

**PENNSYLVANIA UNEMPLOYMENT
COMPENSATION (UC)
POWER OF ATTORNEY (POA)**

Employer name _____
 PA UI Employer Account Number _____ FEIN _____

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Part A: Benefits Address Confirmation

Employer address _____
(Street) (City) (State) (Zip Code)

(Contact) (Phone) (Email)

EXCEPT AS PROVIDED IN PART B BELOW, THE DEPARTMENT WILL SEND ALL CORRESPONDENCE FROM THE OFFICE OF UC BENEFITS POLICY AND THE OFFICE OF UC SERVICE CENTERS REGARDING UC BENEFITS TO THE ABOVE ADDRESS.

Part B: Power of Attorney

Know all men by these present that I, _____, do hereby make,
(Employer name)
 constitute and appoint _____, whose address is
(Attorney-in-fact name)

(Street) (City) (State) (Zip Code)

as my lawful attorney-in-fact with full power and authority to act on my behalf with the Office of UC Benefits Policy and the Office of UC Service Centers, and their successor agency or agencies within the Department of Labor & Industry, in any matter relating to UC benefits. I authorize the Office of UC Benefits Policy and the Office of UC Service Centers to send the following to the address of my attorney-in-fact:

- 1. Monthly Notices of Compensation Charged (UC-640),
- 2. Notices of Financial Determination (UC-44F(3)), Requests for Relief from Charges (UC-44FR), and determinations on requests for relief from charges (Form UC-560)
- 3. Employer's Notices of Application (UC-45), fact-finding questionnaires, and eligibility determinations

I hereby ratify and confirm all that said attorney-in-fact, or its agents, employees or substitutes shall or may do or cause to be done by virtue of the power herein conferred until written notice of revocation hereof is received by the department.

I hereby revoke any prior power of attorney to the extent that it designated an attorney-in-fact to act on my behalf in any matter relating to UC benefits, to receive any of the above documents regarding UC, or both.

In delegating authority to the attorney-in-fact, for the purposes specified above, it is expressly understood that the attorney-in-fact and I are equally responsible and each shall incur liability for the penalties provided for false and/or fraudulent statements or omissions, whether written or oral.

By _____ By Stephanie Mendez
(Signature of authorized representative of Employer) (Signature of authorized representative of attorney-in-fact)
 Printed name _____ Printed name _____
 Title _____ Date _____ Title _____ Date _____

See reverse for instructions and information on completion of this form.

This power of attorney, when properly executed, will permit the attorney-in-fact to represent the employer before the Office of UC Benefits Policy and the Office of UC Service Centers in matters relative to UC benefits under the Pennsylvania UC Law, and to receive designated correspondence on behalf of the employer. This power of attorney will revoke and completely replace any prior power of attorney to the extent that the prior power of attorney designated an attorney-in-fact to act for the employer in UC benefit matters, to receive UC benefit documents, or both.

INSTRUCTIONS

Employer Name – Indicate the employer’s name as it appears on the Pennsylvania Enterprise Registration Form (Form PA-100).

PA UC Account Number – Indicate the employer's Pennsylvania UC account number. This seven-digit number will be reflected on the New Employer Confirmation Letter (Form UC-1408), Notice of Pennsylvania Unemployment Compensation Responsibilities (Form UC-851) and the Contribution Rate Notice (Form UC-657). If an account number has not been assigned, please register with the department by submitting a PA-100 at www.pa100.state.pa.us.

FEIN (Federal Employer Identification Number) – Indicate the employer's FEIN. The FEIN will be two digits followed by a dash followed by seven digits, i.e., 23-0000000. If an FEIN has not been assigned, please apply for one at IRS.gov.

Part A: Benefits Address Confirmation: This is the address where benefits-related correspondence will be mailed unless the employer appoints an attorney-in-fact to receive one or more categories of correspondence.

Part B: Power Of Attorney: You may name an attorney-in-fact to represent you in benefits-related matters and to receive one or more categories of benefits correspondence. **If you appoint an attorney-in-fact you must authorize the attorney-in-fact to receive at least one category of correspondence.**

Insert a check mark in the appropriate box(es) – A check mark in:

Box 1 – will cause Monthly Notices of Compensation Charged (Form UC-640) to be mailed to the attorney-in-fact.

Box 2 – will cause Notices of Financial Determination (Form UC-44F(3)), Requests for Relief from Charges (Form UC-44FR), and determinations on requests for relief from charges (Form UC-560) to be mailed to the attorney-in fact.

Box 3 – will cause Employer Notices of Application (Form UC-45), Requests for Separation & Wage Information (Form UC-45), fact-finding questionnaires and eligibility determinations other than the Form UC-44F(3) to be mailed to the attorney-in-fact.

Signature Requirements – This form must be dated and signed by an authorized representative of the employer and the attorney-in-fact. For a corporation, it must be signed by the president, vice president, secretary or treasurer. For a partnership, this form must be signed by a general partner authorized to bind the partnership. For a sole proprietorship, this form must be signed by the proprietor.

Upload Form UC-1208 – The completed and signed POA form can be uploaded into the UC Benefits System at benefits.uc.pa.gov, emailed to addresschangeboa@pa.gov, or mailed to:

UC Mail Processing Unit
651 Boas Street, Suite 500
Harrisburg, PA 17121-0750

Please be advised that the department cannot guarantee the security of personally identifiable information submitted via unsecured means such as: unencrypted email systems.

UC Taxes

This form may be used only to appoint an attorney-in-fact for UC benefit matters. **Do not use this form for UC tax purposes. To appoint a Third-Party Administrator (TPA) to represent the employer in UC tax matters or to designate a mailing address for UC tax correspondence, go to www.uctax.pa.gov**

Employers: Save Money by Providing Accurate Information to Employees Who May File for UC Benefits

The Employer Information Form (Form UC-1609) can help your company save money. Use it to provide accurate information to separating employees and employees working reduced hours who may apply for UC. This simple, effective measure can help to ensure that the department sends requests for separation information to the appropriate employer address, which can reduce inaccurate UC benefit charges to your account that can increase your UC tax rate. This form is available at www.uc.pa.gov.

Auxiliary aids and services are available upon request to individuals with disabilities.

Equal Opportunity Employer/Program