

**NORTH CAROLINA DEPARTMENT OF COMMERCE
DIVISION OF EMPLOYMENT SECURITY
POST OFFICE BOX 26504
RALEIGH, NC 27611-6504**

**POWER OF ATTORNEY
AND
DECLARATION OF REPRESENTATIVE**

EMPLOYER NAME (Exactly as shown on Division of Employment Security records)

FEDERAL EMPLOYER IDENTIFICATION NUMBER

STATE UNEMPLOYMENT TAX ACCOUNT NUMBER

CompuPay, Inc. dba BenefitMall / Attn: Sue Larocca

REPRESENTATIVE NAME

The above representative is appointed to represent the above-referenced employer in all matters pertaining to contributions (tax) and benefits (claims). An agent appointed pursuant to this Power of Attorney and Declaration of Representative may:

1. Complete and submit documents for filing employers' tax and wage reports;
2. Complete and submit documents regarding an employer's tax rate, contributions, and direct reimbursements;
- ~~3. Respond to benefit claims documents, including responding to requests for information about a claimant's separation or status;~~
4. Engage in discussions with representatives of the Division of Employment Security regarding the actions listed above; or
- ~~5. Accept or receive correspondence sent by DES regarding claims for benefits or an employer's contributions.~~
6. The undersigned employer acknowledges that the agent appointed pursuant to this Power of Attorney and Declaration of Representative is not authorized to represent the employer in hearings or to enter appeals except as authorized by N.C. Gen. Stat. § 96-17(b), and 04 N.C. Admin. Code 24A .0109 and 04 N.C. Admin. Code 24A .0110.
7. The undersigned employer further acknowledges that its mailing address for tax matters will remain unchanged, unless the employer submits a change of address in accordance with 04 N.C. Admin. Code 24A .0102.

() Link this employer to Claims Remitter No. _____.

() Add the representative's address as a special claims address to this employer.

Representative Name

Address

City, State, Zip

This Power of Attorney and Declaration of Representative shall become effective on the _____ day of _____, _____, and shall remain in effect until revoked by the employer, the representative, or the Division of Employment Security.

(SEAL)

AUTHORIZING SIGNATURE
(must be the proprietor, a general partner or duly elected corporate officer)

TITLE

TYPED OR PRINTED NAME

SUBSCRIBED AND SWORN to before me on this ____ day of _____, _____.

NOTARY PUBLIC

(Notary Seal)

My Commission expires _____, _____.

CompuPay, Inc. dba BenefitMall
REPRESENTATIVE NAME

Sue Larocca
TYPED OR PRINTED NAME

VP of Payroll and Tax Operations
TITLE