

NOTICE TO REPRESENTATIVE OF CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION

Date:

Claimant:

Wage Earner:

Social Security Number:

We have received written notice that the claimant has appointed you to act as the representative in connection with this claim(s) under the Social Security Act (the Act). We will, therefore, be dealing directly with you on matters pertaining to this claim(s).

Generally, to charge a fee for services, you must use one of two, mutually exclusive fee approval processes. You must file either a fee petition or a fee agreement with us. In either case, you cannot charge more than the fee amount we approve.

Fee Petition Process

You may ask for approval of a fee by giving us a fee petition when you have completed your services to the claimant. This written request must describe in detail the amount of time spent on each service provided and the amount of the fee you are requesting.

Fee Agreement Process

If you and the claimant have a written fee agreement that you have not already submitted, either of you must give it to us before we decide the claim(s). We will usually approve the agreement if you both sign it; the fee you agreed on is no more than 25 percent of past-due benefits, or \$6,000 (or a higher amount we set and announce in the Federal Register), whichever is less; we approve the claim(s); and the claim results in past-due benefits.

If you do not file a fee agreement, you may use Form SSA-1560-U4 (PETITION TO OBTAIN APPROVAL OF A FEE FOR REPRESENTING A CLAIMANT BEFORE THE SOCIAL SECURITY ADMINISTRATION) to petition for approval of the fee you wish to charge. File the SSA-1560-U4 when the proceedings are complete and your services have ended. If you are an attorney or a non-attorney whom SSA has found eligible to receive direct payment and you seek direct payment from the claimant's title II or title XVI past-due benefits, you must file the SSA-1560-U4, or a notice of intent to petition for a fee, within 60 days of the notice of the favorable determination. Further information and instructions for completion are given on the form itself.

After we approve a fee, you must look to the claimant for payment, except when you are an attorney or non-attorney who is eligible to receive direct payment and there are past-due benefits payable under title II or title XVI of the Act as a result of a favorable determination on the claim. In such cases, we will pay up to 25 percent of such past-due benefits directly to you toward payment of the approved fee and charge you the assessment required by sections 206(d) and 1631(d)(2)(c) of the Social Security Act. You cannot charge or collect this expense from the claimant.

If you wish to waive either a fee or direct payment of a fee and you have not already done so, you should sign and date the appropriate box below or send us a letter with an appropriate statement. Early filing of the waiver will enable us to prevent the automatic withholding of past-due benefits for possible direct payment.

☐ **WAIVER OF FEE** - I waive my right to charge and collect a fee under sections 206(a) and 1631(d)(2)(a) of the Social Security Act. I release my client (the claimant) from any obligation, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)

Date

☐ **WAIVER OF DIRECT PAYMENT BY ATTORNEY OR NON-ATTORNEY ELIGIBLE TO RECEIVE DIRECT PAYMENT** - I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or supplemental security income benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Representative)

Date