

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
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Claimant's Social Security Number

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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

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First Name	Initial	Last Name
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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
Meryl	A	Spat

Registered Representative Rep ID

8	F	Y	S	C	M	6	L	V	P
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Claimant's Social Security Number

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Representative's Rep ID

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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:

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)

(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

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Representative's Rep ID

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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

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☐ 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)

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.

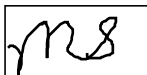
- ☐ **Assignment** - I, the representative whose name appears in Section 2 and whose signature appears in Section 8, request any fee authorized to me in this claim be directly paid to the entity identified above in Part B. I understand that the entity to which I assign direct payment of my fee must be 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



(Representative's Initials)

Claimant's Social Security Number

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Representative's Rep ID

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Section 6 - Fee Arrangement (Representative Only)

Check one box below. If the representative is eligible for direct payment and this section is left unchecked, we will assume the representative will seek direct payment of a fee, until we receive a written waiver.

- ☒ **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										
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Section 8 - Signatures

Both you and your representative must sign this form if you are appointing a new representative. If you or your representative are submitting this form to update information relating to your existing appointment of this representative:

- You must sign this form if you are updating the information in Section 3.
- Your representative must sign this form if updating the information in Section 5.
- Both you and your representative must sign this form if updating the information in Sections 4, 6, or 7.

Representative's Signature	Date
Claimant's Signature	Date