

# INSTRUCTIONS FOR COMPLETING THE POWER OF ATTORNEY

## Employer Information

**Employer Name:** Type or write the entity name or business name.

**Trade Name:** Type or write the doing-business-as name or trade name.

**Employer Account Number:** Type or write the 9-digit Colorado unemployment insurance (UI) tax account number. The power of attorney will not be processed or approved if this account number is not provided.

**Street Address, City, State, and ZIP Code:** Type or write the entity's or business's location address.

## Purpose of Application

**Acceptance of power of attorney:** Check this box if you want to name or change an entity or individual to have power of attorney. If you check this box, you must provide an effective date.

**Discontinuation of power of attorney:** Check this box if you want to remove or change the entity or individual with power of attorney. If you check this box, you must provide an effective date.

**For all unemployment insurance (UI) information:** Check this box if you want to accept or discontinue power of attorney for all information related to your UI account number.

**For UI tax-related information:** Check this box if you want to accept or discontinue power of attorney for UI tax-related information.

**For UI benefit claim-related information:** Check this box if you want to accept or discontinue power of attorney for UI benefit claim-related information.

**For all distribution points of this account number:** Check this box if all the distribution-point accounts, if applicable, for the employer account shown are affected.

**For specific distribution points of this account number:** Check this box if only specific distribution-point accounts for the employer account shown, if applicable, are affected. You must attach a list of the specific distribution-point accounts affected.

**Name of Power of Attorney:** Type or write the name of the entity or individual you want to accept as the power of attorney. Do not list an individual employee of a business unless that is the business name.

## Mailing-Address Information

**Complete Mailing Address:** Complete the first section if you are adding, changing, or removing a power of attorney from an entity or individual. This information must be complete so that the UI Program is informed as to who will be responsible for UI correspondence. Provide a second mailing address only if you want the claim-related information sent to an address different than the address for tax-related information.

NOTE: You are responsible for forwarding any UI document that is sent to an incorrect mailing address.

## Employer Approval

**Employer Signature:** You **must** sign this form, provide your title, and date the form in order to make this a valid document.

**Power of Attorney Representative Signature:** A representative of the entity or the individual who you want to accept as the power of attorney **must** sign this form, provide his or her title, and date the form in order to make this a valid document.

NOTE: A signature is required only of the entity or individual you want to accept as the power of attorney. You do not need a signature from the entity or individual whose power of attorney is being discontinued.