



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

FAX: (217)557-1948 33 S State Street, FL 10, 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) IF NOT A SB, ENTER REPRESENTATIVE'S FEIN
as it appears in MyTax)

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.**

____ Notice of Claim (BIS-32)

____ Benefit Appeal Notice

____ Employer Contribution Report (UI-3/40)*

____ Notice of Benefit Earnings Audit (SI-5)

↳ **(*PROVIDES MYTAX ACCESS ONLY; NOT A MAILING)**

____ Statement of Benefit Charges (BEN-118/118R)

____ 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.