

Complete the Notice of Appointment (Form SSA-1696)

Instructions for Representatives

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

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

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

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

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

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

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

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

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

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

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

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

PLEASE NOTE:

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

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

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

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

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



*I understand and agree to the above statement



Appointment of Representative

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

with the password that you have created.	
Representative's Email Address	
Enter Representative's Email Address	
Confirm Representative's Email Address	
Confirm Representative's Email Address	
Claimant's Email Address	
Enter Claimant's Email Address	
Confirm Claimant's Email Address	
Confirm Claimant's Email Address	
Document Name	
Appointment of Representative	
Password Required Password must contain at least 8 characters, 1 uppercase, 1 lowercase, and 1 number.	
Password	
Confirm Password	
☐ Show Password	
Completion Deadline	
01/30/2021	



Appointment of Representative

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



Fri 1/29/2021 10:09 AM

Social Security Administration <adobesign@adobesign.com>

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

To Representative's Email

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2028

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



Social Security Administration requests your signature Appointment of Representative

Form Expires On February 3, 2021

Review and sign

THIS LINK EXPIRES IN 5 CALENDAR DAYS.

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

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

Suspect Social Security Fraud?

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

SOCIAL SECURITY ADMINISTRATION



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

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

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

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Instructions for Completing Form SSA-1696

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

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

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

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

General Information About This Form

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

Appointing a Representative

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

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

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

Section 2 - Authorization for Disclosure

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

Section 3 - Principal Representative

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

Section 4 - Representative's Information

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

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

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

Section 6 - Claim Type

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

Section 7 - Fee Arrangement

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

Section 8 - Signatures

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

Privacy Act Statement - Collection and Use of Personal Information

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

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

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

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

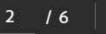
A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folders System, as published in the Federal Register (FR) on October 31, 2019, at 84 FR 58422; 60-0320, entitled Electronic Disability Claim File, as published in the FR on June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

Paperwork Reduction Act Statement

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

References

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

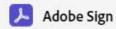








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Appointment of	Representative					
Form SSA-1696-APP (02-2021) UF Discontinue Prior Editions Social Security Administration					Page 3 of OMB No. 0960-052	
Claimant's Social Security Number Appointed Representative's Rep ID			entative's Rep ID			
		1234	567	'89A	=	
Claimant'	s Appointme	nt of a	R	epresentati	ve	
	Section 1 - Claim	ant's Inf	orn	nation		
First Name		Initial	Las	st Name		
Test		3	C	laimant		
Mailing Address		- 1 × - 3	ļ.ē			
City		State		ZIP/Postal Code	Country - if outside the U.S	
Phone Number	Alternate Phone Number (Optional)				onal)	
		Alternate Filone Number (Optional)				
					72%	
Number	Holder's Informat	ion (Con	plet	e when applicable)		
My claim is based on another person's work	k or earnings (e.g., spo	ouse or pa	rent). This person's info	ormation is different from mine	
Number Holder's Social Security Number						
	1					
First Name	-	Initial	Las	t Name		
Section 2 - Disclosure (Claimant Only)						
By selecting this box, I, the claimant list information in relation to my pending c (e.g., clerks, assistants), partners, or prepresentative's partners, associates, authenticated.)	laim(s) or asserted rig parties under contractu	ht(s) to de al arrange	sign	ated associates whats for or with my re	o perform administrative dutie presentative. (The appointed	
Section 3 - Princip	al Representative	(Claiman	t on	ly – Complete when	applicable)	
I have appointed before, or appoint now, moindividual. My principal representative is:	ore than one represen	tative. I as	k S	SA to make contact	s or send notices to this	
Name						
Name						



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Appointment of Representative

