for direct payment. See our website at www.ssa.gov/representation for the criteria).
I am a non-attorney not eligible for direct payment.
I am now or have previously been (check all that apply):
Disbarred or suspended from a court or bar to which I was previously admitted to practice law.
If selected, explain:
Disqualified from participating in or appearing before a Federal program or agency.
If selected, explain:
Removed from practice or has/had any or all licenses suspended by a professional licensing authority or agency.
If selected, explain:
4
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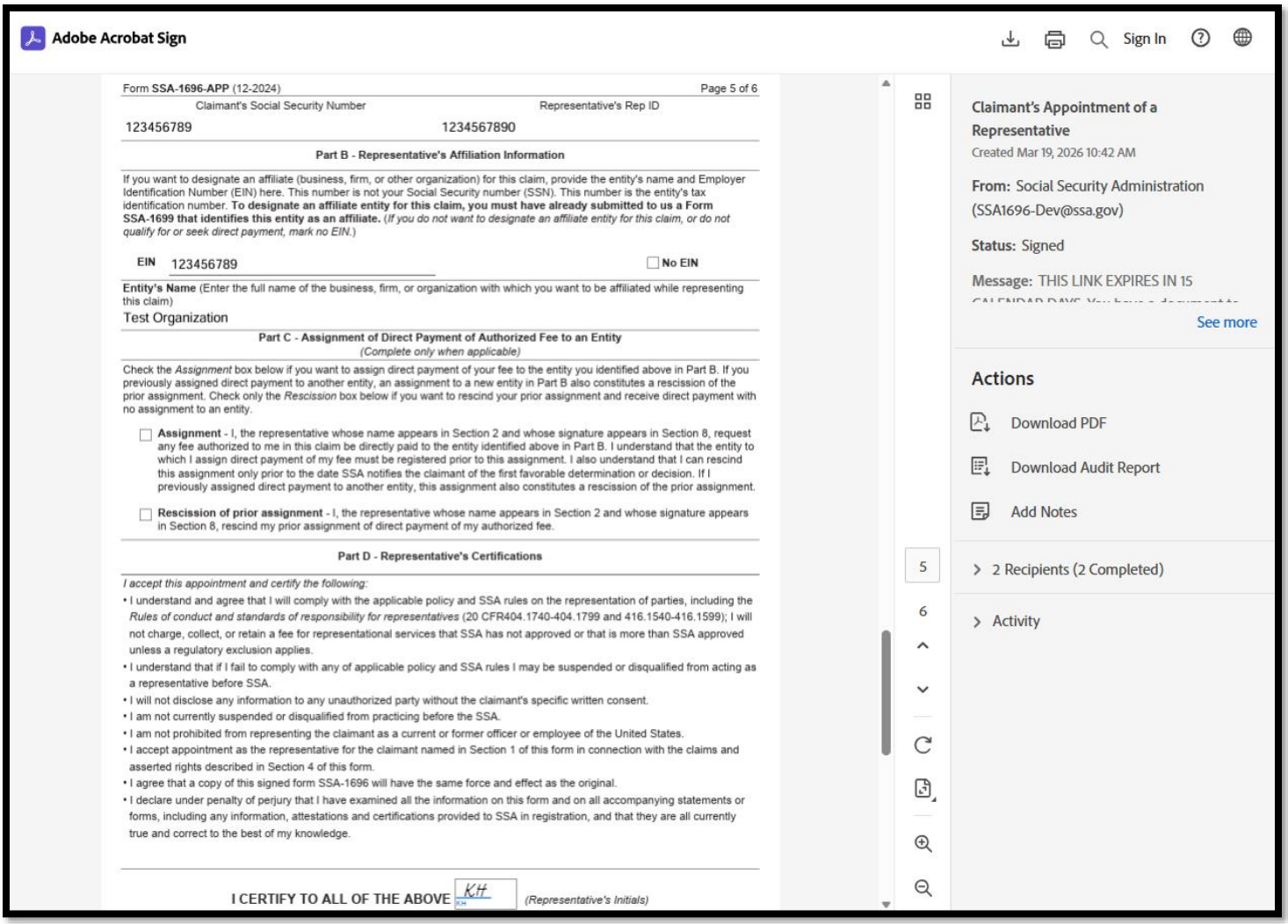
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Claimant's Social Security Number
123456789
Representative's Rep ID
1234567890
Part B - Representative's Affiliation Information
If you want to designate an affiliate (business, firm, or other organization) for this claim, provide the entity's name and Employer Identification Number (EIN) here. This number is not your Social Security number (SSN). This number is the entity's tax identification number. To designate an affiliate entity for this claim, you must have already submitted to us a Form SSA-1699 that identifies this entity as an affiliate. (If you do not want to designate an affiliate entity for this claim, or do not qualify for or seek direct payment, mark no EIN.)
