Claimant's Social Security Number

			-		-				

Appointed Representative's Rep ID

Q	6	B	K	6	3	N	R	H	5

Claimant's Appointment of a Representative

Section 1 – Claimant's Information

Social Security Number

			-		-				

First Name	**Initial**	**Last Name**

Mailing Address

City	**State**	**ZIP/Postal Code**	**Country – if outside the U.S.**

Phone Number		**Alternate Phone Number (Optional)**	
Country/Area Code	Phone Number	Country/Area Code	Phone Number

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

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

Number Holder's Social Security Number

			-		-				

First Name	**Initial**	**Last Name**

Section 2 – Disclosure *(Claimant Only)*

☒ By selecting this box, I, the claimant listed in Section 1, whose signature appears in Section 8, authorize SSA to release information in relation to my pending claim(s) or asserted right(s) to designated associates who perform administrative duties (e.g., clerks, assistants), partners, or parties under contractual arrangements for or with my representative. (The appointed representative's partners, associates, delegates and designees must be prepared to provide information in order to be authenticated.)

Section 3 – Principal Representative *(Claimant only – Complete when applicable)*

I have appointed before, or appoint now, more than one representative. I ask SSA to make contacts or send notices to this individual. My principal representative is:

Name Mark A Aiello

Claimant's Social Security Number	Appointed Representative's Rep ID
	Q6BK63NRH5

Section 4 – Representative's Information *(Claimant and Representative)*

Representatives who are eligible and seek direct payment of their fee must register and receive a Rep ID before the appointment. For more information about registration visit us on-line at www.socialsecurity.gov/ar, contact us at 1-800-772-1213 (TTY 1-800-325-0778), or visit your local Social Security office.

Representative's Rep ID

Q6BK63NRH5

First Name	Initial	Last Name
Mark	A	Aiello

Mailing Address

3000 Town Center
Suite 1820

City	State	ZIP/Postal Code	Country – if outside the U.S.
Southfield	MI	48075	

Phone Number		Alternate Phone Number (Optional)	
248	281-4247		
Country/Area Code	Phone Number	Country/Area Code	Phone Number

Section 5 - Representative's Status, Affiliations, and Certifications *(Representative Only)*

Representative's Status Part A - Type of Representative (Representatives have a duty to keep their information current)

- ☒ I am an attorney (SSA regulation states that an attorney is someone 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 law requires that non-attorneys meet certain criteria to qualify for direct payment. Refer to our website at www.ssa.gov/representation for criteria)
- ☐ I am a non-attorney not eligible for direct payment.

Representative's Status Part B - Disqualification

I am now or have previously been disbarred or suspended from a court or bar to which I was previously admitted to practice law.
☐ Yes ☒ No

I am now or have previously been disqualified from participating in or appearing before a Federal program or agency.
☐ Yes ☒ No

Claimant's Social Security Number	Appointed Representative's Rep ID
	Q6BK63NRH5

Section 5 - Continued *(Representative Only)*

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 81-2725544

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)

The Weisberg Law Group, PLLC

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

City	State	ZIP/Postal Code	Country – if outside the U.S.

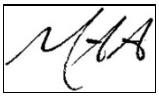
Representative's Certification

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)*

Claimant's Social Security Number	Appointed Representative's Rep ID
	Q6BK63NRH5

Section 6 - Claim Type *(Claimant or Representative)*

I appoint the individual named in Section 4 to act as my representative in connection with my claim(s) or asserted right(s) under Title 2 (RSDI), Title 16 (SSI), Title 18 (Medicare Coverage), and Title 8 (SVB) of the Social Security Act, as presently amended, specifically for the issues identified below: (Check all that apply)

- ☐ Claim/Appeal for Title 2 Disability Benefits
- ☐ Claim/Appeal for Title 16
- ☐ Concurrent Title 2 and Title 16
- ☐ Claim/Appeal for Retirement Benefits
- ☐ Claim/Appeal for Title 18 (Medicare), 8 (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, month of entitlement, representative payee, suspension, termination, overpayment)

Section 7 – Fee Agreement *(Representative Only)*

Check one box below:

- ☐ **I will request a fee and direct payment of this fee.** Select this box if you are eligible for direct payment and want us to withhold a portion of the past-due benefits to pay you 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 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 waive the right to a fee.**

Section 8 – Signatures *(Claimant and Representative)*

Representative's Signature	Date
Mk A. Aiello	6/5/2020
Claimant's Signature	Date