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	Appointed Representative's Rep ID
	123456789A
Section 4	- Representative's Information
	syment of their fee must register and receive a Rep ID before the appointme e at www.socialsecurity.gov/ar , contact us at 1-800-772-1213 curity office.
First Name Test	Initial Last Name Rep
Mailing Address Fake Address	
C ity Fake City	State Maryland ZIP/Postal Code 12345 Country - if outside the U
Phone Number	Alternate Phone Number (Optional)
111-222-3333	1112223333
I am an attorney (SSA law states that an attorne)	sentative (Representatives have a duty to keep their information currently is someone in good standing who has the right to practice law before a session of the United States, or before the Supreme Court or a lower
 I am an attorney (SSA law states that an attorney court of a State, Territory, District, or island poss Federal court of the United States.) 	ey is someone in good standing who has the right to practice law before a session of the United States, or before the Supreme Court or a lower
 I am an attorney (SSA law states that an attorney court of a State, Territory, District, or island poss Federal court of the United States.) I am a non-attorney eligible for direct payment (S 	ey is someone in good standing who has the right to practice law before a session of the United States, or before the Supreme Court or a lower SSA law requires that non-attorneys meet certain criteria to qualify for direct representation for criteria).
I am an attorney (SSA law states that an attorney court of a State, Territory, District, or island poss Federal court of the United States.) I am a non-attorney eligible for direct payment (Spayment, Refer to our website at <a href="https://www.ssa.gov/references.gov/refere</td><td>ey is someone in good standing who has the right to practice law before a session of the United States, or before the Supreme Court or a lower SSA law requires that non-attorneys meet certain criteria to qualify for direct representation for criteria).</td></tr><tr><td>I am an attorney (SSA law states that an attorney court of a State, Territory, District, or island poss Federal court of the United States.) I am a non-attorney eligible for direct payment (Spayment. Refer to our website at www.ssa.gov/re I am a non-attorney not eligible for direct payment. I work for a non-profit organization (e.g. a law climate)	ey is someone in good standing who has the right to practice law before a session of the United States, or before the Supreme Court or a lower SSA law requires that non-attorneys meet certain criteria to qualify for direct representation for criteria).
I am an attorney (SSA law states that an attorney court of a State, Territory, District, or island poss Federal court of the United States.) I am a non-attorney eligible for direct payment (Spayment. Refer to our website at www.ssa.gov/re I am a non-attorney not eligible for direct payment. I work for a non-profit organization (e.g. a law click Representation)	ey is someone in good standing who has the right to practice law before a session of the United States, or before the Supreme Court or a lower SSA law requires that non-attorneys meet certain criteria to qualify for direct representation for criteria). Int. Inic or state legal aid)

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Form SSA-1696-APP (02-2021) UF		Page 5 of 6
Claimant's Social Security Number	er Appointed Re	presentative's Rep ID
	123456789A	
	Section 5 - Continued	
	Affiliation Information	
If you are representing the claimant(s) as a partn your Employer Identification Number (EIN) here, (SSN). This is your employer's tax identification nu	if one exists for tax purposes. This number is	not your Social Security Number
EIN 123456789		
Organization's Name (Enter the full name of the representing this claim)	business, entity, firm or organization with whi	ich you want to be affiliated while
Test Organization		
Representative's Business Address (if differen	t than mailing address)	
Test Address		
Citv	State	ZIP/Postal Code
Test City	Maryland	12345
Country - if outside the U.S.		
	Representative's Certifications	

I accept this appointment and certify the following:

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

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

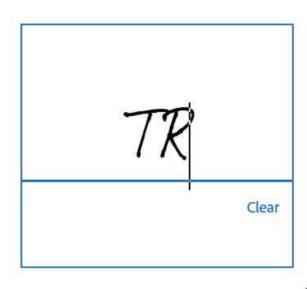
- I have registered for and obtained a Rep ID, and my registration information is up-to-date.
- · I have provided up-to-date information on my registration concerning whether I have been suspended or prohibited from practice before SSA or any other Federal program or agency, disbarred or suspended by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

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





Type Initials



Close Apply

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Appointment of Representative

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Form SSA-1696-APP (02-2021) UF Page 5 of 6 Claimant's Social Security Number Appointed Representative's Rep ID 123456789A Section 5 - Continued Affiliation Information If you are representing the claimant(s) as a partner or employee of a business entity, firm or other organization you may provide your Employer Identification Number (EIN) here, if one exists for tax purposes. This number is not your Social Security Number (SSN). This is your employer's tax identification number. (Do not complete this section if you do not qualify for direct payment.) EIN 123456789 Organization's Name (Enter the full name of the business, entity, firm or organization with which you want to be affiliated while representing this claim) Test Organization Representative's Business Address (if different than mailing address) Test Address City State ZIP/Postal Code Test City 12345 Maryland Country - if outside the U.S. Representative's Certifications

