

Claimant's Social Security Number

			-			-						
--	--	--	---	--	--	---	--	--	--	--	--	--

Appointed Representative's Rep ID

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 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
- Concurrent Title II and Title XVI Disability 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, month of entitlement, representative payee, suspension, termination, overpayment)

Section 7 - Fee Arrangement *(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
Claimant's Signature	Date