



Third Party Authorization Form

Employer

Montana UI Employer Account Number	Federal ID Number
Owner/Officer/Partner Name	Doing Business As
Mailing Address (Street or PO Box)	City, State Zip Code
Telephone Number	Email Address

Third Party Administrator (TPA)

Authorized Third Party Administrator	Federal ID Number
Mailing Address (Street or PO Box)	City, State Zip Code
Telephone Number	Email Address
Begin Authority As Of (date)	

CONSENT & AUTHORIZATIONS

I hereby certify the above-named Third-Party Administrator (TPA) will be acting on behalf of my organization in matters related to Montana Unemployment Insurance (UI).

UI eServices for Employers: I authorize the Montana Department of Labor & Industry, Unemployment Insurance Division (UID) to grant employees of the above named TPA access to my UI account via UI eServices for Employers to receive and respond to all matters concerning UI (**check one**):

- Contributions (tax) Benefit Claims Both tax and benefit claim matters

Correspondence: I understand by authorizing UI eServices for Employers access to the above TPA, they will have access to correspondence through eServices regarding my UI account and/or benefit claims filed. In addition, I authorize the following correspondence to be mailed directly to the above TPA (**check all that apply**):

- UI Tax Rate Notices Quarterly or monthly benefit charge notices
- Benefit Claim related correspondence including Separation and Potential Charge notices.

Signature of the Employer/Taxpayer

I relieve the Department and their representatives of any liability related to release of such information to the above-named authorized third-party agent. I understand this authorization does not absolve me, as the employer/taxpayer, of the responsibility to ensure all quarterly reports, taxes, and/or notices related to UI benefit claims are filed, paid, and/or responded to timely and accurately. Any authorization granted remains in effect until revoked by the taxpayer or the third-party agent.

The person completing this section and signing below must have legal authority to bind the business.

I certify I have the legal authority to execute this form and authorize disclosure of information noted above:			
PRINTED NAME & TITLE of Authorized Person		PRINTED NAME of Witness to Authorized Person (Required)	
SIGNATURE of Authorized Person	DATE	SIGNATURE of Witness (Required)	DATE

Instructions for Completing Authorization Form:

- Ensure both the Employer and Third-Party Agent (TPA) sections are completed. **Note:** If you have multiple third-party agents performing UI related services for you, you will need to complete a separate authorization form for each of them.
- A person authorized to bind the business must sign in the Signature Section. Authorized signers may include an: owner, corporate officer, partner, managing member, Chief Financial Officer, Chief Executive Officer, or a fiduciary of a trust or estate.
- A witness to the above signature, must also sign and date the form.
- Return the form to UI Contributions electronically through upload into UI eServices for Employers (uieservices.mt.gov).