I accept this appointment and certify the following:

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

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

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

I CERTIFY TO ALL OF THE ABOVE TO



(Representative's Initials)

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	Claimant's Social Security Number		Appointed Representative	e's Rep ID		
			123456789A	=		
		Section	6 - Claim Type			
		he individual named in Section 4 to act as my repre				
itle I mer	I (RS ded,	DI), Title XVI (SSI), Title XVIII (Medicare Coverage) specifically for the issues identified below: (Select Y	, and Title VIII (SVB) of the Social Security Act <u>'ES for all that apply</u>)	t, as presently		
es	No					
)	0	Claim/Appeal for Title II Disability Benefits				
)	•	Claim/Appeal for Title XVI Disability Benefits				
)	Concurrent Title II and Title XVI Disability Benefits					
C	Claim/Appeal for Retirement Benefits					
C	Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)					
	0	Continuing Disability Review (CDR)				
	0	Post-Entitlement Issue (a new issue you raise afte	r eligibility for other benefits)			
	0	ther Information				
	MI SEC	., benefit amount, month of entitlement, represent		- CONTROL OF THE CONT		
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	(L.9		ative payee, suspension, termination, overpa	yment)		
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hec	k one	Section 7 -	Fee Arrangement Select this box if you are eligible for direct pa	yment and want us to		
hec	k one	Section 7 - e box below: ill request a fee and direct payment of this fee. inhold a portion of the past-due benefits to pay you ill request a fee but not direct payment. Select t	Select this box if you are eligible for direct pathe fee we may authorize. (We must authorize his box if you are not eligible for direct payments)	yment and want us to re the fee.)		
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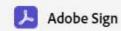
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Appointment of Representative

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You finished signing "Appointment of Representative".

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

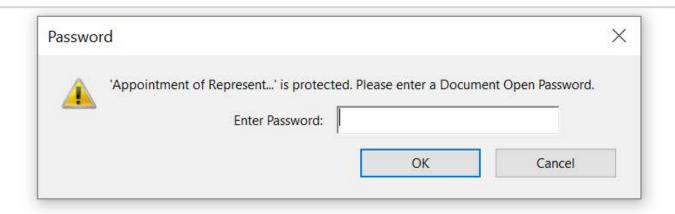
All parties will be notified via email. You can also download a copy of what you just signed.



You finished signing "Appointment of Representative".

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

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





Social Security Administration <adobesign@adobesign.com>

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

To Claimant's Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2028

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



Social Security Administration requests your signature **Appointment of Representative**

Form Expires On February 3, 2021

Review and sign

THIS LINK EXPIRES IN 5 CALENDAR DAYS.

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

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

Suspect Social Security Fraud?

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

SOCIAL SECURITY ADMINISTRATION



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

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

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Options >

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

Page 1 of 6 OMB No. 0960-0527

Instructions for Completing Form SSA-1696

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

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

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

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

General Information About This Form

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

Appointing a Representative

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

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

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

Section 2 - Authorization for Disclosure

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

Section 3 - Principal Representative

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

Section 4 - Representative's Information

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





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

Page 2 of 6

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

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

Section 6 - Claim Type

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

Section 7 - Fee Arrangement

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

Section 8 - Signatures

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

Privacy Act Statement - Collection and Use of Personal Information

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

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

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

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

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

Paperwork Reduction Act Statement

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

References

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





Options 🗸

Claimant's Social Security Number		Appointed Representative's Rep ID					
111-22-3333	123456789A						
Claimant's Appoir	ntment of a R	epresentati	ve				
Section 1 -	Claimant's Inforr	nation					
First Name	Initial La	st Name					
Test	CI	aimant					
Mailing Address Test Address			(A)				
City	State	ZIP/Postal Code	Country - if outside the U.S				
Test City	Maryland	12345					
Phone Number	Alternate Ph	L one Number (Option	onal)				
111-222-3333	11122233	33					
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Number Holder's Inf	ormation (Comple	te when applicable)					
my claim is based on another person's work or earnings (e.g., spouse or parent	j. Triis person's inic	imation is different from mine				
	e.g., spouse or paren	j. Tilis person's illic	imation is different from mine				
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Options 🗸

