

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 your 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 address. Therefore, check only once for each form. If your request cannot be contained in its entirety on this form because of multiple addresses, please provide additional copies of the form:

___ BIS-32 (Notice to Chargeable Employer)

___ UI-3/40 (Contribution & Wage Report)

___ Ben-118/118R Benefit Charge Notice

___ UI-5A/UI5B (Rate Notice)

___ Benefit Appeal Notice

___ SI-5 (Notice of Benefit Earnings Audit)

C/O (Name of Representative or Service Bureau)

Street Address

Unit or Suite

City

State

Zip Code

Country

Telephone Number

Effective Date _____

Termination Date _____

___ BIS-32 (Notice to Chargeable Employer)

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C/O (Name of Representative or Service Bureau)

Street Address

Unit or Suite

City

State

Zip Code

Country

Telephone Number

Effective Date _____

Termination Date _____

Signed by _____

Date _____

Title _____

Telephone Number _____