## **POWER OF ATTORNEY**

THAT:		
Employer Name		
Account # FEIN #	a corporation, sole proprietorship, partnersh	nip, LLC, LLP, trust
	(circle one)	
with address:		
	upay Inc dba Benefitmall / Attn: Sue Larocca	at
3450 Lakeside Drive, Suite 400, N	firamar, FL 33027 d authority to represent the said business entity before the:	
it's true and lawful attorney in fact with full power an	adultionly to represent the said business entity before the.	
Delaware	Division of Unemployment Insurance	
until further notice in the following matters, to wit:  ☐ The presenting of completed forms, including and information relative hereto. ☐ The payment of contributions. ☐ The obtaining of such information as is pernored. ☐ All matters affecting merit rating.	g claims for refund or adjustment of account, employer's policies.	rotest of benefit claims,
<ul><li>☒ Participates in SIDES.</li></ul>		
Access to file reports electronically.		
☐ Change of the official mailing address to		
oxtimes The personal discussion of any or all of the f	oregoing with proper officials of:	
Dolowara	Division of Unampleyment Incurence	
Delaware	Division of Unemployment Insurance	
	EDES ALL PRIOR POWERS OF ATTORNEY. THIS POW Y AT ANY TIME BY WRITTEN NOTICE TO THE DIVISION	
AFFIDAVIT:		
1	lame of Authorized Citizen), being duly sworn depose and	I say that I hold the office
	, Employer Registration Number	•
	and am fully authorized on	
	to(Party Granted I	
true and lawful attorney in fact with power and author	rity to represent	(business entity)
before the <b>DELAWARE DIVISION OF UNEMPLOY</b>	MENT INSURANCE without first obtaining the direction and	d approval of the Board
of Directors of	_(business entity).	
	(Signature of Authorize	ad Officer)
	(Signature of Authorize	id Officer)
Sworn and subscribed before me this	day of, 20	
		otary Public
(NOTARY SEAL)	Notary Expiration	on:
•	· · · / — · · · · · · · ·	