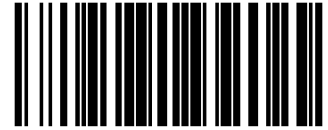




**Power of Attorney for Representing Employer
under the Illinois Unemployment Insurance Act**



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: _____

592022495

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

Hereby Authorizes: CompuPay Inc. dba BenefitMall
Service Bureau or Third Party Agent

Located at: 3450 LAKESIDE DR SUITE 400 Miramar, FL 33027 (954) 874-4800
Street Address, City, State, Zip Code Telephone Number

E-mail Address: dl-electronictaxfiling@benefitmall.com

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)

CompuPay Inc. dba BenefitMall
 C/O (Name of Representative or Service Bureau)
3450 LAKESIDE DR SUITE 400
 Street Address Unit or Suite
Miramar, FL 33027
 City, State, ZIP
 United States (954)874-4800
 Country Telephone Number
 dl-electronictaxfiling@benefitmall.com
 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 _____