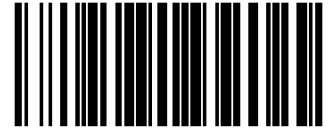




**Power of Attorney for Representing Employer  
under the Illinois Unemployment Insurance Act**



Fax: 217-557-1948      33 South State Street, Chicago IL 60603-2802

➤ UIAccount ID: \_\_\_\_\_

Employer: \_\_\_\_\_

Located at: \_\_\_\_\_  
Street Address, City, State, Zip Code      Telephone Number

E-mail Address: \_\_\_\_\_

- Third Party Agent's FEIN
- Service Bureau's SB ID

Hereby Authorizes: \_\_\_\_\_  
Service Bureau or Third Party Agent

Located at: \_\_\_\_\_  
Street Address, City, State, Zip Code      Telephone Number

E-mail Address: \_\_\_\_\_

to represent the Employer before the Director in any and all matters, to act in the Employer's stead with the same consequences as the Employer, and to receive any and all information requested by said Representative pertaining to the Employer's liability for the payment of contributions, interest and penalties under the Illinois Unemployment Insurance Act (except that I understand that notices pertaining to a Determination and Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence), until such time as the appointment is terminated. I understand that my Representative shall be provided information only to the extent that it is requested for one of the purposes set forth in Section 1900 of the Illinois Unemployment Insurance Act [820 ILCS 405/1900].

Name of Employer: \_\_\_\_\_

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# UNEMPLOYMENT INSURANCE SPECIAL MAILING FORM

Fax: 217-557-1948

33 SOUTH STATE STREET CHICAGO, IL 60603-2802

The purpose of this form is to notify the Department of a request to have correspondence sent to an address other than your business address or to terminate a preexisting address, except that notices pertaining to a Determination and Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence. **If the requested address being added is for a third party or service bureau, you must also complete the Power of Attorney (LE-10) form.**

**Employer Name**

**DBA Name**

**Illinois UI Account Number**

**Federal I.D. Number**

**Note:** Each form can be directed to only one address. Therefore, check only once for each form. If your request cannot be contained in its entirety on this form because of multiple addresses, please provide additional copies of the form:

- \_\_\_ BIS-32 (Notice to Chargeable Employer)
- \_\_\_ UI-3/40 (Contribution & Wage Report)
- \_\_\_ Ben-118/118R Benefit Charge Notice
- \_\_\_ UI-5A/UI5B (Rate Notice)
- \_\_\_ Benefit Appeal Notice
- \_\_\_ SI-5 (Notice of Benefit Earnings Audit)

\_\_\_\_\_  
C/O (Name of Representative or Service Bureau)

\_\_\_\_\_  
Street Address Unit or Suite

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Country Telephone Number

\_\_\_\_\_  
E-Mail Address

**Effective Date**

\_\_\_\_\_

**Termination Date**

\_\_\_\_\_

- \_\_\_ BIS-32 (Notice to Chargeable Employer)
- \_\_\_ UI-3/40 (Contribution & Wage Report)
- \_\_\_ Ben-118/118R Benefit Charge Notice
- \_\_\_ UI-5A/UI5B (Rate Notice)
- \_\_\_ Benefit Appeal Notice
- \_\_\_ SI-5 (Notice of Benefit Earnings Audit)

\_\_\_\_\_  
C/O (Name of Representative or Service Bureau)

\_\_\_\_\_  
Street Address Unit or Suite

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Country Telephone Number

\_\_\_\_\_  
E-Mail Address

**Effective Date**

**Termination Date**

Signed by

Date

Title

Telephone Number