Claimant's Social Security Number		Appointed Representative's Rep ID					
111-22-3333	1234567	123456789A					
Section 4 - I	Representative's Inf	ormation					
Representatives who are eligible and seek direct paym for more information about registration visit us on-line at TTY 1-800-325-0778), or visit your local Social Securi	t www.socialsecurity.gov/						
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Mailing Address Fake Address							
City Fake City	State Maryland	ZIP/Postal Code 12345	Country - if outside the U.S				
Phone Number	Alternate Pho	ne Number (Optio	nal)				
111-222-3333	1112223333						
Section 5 - Represer	ntative's Status, Aff	liations, and Co	ertifications				
Representative's Status Part A - Type of Represer	ntative (Representative	s have a duty to ke	ep their information curren				
I am an attorney (SSA law states that an attorney is court of a State, Territory, District, or island posses Federal court of the United States.)	•						
I am a non-attorney eligible for direct payment (SS payment. Refer to our website at www.ssa.gov/rep		ttorneys meet certa	in criteria to qualify for direct				
☐ I am a non-attorney not eligible for direct payment.							
☐ I work for a non-profit organization (e.g. a law clinic	c or state legal aid)						
Representativ	e's Status Part B - Disq	ualification					
am now or have previously been disbarred or suspen ☑ Yes ☐ No	ded from a court or bar to	o which I was previo	ously admitted to practice law				
am now or have previously been disqualified from par ☑ Yes No	rticipating in or appearing	before a Federal p	rogram or agency.				











Options >

Form \$\$A-1696-APP (02-2021) UF

Claimant's Social Security Number

Appointed Representative's Rep ID

111-22-3333

123456789A

Section 5 - Continued

Affiliation Information

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

EIN 123456789

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

Test Organization

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

Test Address

City State ZIP/Postal Code
Test City Maryland 12345

Country - if outside the U.S.

Representative's Certifications

I accept this appointment and certify the following:

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

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

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

I CERTIFY TO ALL OF THE ABOVE



(Representative's Initials)

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,		Claimant's Social Security Number		Appointed Representative's Rep ID		
	111-2	22-3333		123456789A		
	Section 6 - Claim Type					
Title	II (RS	he individual named in Section 4 to act as my represe DI), Title XVI (SSI), Title XVIII (Medicare Coverage), ar specifically for the issues identified below: (<u>Select YES</u>	nd Tit			
Yes	No					
	V	Claim/Appeal for Title II Disability Benefits				
	\checkmark	Claim/Appeal for Title XVI Disability Benefits				
	\checkmark	Concurrent Title II and Title XVI Disability Benefits				
	V	Claim/Appeal for Retirement Benefits				
	V	Claim/Appeal for Title XVIII (Medicare), VIII (Speci	al Ve	eteran's Benefits)		
1		Continuing Disability Review (CDR)				
V		Post-Entitlement Issue (a new issue you raise after el	igibili	ty for other benefits)		
	Ot	her Information				
	(E.g	, benefit amount, month of entitlement, representative	e pa	yee, suspension, termination, overpayment)		
		Section 7 - Fo	ee A	rrangement		
Chec	ck one	e box below:				
	_					

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

■ I will request a fee but not direct payment. Select this box if you are not eligible for direct payment from the past-due

Representative's Signature
Test Rep
Test Rep (Mar 8, 2021 08:25 EST)
Claimant's Signature
Click here to sign

Mar 3, 2021

Mar 3, 2021

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

6 16

X

I waive the right to a fee.

