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



		Account No		
Employer _				
located at	(Street Address, City, State, Zip Code)	(Telephone Number
hereby autl	horizes			
located at			()
-	(Street Address, City, State, Zip Code)			Telephone Number
the Employe Insurance A information	ces as the Employer, and to receive any and all in er's liability for the payment of contributions, int ct, until such time as the appointment is termina only to the extent that it is requested for one of nent Insurance Act [820 ILCS 405/1900].	erest and penalties un ated. I understand that	derthe myRep	Illinois Unemployment presentative shall be provided
		Name of Employe	er	
		Ву		
			,	Signature
		Title		
		Date		

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UI-1M (Rev. 01/01)

STATE OF ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

33 SOUTH STATE STREET CHICAGO, IL 60603-2802

UNEMPLOYMENT INSURANCE SPECIAL MAILING FORM

The purpose of this form is to notify the Department of a request to have correspondence sent to an address other than yo business address or to terminate a preexisting address. 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 addre	•		•	
BIS-32 (Notice to Chargeable Employer)	C/O (Name of Representative or Service Bureau)			
UI-3/40 (Contribution & Wage Report)	C/O (Name of Nepresentative of Service Bureau)			
Ben-118/118R Benefit Charge Notice	Street Address		Unit or Suite	
UI-5A/UI5B (Rate Notice)				
Benefit Appeal Notice	City	State	Zip Code	
SI-5 (Notice of Benefit Earnings Audit)	•		·	
	Country	Teleph	one Number	
PIC 22 (Notice to Chargophia Employer)	C/O (Name of Penroser	atativo or Sorvice	- Ruroau)	
BIS-32 (Notice to Chargeable Employer) UI-3/40 (Contribution & Wage Report)	C/O (Name of Represer	itative or Service	e Bureau)	
Ben-118/118R Benefit Charge Notice UI-5A/UI5B (Rate Notice)	Street Address		Unit or Suite	
Benefit Appeal Notice SI-5 (Notice of Benefit Earnings Audit)	City	State	Zip Code	
	Country	Teleph	one Number	
Effective Date	Termination Date			
Signed by	Date			
itle	Telephone Number			