



WRITTEN AUTHORIZATION

Please read the instructions following this form before completing. By completing this form, you are authorizing the South Carolina Department of Employment and Workforce (DEW) to disclose/discuss Unemployment Insurance (UI) related matters to your chosen agent. This form is only to be used to designate an agent. If you are attempting to add or remove authorized contact persons, **do not complete this form.** Please refer to the attached instructions for more information.

PART 1: EMPLOYER INFORMATION			
Name and Address: (if individual)	If a business entity, enter DBA, trade or assumed name:		
	FEIN:	DEW Account #:	
	Telephone Number (required):	Extension:	Fax Number:
Email Address:			

PART 2: AGENT INFORMATION AND AUTHORIZATION DATES			
Your authorized agent may be an organization, firm, or individual. If your agent is not an individual, designate a contact person. Please ensure that you submit a separate form for each agent. <i>(NOTE: Only one agent can occupy each role during any given time period.)</i>			
Agent Name and Address Compupay, Inc., dba BenefitMall 3450 Lakeside Drive Suite 400 Miramar, Florida 33027	Contact Name (if applicable): Sue Larocca		
	Agent FEIN (if any): 59-2022495	SUITS Agent Account #: SC0B7Y	
	Telephone Number (required): 954-874-4800	Extension:	Fax Number: 954-874-0582
Email Address: dl-electronictaxfiling@benefitmall.com			
Beginning Effective Date (required)*:			Ending Effective Date – (Optional)**: Until Further Notice

PART 3: TYPE OF AUTHORIZATION									
<input type="checkbox"/> GENERAL AUTHORIZATION Authorizes my agent to: (1) submit wage reports, (2) submit payments and enter into payment agreements, (3) perform account maintenance updates, (4) submit and receive information related to UI benefits. This authorization applies to all tax and benefit related matters.									
<input checked="" type="checkbox"/> LIMITED AUTHORIZATION Select the type of authorization by checking the appropriate boxes to the right of each item listed below. You may check up to 3 boxes. If 4 boxes apply, please complete the 'General Authorization' above.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1. Wage Submission (Original and Amended)</td> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">2. Payment Submission and Payment Agreements.....</td> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">3. Account Maintenance Updates</td> <td style="text-align: center; padding: 2px;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="padding: 2px;">4. Benefits (UI Benefit related matters).....</td> <td style="text-align: center; padding: 2px;"><input type="checkbox"/></td> </tr> </table>	1. Wage Submission (Original and Amended)	<input checked="" type="checkbox"/>	2. Payment Submission and Payment Agreements.....	<input checked="" type="checkbox"/>	3. Account Maintenance Updates	<input checked="" type="checkbox"/>	4. Benefits (UI Benefit related matters).....	<input type="checkbox"/>
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IMPORTANT: Completing this form will not change an employer's address of record. Address changes must be made through SUITS.

PART 4: AUTHORIZATION AND RELEASE FOR DISCLOSURE OF UI TAX AND/OR UI BENEFIT INFORMATION/RECORDS	
<p>I understand that any information or records obtained by DEW in the administration of the Unemployment Insurance program is pursuant to S.C. Code Ann. § 41-29-160 and 20 CFR Part 603, and may only be released for the purpose specified in this Written Authorization in accordance with state and federal law. By signing this Written Authorization, I am authorizing DEW to release the information specified to the authorized agent. I understand state government files will be accessed to obtain the information disclosed to the authorized agent. <u>I further understand that I am authorizing the appointed agent to act on behalf of the business to the fullest extent to which I could act if I were personally present in connection with the transactions authorized in Part 3 of this Written Authorization. I further declare the information submitted has been examined by me and I specifically authorize agent(s) to transact the above specified UI business with DEW.</u></p>	
Name (<i>Print</i>) _____	Title _____
Signature _____	Date _____ Phone No. _____
<p>In order for this application to be processed, the signatory must be on file with DEW as a business owner, officer, partner or agent duly authorized to act on behalf of this employer.</p>	

* If you are authorizing agent to submit wage reports, please note that DEW will make the effective date of that authorization retroactive to the beginning of the quarter in which the date you provide falls.
 ** If no "Ending Effective Date" is provided, the above-named agent will be authorized to represent you until you notify ETS in writing that you wish to change your agent.

Instructions for Written Authorization Form (Form UCE-1010)

Complete and file a *Written Authorization* (Form UCE-1010) if you wish to appoint or replace an individual, firm or organization as your agent in unemployment insurance (UI) tax matters before the South Carolina Department of Employment and Workforce (DEW). If you are the employer, this form is **not** to be used to add or remove an individual contact person or additional user to your Self-Service Portal in [SUITS](#). This form is **only** to designate your agent who will have access to designated account information through that agent's Self-Service Portal in SUITS.

Unless otherwise specified, this Written Authorization replaces any previous applicable Written Authorization forms on file with DEW. **Without a completed form, DEW is prohibited from discussing or releasing your confidential employer information to an agent. You must submit a separate Written Authorization Form for each agent.** *Please note that only one agent can occupy a specified roll at any one time*

Part 1: Employer Information

If you are an individual, enter the name and address: if a business entity, enter DBA, trade or assumed name., UI account number, federal employer identification number (FEIN), telephone number, fax number, and email address. If you do not have a UI account number, please complete and submit [Form UCE-151, Employer Status Report](#) or register on line through [SUITS](#) at uitax.dew.sc.gov.

Part 2: Agent Information

Enter the agent name and address, contact name (if applicable), e-mail address, telephone number (required), extension, fax number, Agent FEIN (if any, SUITS Agent Account #, beginning effective date, and ending effective date (if applicable).

Part 3: Type of Authorization

Check the box(es) indicating the information you wish to authorize your agent to receive. If your agent will have full authority to act on your business's behalf with regard to UI tax matters, check only the first box in this section. If you wish to specify limited authority, please check one or more (up to 3) of the limited authorization boxes as they apply. **PLEASE NOTE:** Unless otherwise specified, this written authorization replaces any previous written authorization on file with DEW. Furthermore, **only one agent** can occupy a specified roll at any one time. If you specify a change, all roles that are checked will be handled by the agent designated on this form as of the effective date indicated. Any roles that are left unchecked will remain accessible only by the employer and/or the current designated agent on file.

Remove Current Agent

If you wish to remove your current agent on file but do not wish to assign a new agent, you must log in to your Employer Self-Service Portal through [SUITS](#).

Part 4: Certification and Signature

In order for this application to be processed, the signatory must be on file with DEW as a business owner, officer, partner or agent duly authorized to act on behalf of this employer and.

Submit this Form:

Online: The most efficient way to submit this form is through SUITS, the Department's new online system designed to streamline business processing. To submit this form using [SUITS](#), go to uitax.dew.sc.gov.

- **Employer Portal:** Select the "Agent Assignment" icon under the Account Maintenance screen.
- **Agent Portal:** Select the "Maintain POA" icon under the Account Maintenance screen.

Mail: SCDEW
Document Control Unit
PO Box 995
Columbia, SC 29202

Questions.

Questions regarding this correspondence should be directed to DEW's Employer Tax Services using your Self-Service portal in [SUITS](#), DEW's online UI tax system at uitax.dew.sc.gov.

For instructions on how to use [SUITS](#), please visit dew.sc.gov/suits.