Type Signature

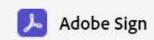


Test Claimant

Clear



Apply



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Appointment of Representative

Required fields completed

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10		Claimant's Social Security Number	Appointed Representative's Rep ID	
	111-2	22-3333	123456789A	
		Section 6	- Claim Type	
itle	II (RS		ntative in connection with my claim(s) or asserted right(s) under nd Title VIII (SVB) of the Social Security Act, as presently for all that apply)	
Yes	No			
	V	Claim/Appeal for Title II Disability Benefits		
	V	Claim/Appeal for Title XVI Disability Benefits		
	☐ Concurrent Title II and Title XVI Disability Benefits			
	☐ ☑ Claim/Appeal for Retirement Benefits			
	☐ Claim/Appeal for Title XVIII (Medicare), VIII (Special Veteran's Benefits)			
☑ Continuing Disability Review (CDR)				
1		Post-Entitlement Issue (a new issue you raise after el	igibility for other benefits)	
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		Section 7 - Fe	ee Arrangement	
Chec	rk one	e box below:		
_] I wi		lect this box if you are eligible for direct payment and want us to fee we may authorize. (We must authorize the fee.)	
	ber	BEP 열심지 하나를 다른 하다면 하는 것이 되었습니다. BEP 이 전에 되었다면 되어 있다면 하는 것이 되었습니다. 그렇게 되었습니다. 그런 그런 그렇게 되었습니다. BEP 함께 100명 전에 다른 기계를 하는 것이다. 100명 전에 다른 기계를 하는 것이다. 100명 전에 다른 기계를 하는 것이다.	box if you are not eligible for direct payment from the past-due collect any fee we may authorize on your own. (We must	
	box	x if you certify that an entity, or a Federal, state, count	ny auxiliary beneficiaries or any other individual. Select this y, or city government agency will pay the fee and any expenses her individuals must not be liable for the fee, directly or indirectly, authorize the fee if all regulatory conditions apply.)	
	lw	aive the right to a fee.		
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V		Section 8	- Signatures	
Rep		Section 8 ntative's Signature	- Signatures Date	
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✓ You're all set

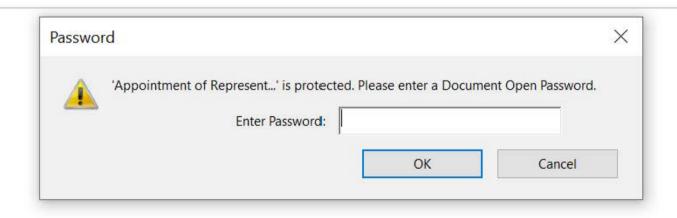
You finished signing "Appointment of Representative".

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



You finished signing "Appointment of Representative".

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





Social Security Administration <adobesign@adobesign.com>

[EXTERNAL] Appointment of Representative has been Signed

- Claimant's & Representative's
- cc Email Addresses

Retention Policy Delete_7_Year_Default (7 years)

Fri 1/29/2021 1:50 PM

Expires 1/28/2028

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





Open agreement

The agreement is complete.

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

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

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

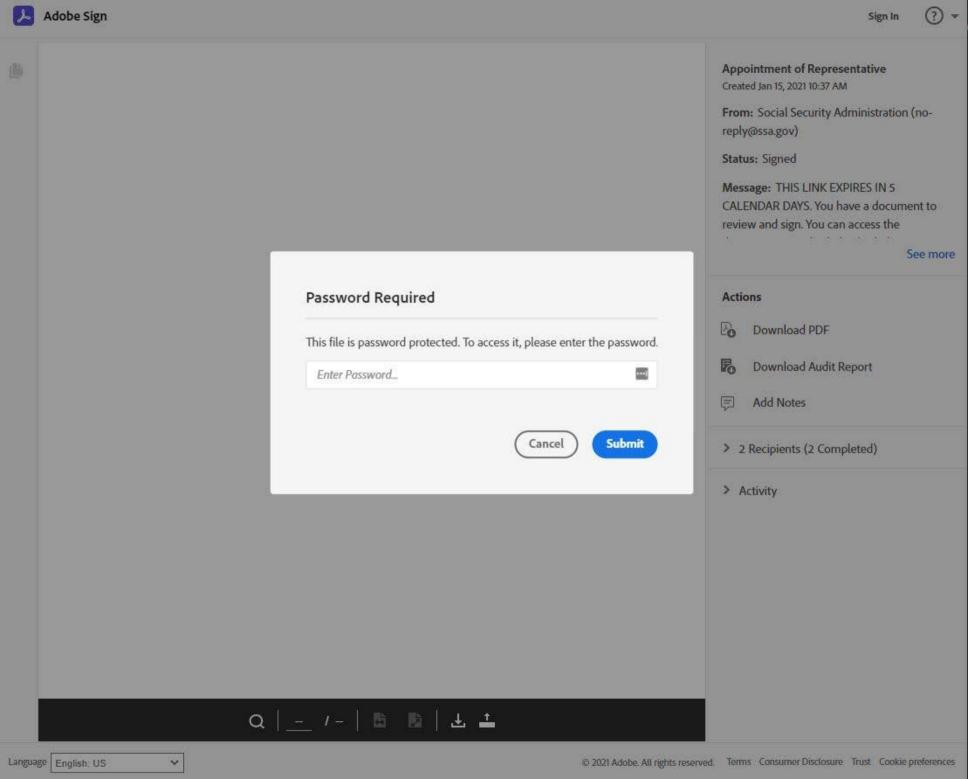
The agreement is fully executed. The Social Security Administration has control over the retention period for this agreement which determines the amount of time it will be available for download from Adobe Sign. Adobe recommends that you save a local copy of this fully-executed agreement for your records.



