MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation
47 State House Station
Augusta ME 04333-0047

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That_____UI Account No._____
(Business name)

having its principal office at _____ Federal ID No._____
(Business mailing address)

_____ Telephone_____
(City) (State) (Zip Code)

hereby constitutes and appoints _____
(Designated authority)

_____
(Designated authority mailing address)

_____
(City) (State) (Zip Code)

its true and lawful attorney in fact with full power and authority to represent said company before the Maine Department of Labor, Bureau of Unemployment Compensation, effective immediately and until this authority has been superseded by another or has been revoked in writing in connection with any and all unemployment insurance matters as indicated below.

Please check all that apply

- ☐ 1. Filing of completed forms, including claims for refund or account adjustments, assessments, liability or status determinations, contribution rate and wage record reports.
- ☐ 2. Payment of contributions and any penalties and interest assessed on the account.
- ☐ 3. Obtaining and discussion of all account information required and authorized by the Maine Employment Security Law.
- ☐ 4. All matters affecting the experience record and contribution rate of the employer account.
- ☐ 5. Employee wage and separation information and employer's appeal of benefit claims.

Please confirm and provide the mailing address for Items 6 and/or 7 below.

6. Send a copy of all mailings pertaining to unemployment **benefits** to:

_____
(C/O Name) (Mailing Address) (City) (State) (Zip Code)

7. Send a copy of all mailings pertaining to unemployment **taxes** to:

_____
(C/O Name) (Mailing Address) (City) (State) (Zip Code)

IN WITNESS WHEREOF, the said _____
(Signature of Owner, Officer or Member)

has caused this instrument to be duly attested by the signature of its duly qualified officer this_____ day of _____, 20____.

This authorization cancels and supersedes all prior authorizations.

Printed Name of Owner, Officer or Member:	Title:

QUESTIONS ABOUT THIS NOTICE?

Contact a Representative at (207) 621-5120, select option 3; Fax: (207) 287-3733;
TTY (Deaf / Hard of Hearing): 1-800-794-1110; E-mail address: division.uctax@Maine.gov

Avoid missed mailings and potential late fees by notifying MDOL of any changes to your account.