



UNEMPLOYMENT INSURANCE SPECIAL MAILING FORM

Fax: 217-557-1948

33 SOUTH STATE STREET CHICAGO, IL 60603-2802

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, except that notices pertaining to a Determination and 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. **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

Country Telephone Number

E-Mail Address

Effective Date

Termination Date

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Signed by

Date

Title

Telephone Number