STATE OF HAWAII

DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS UNEMPLOYMENT INSURANCE DIVISION

POWER OF ATTORNEY/AUTHORIZATION OF AGENT

NOTICE: This document is intended to provide limited authorization to facilitate the normal processing of employer payroll tax functions by a third-party service provider. The scope is confined to the payment and filing of State income tax or unemployment taxes, authorizations to receive rate or frequency information as well as resolution of any discrepancy in the employer account for such taxes.

		Employer Account Number Federal ID Number	
City, State, Zip Code		Phone Number	
DOES HEREBY APPOI	NT AS THE DULY AUTHORIZED AT	TORNEY-IN-FACT/AGENT:	
Nam <u>e</u>	CompuPay Inc., d	ba BenefitMall	
Address	3450 Lakeside Dr Ste 400	Phone Number	954-874-4800
City, State, Zin Code	Miramar, FL 33027		
Check All That Apply			
All Withholding	Tax 🖊 All Unemplo	yment Tax Effective Date: 2	20 Until Further Notice
PLEASE DIRECT ALL MAI	LINGS AND NOTICES TO THE EMPLO	YER.	
INFORMATION WHICH IS RELATING TO THE SUBJEONE ATTORNEY-IN-FACT IS RECEIVED BY THE AGE	VERIFIABLE WITH THE DIVISION'S RE ECT MATTER(S) CHECKED ABOVE, UN . IT SHALL REMAIN IN EFFECT UNTIL	TOR, PARTNER, OR CORPORATE OFFICER, A CORDS. IT SUPERSEDES AND REVOKES AN ILESS THE EMPLOYER NOTIFIES THE DIVISION WRITTEN NOTICE OF CANCELLATION OR A S Y LAPSE OF TIME. THE PRINCIPAL AGREES T	Y PRIOR AUTHORIZATION ON THAT THERE IS MORE THAN SUBSEQUENT AUTHORIZATION
PRINT PRINCIPAL'S	S NAME	PRINCIPAL'S SIGNATURE	
TITLE OF PRINCIPAL		DATE	