

**DEPARTMENT OF WORKFORCE SERVICES**

**LIMITED POWER OF ATTORNEY**

**EMPLOYER NAME:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_

**WORKERS' COMPENSATION  
EMPLOYER #** \_\_\_\_\_

**UNEMPLOYMENT INSURANCE  
EMPLOYER #** \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I/We have appointed CompuPay, Inc. dba BenefitMall / Attn: Sue Larocca as our agent to represent our company in Unemployment Insurance and/or Workers' Safety and Compensation matters until further notice.

Authorized agent's telephone number: (954) 874-4800

Authorized agent's address: 3450 Lakeside Drive, Suite 400, Miramar, FL 33027

This representation includes:

1. The presenting of completed forms, including claims for refund or adjustment of account, employer's protest of benefit claims, and information relative thereto.
2. All matters affecting merit rating, contributions and/or direct reimbursements.
3. The personal discussion of any or all of the foregoing with proper officials of the State of Wyoming Unemployment Tax Division, Unemployment Insurance Division, and the Workers' Safety and Compensation Division.
4. This appointment supersedes and replaces any prior authorization which our company may have filed with your agency.

**Authorized by** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Date** \_\_\_\_\_

RETURN TO:  
WORKERS' COMPENSATION  
EMPLOYER SERVICES  
1510 EAST PERSHING BLVD  
CHEYENNE, WY 82001  
FAX: 307-777-5298

or

UNEMPLOYMENT TAX DIVISION  
EMPLOYER SERVICES  
P O BOX 2760  
CASPER, WY 82602-2760  
FAX: 307-235-3278