



# COMBINED Power of Attorney for Representing Employer under the Illinois Unemployment Insurance Act and Special Mailing Form

**FAX: (217)557-1948 115 S LaSalle Street, Floor LL2, Chicago, IL 60603-2802**

Employer's Legal Name \_\_\_\_\_ UI Account # \_\_\_\_\_  
(exact match to name in MyTax.Illinois.gov) (seven digits)

dba (if applicable) \_\_\_\_\_ FEIN \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone \_\_\_\_\_ Employer's e-mail \_\_\_\_\_

Hereby authorizes \_\_\_\_\_ SERVICE BUREAU ID \_\_\_\_\_  
(Business name of Service Bureau (SB) or Third Party Administrator (TPA) as it appears in MyTax) IF NOT A SB, ENTER REPRESENTATIVE'S FEIN

Complete address of Service Bureau (SB)/Third Party Administrator (TPA) as it appears in MyTax:

\_\_\_\_\_

SB/TPA Phone \_\_\_\_\_ SB/TPA Email \_\_\_\_\_

*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 & 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].*

**Above Employer requests to have the following correspondence mailed\* to the above Service Bureau or TPA**

**EMPLOYER MUST CHECK EMPLOYER CONTRIBUTION REPORT TO ALLOW ACCESS TO MYTAX UI ACCOUNT IF NO OTHER SPECIAL MAILING OPTION IS CHECKED.**

- |   |  |
|---|--|
| <input type="checkbox"/> Notice of Claim (BIS-32)   | <input type="checkbox"/> Benefit Appeal Notice                   |
| <input type="checkbox"/> Employer Contribution Report (UI-3/40)*<br>↳ <b>(*PROVIDES MYTAX ACCESS ONLY; NOT A MAILING)</b> | <input type="checkbox"/> Notice of Benefit Earnings Audit (SI-5) |
| <input type="checkbox"/> Statement of Benefit Charges (BEN-118/118R)  | <input type="checkbox"/> Rate Notice (UI-5A/UI-5B)               |

Employer's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Date Signed \_\_\_\_\_

*Please contact the Employer Hotline at (800)247-4984, Option 2 for assistance. Thank you.*