Need your own documents signed? Adobe Sign can help save you time. Learn more.

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

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Page 1 of 6 OMB No. 0960-0527

Instructions for Completing Form SSA-1696

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

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

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

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

General Information About This Form

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

Appointing a Representative

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

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

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

Section 2 - Authorization for Disclosure

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

Section 3 - Principal Representative

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

Section 4 - Representative's Information

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

Appointment of Representative Created Mar 03, 2021 8:02 AM

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

Status: Signed

Message: THIS LINK EXPIRES IN 5 CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, the representative has set an open assessed for this document If you are not

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Page 2 of 6

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

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

Section 6 - Claim Type

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

Section 7 - Fee Arrangement

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

Section 8 - Signatures

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

Privacy Act Statement - Collection and Use of Personal Information

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

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

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

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

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

Paperwork Reduction Act Statement

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

References

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

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Form SSA-1696-APP (02-2021) UF Page 3 of 6 OMB No. 0960-0527 Discontinue Prior Editions Social Security Administration Claimant's Social Security Number Appointed Representative's Rep ID 123456789A 111-22-3333

S	ection 1 - Claimant's In	formation		
First Name	Initial	Last Name		
Test		Claimant		
Mailing Address Test Address				
City	State		Country - if outside the U.S.	
Test City	Maryland	12345		
Phone Number	Alternate	Alternate Phone Number (Optional)		
111-222-3333	111222	2223333		
Number H	older's Information (Cor	nnlete when annlicable)		
My claim is based on another person's work	older's Information (Cor	3000-00-00 D N W	18 50 Arestor C.C.14 50	
My claim is based on another person's work of Number Holder's Social Security Number 999887777	or earnings (e.g., spouse or pa	erent). This person's info	BY SEARCH COME W	
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My claim is based on another person's work of Number Holder's Social Security Number 999887777 First Name Test By selecting this box, I, the claimant lister information in relation to my pending claim (e.g., clerks, assistants), partners, or parepresentative's partners, associates, deauthenticated.)	Initial ection 2 - Disclosure (Comparison of the contraction of the contraction of the contractual arrangement of the contra	Last Name Person aimant Only) are appears in Section 8 esignated associates whenents for or with my respect to provide in the prepared to pre	, authorize SSA to release to perform administrative duties epresentative. (The appointed information in order to be	

