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TO:

OFFICE OF MANAGEMENT AND BUDGET (OMB)
ATTN: DESK OFFICER FOR SSA

AND SOCIAL SECURITY ADMINISTRATION (SSA), OLEA
ATTN: REPORTS CLEARANCE DIRECTOR

FROM: Valarie K. Gerlach
Gerlach & Gerlach
Attorneys and Counselors at Law
814 Seventh Street
Portsmouth OH 45662-4128

DATE: 12-18-17

TIME: _____

NUMBER OF PAGES (including cover sheet):

2

REGARDING: Comments re: proposed new standardized
fee ~~agreement~~ agreement, form SSA-1693, "Fee
Agreement for Representation Before the Social Security
~~Administration~~ Administration"

See page 2 of 3 on form at near bottom
Note the word SIGNATURES is misspelled:
It reads CLAIMANT AND REPRESENTATIVE'S SIGNATURES
and A & N need to be reversed - probably a typo

See attached

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E-mail: lawyergg@zoomnet.net

Claimant's SSN

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Appointed Representative's Rep ID

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Form SSA-1693 (XX-XXXX)

Page 2 of 3

STANDARD FEE AGREEMENT

If SSA favorably decides my claim(s) and the decision results in past-due (retroactive) benefits, I agree to pay my representative(s) a fee that does not exceed the lesser of 25 percent of my past-due benefits or the maximum dollar amount allowed under the Social Security Act Section 206(a)(2), or such higher amount set by the Commissioner of Social Security based on the date Social Security Administration (SSA) authorizes my representative's fee.

Choose One:

☐ I agree to pay the maximum fee as stated in the preceding paragraph. SSA will determine the amount.

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

Read and acknowledge the following:

☐ I understand that I have the right to protest the fee authorized under this fee agreement, if I do not believe it reflects the services my representative provided to me.

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

TWO-TIER AGREEMENT

☐ If SSA favorably decides my claim(s) above the _____ administrative level, this fee agreement is void and my representative(s) may seek a higher fee by filing a fee petition.

ESCROW/TRUST ACCOUNTS OR THIRD-PARTY PAYMENTS

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

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

CLAIMANT AND REPRESENTATIVE'S SIGNATURES

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

Claimant's Signature

Date

Representative's Signature

Date

Should be
SIGNATURES