EIN 123456789
No EIN
Entity's Name (Enter the full name of the business, firm, or organization with which you want to be affiliated while representing this claim)
Test Organization
Part C - Assignment of Direct Payment of Authorized Fee to an Entity
(Complete only when applicable)
Check the Assignment box below if you want to assign direct payment of your fee to the entity you identified above in Part B. If you previously assigned direct payment to another entity, an assignment to a new entity in Part B also constitutes a rescission of the prior assignment. Check only the Rescission box below if you want to rescind your prior assignment and receive direct payment with no assignment to an entity.
Assignment - I, the representative whose name appears in Section 2 and whose signature appears in Section 8, request any fee authorized to me in this claim be directly paid to the entity identified above in Part B. I understand that the entity to which I assign direct payment of my fee must be registered prior to this assignment. I also understand that I can rescind this assignment only prior to the date SSA notifies the claimant of the first favorable determination or decision. If I previously assigned direct payment to another entity, this assignment also constitutes a rescission of the prior assignment.
Rescission of prior assignment - I, the representative whose name appears in Section 2 and whose signature appears in Section 8, rescind my prior assignment of direct payment of my authorized fee.
Part D - Representative's Certifications
I accept this appointment and certify the following:
• I understand and agree that I will comply with the applicable policy and SSA rules on the representation of parties, including the Rules of conduct and standards of responsibility for representatives (20 CFR404.1740-404.1799 and 416.1540-416.1599); I will not charge, collect, or retain a fee for representational services that SSA has not approved or that is more than SSA approved unless a regulatory exclusion applies.
• I understand that if I fail to comply with any of applicable policy and SSA rules I may be suspended or disqualified from acting as a representative before SSA.
• I will not disclose any information to any unauthorized party without the claimant's specific written consent.
• I am not currently suspended or disqualified from practicing before the SSA.
• I am not prohibited from representing the claimant as a current or former officer or employee of the United States.
• I accept appointment as the representative for the claimant named in Section 1 of this form in connection with the claims and asserted rights described in Section 4 of this form.
• I agree that a copy of this signed form SSA-1696 will have the same force and effect as the original.
• I declare under penalty of perjury that I have examined all the information on this form and on all accompanying statements or forms, including any information, attestations and certifications provided to SSA in registration, and that they are all currently true and correct to the best of my knowledge.
