**COMPLETING THIS FORM TO APPOINT A REPRESENTATIVE**

## Choosing to be Represented

You can choose to have a representative help you when you do business with Social Security. We will work with your representative, just as we would with you. It is important that you select a qualified person because, once appointed, your representative may act for you in most Social Security matters. We give more information, and examples of what a representative may do, in the section titled “Information for Claimants.”

# Privacy Act Statement

**Collection and Use of Personal Information**

Sections 206(a) and 1631(d) of the Social Security Act, as amended, authorize us to collect this information. We will use the information you provide on this form to verify your appointment of an individual as your representative and his or her acceptance of the appointment.

Furnishing us this information is voluntary. However, if you want to use this form to appoint someone to act on your behalf in matters before the Social Security Administration (SSA), then you and that individual must complete the appropriate sections of this form.

We rarely use the information you supply for any purpose other than to verify your appointment of an individual as your representative and his or her acceptance of the appointment. However, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records

(e.g., to the Government Accountability Office and Department of Veterans Affairs); and,

1. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity and improvement of our programs (eg., to the Bureau of the Census and to private entities under contract with us).

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notice entitled, Appointed Representative File, 60-0325. Additional information about this and other system of records notices and our programs are available from our Internet website at [www.socialsecurity.gov or](http://www.socialsecurity.govor/) at your local Social Security office. We may share the information you provide to other health agencies through computer matching programs.

Matching programs compare our records with records kept by other Federal, State, or local government agencies. We use the information from these programs to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

## How to Complete this Form

Please print or type your answers on this form. At the top of the form, provide your full name and your Social Security number. If your claim is based on another person's work and earnings, also provide the “wage earner's” name and Social Security number. If you appoint more than one individual as your representative, you may want to complete a form for each of them.

**Part I Claimant's Appointment of Representative** Give the name and address of the individual(s) you are appointing. You may appoint an attorney or any other

qualified individual to represent you. You also may appoint more than one individual, but please refer to the “Information for Claimants” section “What your Representative(s) May Charge” for more information about payment of fees. You can appoint one or more individuals in a firm, corporation, or other organization as your representative(s), but you may not appoint a law firm, legal aid group, corporation or organization itself.

Check the block(s) showing the program(s) under which you have a claim. You may check more than one block. Check:

* Title II (RSDI), if your claim concerns retirement, survivors, or disability insurance benefits.
* Title XVI (SSI), if your claim concerns Supplemental Security Income.
* Title XVIII (Medicare Coverage), if your claim concerns

entitlement to Medicare or enrollment in the Supplementary Medical Insurance (SMI) plan.

* Title VIII (SVB), if your claim concerns entitlement to

Special Veterans Benefits.

When you give your permission your representative may designate an associate (e.g. a clerk), or other party or entity (e.g. a copying service) to receive information from your claim file on your representative's behalf for the duration of your claim. If you want to give your representative permission to do that, check the block to authorize this release.

If you will have more than one representative, check the appropriate block and give the name of the individual you want to be your principal representative. SSA will make contacts with, and send notices or requests for development to, only the principal representative. The principal representative will provide copies of notices or requests to other co-representatives.

You must sign and date the form. Print or type your address, area code and telephone number.

If you are appointing a representative to replace a representative that you discharged or who withdrew his or her representation, you must notify us in writing that the prior appointment has ended.

Form **SSA-1696-U4** (07-2014) ef (07-2014)

Use Prior Editions Until Exhausted

## Part II Representative's Acceptance of Appointment

Each individual you appoint in Part I should also complete Part II. If the individual is not an attorney, he or she must give his or her name, state that he or she accepts the appointment, and sign the form.

## Part III Fee Arrangement

To help in processing benefits and fee payments timely you and your representative should complete this section. Your representative should check a box, sign and date the form. Your representative may choose to receive payment, waive direct payment, or waive payment of the fee altogether. If you and your representative change your arrangement before we decide your claim, you can provide a new or amended form so that we can update our records. If you appoint a second representative or co- counsel who also will not charge a fee, he or she should also complete this part or provide a new form, or if not using the form, give us a separate, written waiver statement. If your representative is not eligible for direct payment, or is an attorney or an eligible non-attorney who waives direct payment, you will be responsible for paying any fee we authorize.

Under certain circumstances, we do not have to authorize the fee. These circumstances include where a Court has awarded a fee based on your representative's actions as a legal guardian or court-appointed representative, or where a business (such as an insurance company), other organization or government agency will pay your representative's fee and you and your beneficiaries have no liability to pay any fees or expenses.

**Paperwork Reduction Act Statement** - This information collection meets the 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 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The**

## office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). *You*

*may send comments on our time estimate above 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; and 42 U.S. C. §§ 406 (a), 1320a-6, and 1383(d)(2)

• 20 CFR §§ 404.1700 et. seq., 408.1101, and

416.1500 et. seq.

* Social Security Rulings 83-27 and 82-39

• 26 U.S.C. §§ 6041 and 6045(f)

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