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Form SSA-1696-APP (02-2021) UF			Page 4 of 6	
Claimant's Social Security Number		Appointed Representative's Rep ID		
111-22-3333	1234	123456789A		
Section 4 -	Representative's	Information		
Representatives who are eligible and seek direct pay For more information about registration visit us on-line (TTY 1-800-325-0778), or visit your local Social Secu	at www.socialsecurity.c			
First Name Test	Initial	Initial Last Name Rep		
Mailing Address Fake Address				
City Fake City	State Maryland		Country - if outside the U.S.	
Phone Number	Alternate I	Alternate Phone Number (Optional)		
111-222-3333	1112223		ewition#	
Section 5 - Represe	entative's Status, A	Affiliations, and Co	ertifications	
Representative's Status Part A - Type of Representative	entative (Representat	ives have a duty to ke	ep their information current	
✓ I am an attorney (SSA law states that an attorney court of a State, Territory, District, or island posse Federal court of the United States.)	나는 아들은 살이 되는 일반에 가는 이렇게 되었다면 하는 사람이 되는 그들은 이렇게 하는데 하나 되었다.	하다 하면 있는 것이 어른 얼마를 하면 하면 하는 것은 사람이 아니는 것이 없는데 하는데 그렇다.	[20] PAN (10) (10) [20] [20] [20] [20] [20] [20] [20] [20]	
I am a non-attorney eligible for direct payment (Sepayment, Refer to our website at www.ssa.gov/re			in criteria to qualify for direct	
☐ I am a non-attorney not eligible for direct paymen	ıt.			
☐ I work for a non-profit organization (e.g. a law clir	nic or state legal aid)			
Representati	ive's Status Part B - D	isqualification		
am now or have previously been disbarred or susper ✓ Yes □ No	ended from a court or b	ar to which I was previo	ously admitted to practice law.	

Appointment of Representative Created Mar 03, 2021 8:02 AM

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

Status: Signed

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Form SSA-1696-APP (02-2021) UF Page 5 of 6 Claimant's Social Security Number Appointed Representative's Rep ID 111-22-3333 123456789A

Section 5 - Continued

Affiliation Information

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

EIN 123456789

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

Test Organization

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

Test Address

State ZIP/Postal Code City **Test City** Maryland 12345

Country - if outside the U.S.

Representative's Certifications

I accept this appointment and certify the following:

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

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

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

I CERTIFY TO ALL OF THE ABOVE



(Representative's Initials)

Appointment of Representative

Created Mar 03, 2021 8:02 AM

From: Social Security Administration (no-

reply@ssa.gov)

Status: Signed

Message: THIS LINK EXPIRES IN 5 CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, the representative has set an open assessed fauthic dammant If was are not

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		Claimant's Social Security Number	Appointed Representative's Rep ID		
111-22-3333		2-3333	123456789A		
		Section 6	- Claim Type		
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Yes	No				
	\checkmark	Claim/Appeal for Title II Disability Benefits			
	abla	Claim/Appeal for Title XVI Disability Benefits			
	V	Concurrent Title II and Title XVI Disability Benefits			
	V	Claim/Appeal for Retirement Benefits			
	V	Claim/Appeal for Title XVIII (Medicare), VIII (Speci	ial Veteran's Benefits)		
\checkmark		Continuing Disability Review (CDR)			
V		Post-Entitlement Issue (a new issue you raise after e	ligibility for other benefits)		
	Ot	ner Information			
	(E.g	., benefit amount, month of entitlement, representative	ve payee, suspension, termination, overpayment)		
		Section 7 - F	ee Arrangement		
her	k one	box below:			
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Appointment of Representative Created Mar 03, 2021 8:02 AM

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

Status: Signed

Message: THIS LINK EXPIRES IN 5 CALENDAR DAYS. You have a document to review and sign. You can access the document using the link above. For additional security, the representative has set an open accounted for this dominant If you are not

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Actions

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> 2 Recipients (2 Completed)

> Activity



Fri 1/29/2021 1:40 PM

Social Security Administration <adobesign@adobesign.com>

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

To Representative or Claimant's Email Address

Retention Policy Delete_7_Year_Default (7 years)

Expires 1/28/2028

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





Please sign Appointment of Representative

Click here to review and sign **Appointment of Representative**.

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

Social Security Administration has requested that this reminder be sent. This reminder will be re-sent every day until completed. Click here if you wish to stop receiving reminders about this agreement.

This document is available for signing until February 2, 2021 and will expire thereafter.

Appointment of Representative

Final Audit Report 2021-01-15

Created: 2021-01-15

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

Status: Signed

Transaction ID: CBJCHBCAABAADhN7-_aghfqptX6t1G0BaJEZSFDgF6DH

"Appointment of Representative" History

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Agreement completed.

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