I CERTIFY TO ALL OF THE ABOVE KH (Representative's Initials)
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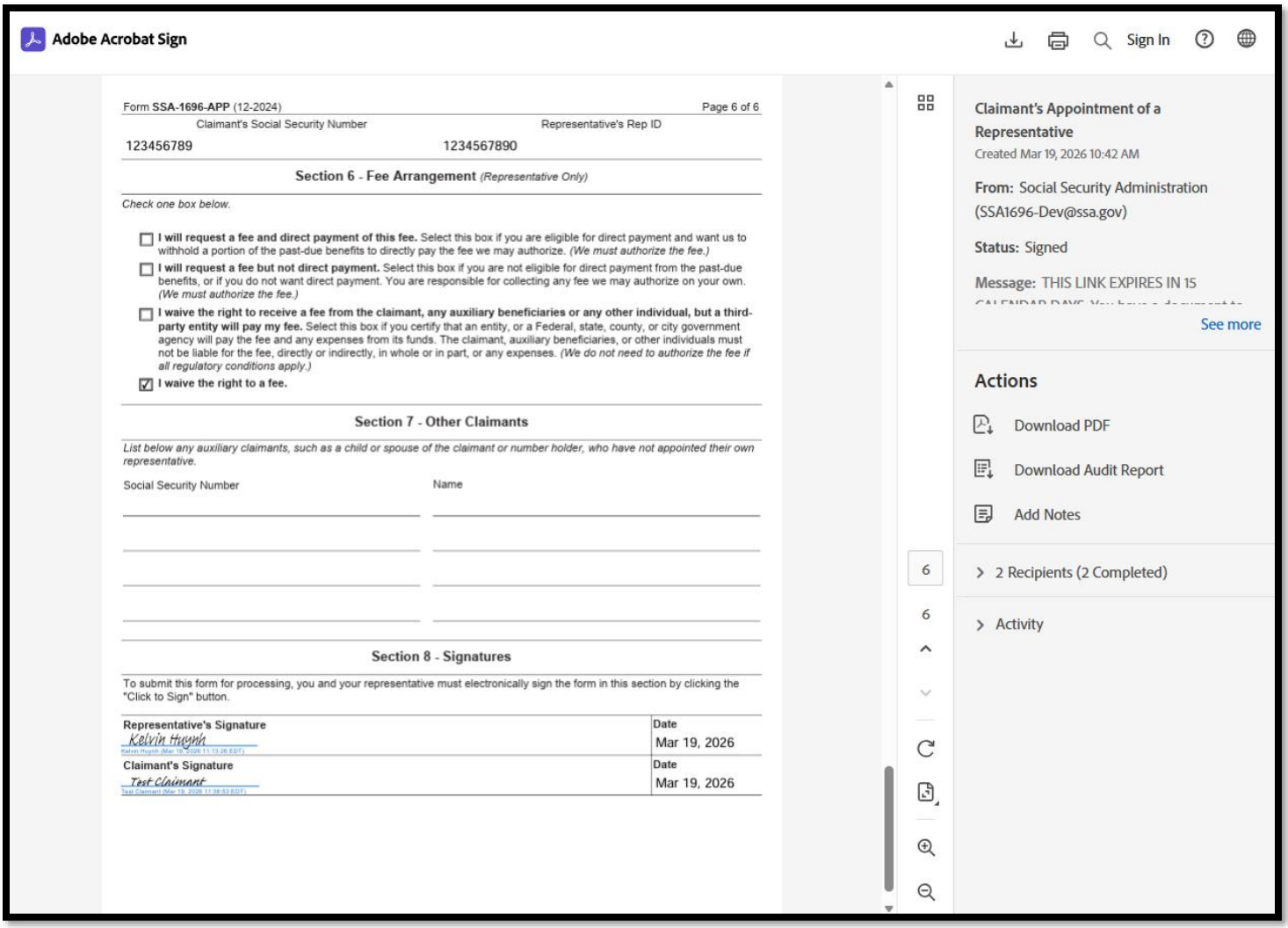
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Claimant's Social Security Number
Representative's Rep ID
123456789
1234567890
Section 6 - Fee Arrangement (Representative Only)
Check one box below.
I will request a fee and direct payment of this fee. Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to directly pay the fee we may authorize. (We must authorize the fee.)
I will request a fee but not direct payment. Select this box if you are not eligible for direct payment from the past-due benefits, or if you do not want direct payment. You are responsible for collecting any fee we may authorize on your own. (We must authorize the fee.)
I waive the right to receive a fee from the claimant, any auxiliary beneficiaries or any other individual, but a third-party entity will pay my fee. Select this box if you certify that an entity, or a Federal, state, county, or city government agency will pay the fee and any expenses from its funds. The claimant, auxiliary beneficiaries, or other individuals must not be liable for the fee, directly or indirectly, in whole or in part, or any expenses. (We do not need to authorize the fee if all regulatory conditions apply.)
I waive the right to a fee.
Section 7 - Other Claimants
List below any auxiliary claimants, such as a child or spouse of the claimant or number holder, who have not appointed their own representative.
Social Security Number
Name
Section 8 - Signatures
To submit this form for processing, you and your representative must electronically sign the form in this section by clicking the "Click to Sign" button.
Representative's Signature
Kelvin Huynh
Date
Mar 19, 2026
Claimant's Signature
Test Claimant
Date
Mar 19, 2026
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