

STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
 33 SOUTH STATE STREET
 CHICAGO, ILLINOIS 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:

<input type="checkbox"/> BIS-32 (Notice to Chargeable Employer) <input type="checkbox"/> UI-3/40 (Contribution & Wage Report) <input type="checkbox"/> Ben 118/118R (Benefit Charge Notice) <input type="checkbox"/> UI-5A/UI-5B (Rate Notice) <input type="checkbox"/> Benefit Appeal Notice <input type="checkbox"/> 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
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Effective Date _____

Termination Date _____

<input type="checkbox"/> BIS-32 (Notice to Chargeable Employer) <input type="checkbox"/> UI-3/40 (Contribution & Wage Report) <input type="checkbox"/> Ben 118/118R (Benefit Charge Notice) <input type="checkbox"/> UI-5A/UI-5B (Rate Notice) <input type="checkbox"/> Benefit Appeal Notice <input type="checkbox"/> 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
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Effective Date _____

Termination Date _____

Signed by _____

Date _____

Title _____

Telephone Number _____

Account No. _____

KNOW ALL MEN TO THESE PRESENTS, That the employer, _____
Name

_____ State whether individual, partnership or corporation, etc.

located at _____
Address

has made, constituted and appointed, and by these presents does hereby make, constitute and appoint Representative,
_____ Name and Address

as attorney(s)-in-fact for the employer, to represent the employer before the Director of Employment Security of the State of Illinois, in any and all matters, proceedings and hearings pertaining to the employer's liability for the payment of contributions, interest and penalties under The Illinois Unemployment Insurance Act.

Giving and granting unto the employer's said representative, full power and authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done, in and about the premises as fully to all intents and purposes as the employer might or could do, hereby ratifying and confirming all that the employer's said attorney shall lawfully do or cause to be done by virtue hereof. This Power of Attorney can be used to change the mailing addresses of only the documents specified on the reverse side of this form. Unless the reverse side of this form is completed, no documents will be sent to the address designated on the Power of Attorney. However, all documents other than those specified by the Department on the reverse side will be mailed to the employer's last known place of business.

Dated at _____, this _____ day of _____, _____.

Name of Employer

By _____
Signature

Title _____