

**ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**  
**Division of Employment and Training Services – Unemployment Insurance (UI) Tax**  
**P.O. Box 115509, Juneau, AK 99811-5509**  
**(888) 448-3527 or (907) 465-2757, Alaska Relay: (800) 770-8973,**  
**Fax: (907) 465-2374 or Email: [esd.tax@alaska.gov](mailto:esd.tax@alaska.gov)**

**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_ UI account no. \_\_\_\_\_  
(business name)

Federal ID no. \_\_\_\_\_ does hereby constitute and appoint  
 \_\_\_\_\_  
CompuPay, Inc. dba BenefitMall/Attn: Sue Larocca  
 \_\_\_\_\_  
(designated authority)  
 3450 Lakeside Drive, Suite 400  
 \_\_\_\_\_  
(designated authority mailing address)  
 Miramar Florida 33027  
City State Zip code  
 (954) 874-4800 (954) 874-0582  
Phone Fax

its true and lawful attorney in fact with full power and authority to represent said company before the Alaska Department of Labor and Workforce Development, Division of Employment and Training Services effective immediately and until this authority has been revoked in writing in connection with any and all Unemployment Insurance matters as indicated below. For areas you would like this Power of Attorney to apply, check either "New" or "Add." "New" will supersede previous Powers of Attorney for lines checked. "Add" does not supersede previous Powers of Attorney for lines checked.

**New Add**

- 1. Filing of completed forms, including claims for refund or adjustment of account, liability or status determinations and wage record reports
- 2. Receipt of Tax Rate Notices (TR02)
- 3. Payment of contributions and any penalties and interest assessed on the account
- 4. Discuss matters affecting the experience record and contribution rate of the employer account
- 5. Discuss all matters affecting any adjustments to the employer's account
- 6. Enroll in the State Information Data Exchange System (SIDES) for electronic:  
 **Notification of Separation information**       **Wage Earnings Audits**  
 Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_
- 7. All matters and forms affecting UI benefits, job separation information, hearing notices and decisions
- 8. Allow discussion of rates and designated authority (above) supplemental reports/payments.

IN WITNESS WHEREOF, the said \_\_\_\_\_  
(owner, officer or member)

has caused this instrument to be duly attested by the signature of its duly qualified officer this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By (employer signature):	Printed name	Title and company:
--------------------------	--------------	--------------------

STATE: \_\_\_\_\_ COUNTY OF \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_

Then, personally appeared the above named \_\_\_\_\_ whose title is \_\_\_\_\_ and acknowledged the foregoing instrument to be his/her free act and deed in his/her said capacity.

Notary public	Type or print name	My commission expires
---------------	--------------------	-----------------------