

T & S Advocates

Disability Representatives

FEE AGREEMENT

I have read, understand, and signed the multi-page form SSA 1696-Appointment of Representative (effective 01/05), as well as the additional *Information to Claimants* page which explains: *What a Representative May Do, What Your Representative May Charge, and How Much You Pay.*

I agree that if the Social Security Administration (SSA) FAVORABLY decides (approves) my claim(s) (SSI/SSDI), I will pay T & S Advocates a fee equal to the lesser of 25% of all (SSI and SSDI, including my eligible family members) past-due benefits, or \$5300.00. If past-due benefits are not payable, I agree to allow T & S Advocates an opportunity to file a Fee Petition with the SSA for their time and services. I hereby authorize *direct fee payment* to T & S Advocates, should at anytime they meet the eligibility requirements established by the SSA for *direct fee payments*. In the absence of direct fee payment by the SSA, I will immediately and directly pay T & S Advocates as outlined above, and as approved by the SSA.

I agree if the SSA UNFAVORABLY decides (denies) my claim(s), or at any time upon request, I will immediately reimburse T & S Advocates of any out-of-pocket expenses. Such expenses include, but are not limited to: postage, medical records, travel (40.5 cents per mile), and so on.

I understand that the staff of T & S Advocates are not attorneys. They are unable to promise or guarantee, nor responsible, for any SSA actions, decisions, or failure to act. I understand that I must meet specific criteria to be considered eligible for and disabled by the SSA. I understand that it is possible that I might not meet the required criteria. I agree to forever hold my representative harmless if not found disabled by the SSA. T & S Advocates WILL NOT automatically appeal a denial decision on my behalf. I understand that a termination of representation does not dismiss my financial obligation as outlined in this agreement.

I understand that I will inform T & S Advocates of any change in address, telephone number, treating source, treatment of my physical and/or mental condition, or a return to ANY work within (3) business days. I will make myself available to, and assist T & S Advocates in the pursuit of my benefits. I understand and agree that I will not withhold information such as, but not limited to, past employment, income, etc.

I understand and agree that if contacted by letter, telephone, or any other means, about my claim(s) for benefits, I will notify and refer ALL inquiries directly and immediately to T & S Advocates.

I have read and understand this fee agreement. T & S Advocates and I have both received signed copies of this *Fee Agreement, SSA 1696- Appointment of Representative*, including the *Information to Claimants* page.

Printed Name, Signature and Date, Social Security Number

Complete mailing and home address, if different

Contact telephone number(s), Date of Birth

Name, relationship, address, and telephone of a third party contact

Representative/T & S Advocates Date

T & S Advocates
P. O. Box 784 Paris, Tennessee 38242
731-336-2686---- www.ssaadvocates.org

