



**SOCIAL SECURITY**  
Office of Disability Adjudication and Review

Dear Colleague:

On **(date)**, the **(name of RO/HO)** is inviting you to enroll for Appointed Representative Services (ARS). ARS enrollment allows secure, real time access to your clients' electronic disability folders online for cases pending at the hearing level. You will be able to view and download all documents and audio files contained in those folders. You will be able to upload documents directly into the folder.

Our staff will be available to provide in-person support for your enrollment. To participate, you must:

- 1) **Complete the enclosed SSA-1699 and fax it to 1-877-268-3827 within 10 days from the date of this invitation.**

***Please note:* You will NOT be able to enroll for this service if you have not completed and submitted this form in advance.**

- 2) **Meet us at:**

**PLACE:**

**DATE and TIME:**

- 3) **Bring the following with you for enrollment:**

- **This invitation,**
- **Your text-enabled cell phone, and**
- **A valid, government-issued, photo-ID that displays your name, date of birth, and an ID number. Examples of acceptable identification include a state driver's license or U.S. passport.**

**NOTE: If you do not have all three items, we will not be able to complete your enrollment.**

If you have any questions about enrolling for eFolder access, visit us at [www.ssa.gov/representation](http://www.ssa.gov/representation). If you have any questions about this enrollment event, please contact **(place the name and/or e-mail address of the contact)**.

Sincerely,

Hearing Office Director  
Office of Disability Adjudication Review

Enclosure - SSA-1699