

**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_ Employer Registration Number \_\_\_\_\_ having its principal office at \_\_\_\_\_ does hereby appoint \_\_\_\_\_

its true and lawful attorney in fact with full power and authority to represent the said \_\_\_\_\_ before the NEW JERSEY DIVISION OF EMPLOYER ACCOUNTS until further notice, to wit: All matters affecting quarterly contributions reports, experience rating and claims for benefits.

**THIS AUTHORIZATION CANCELS AND SUPERSEDES ALL PRIOR POWERS OF ATTORNEY.**

**IN WITNESS WHEREOF**, the said \_\_\_\_\_ has caused this instrument to be signed, sealed and acknowledged by its duly authorized qualified officer this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Name of Company)

**CORPORATE SEAL**

By \_\_\_\_\_  
(Signature of Authorized Officer)

\_\_\_\_\_  
(Name and Title of Authorized Officer)

**AFFIDAVIT:**

I \_\_\_\_\_ being duly sworn depose and say that I hold the office of \_\_\_\_\_, in the \_\_\_\_\_, Employer Registration Number \_\_\_\_\_ having its principal office at \_\_\_\_\_ and am fully authorized on behalf of such company to grant the powers stated in said Power of Attorney to \_\_\_\_\_ as the true and lawful attorney in fact with power and authority to represent \_\_\_\_\_ before the NEW JERSEY DIVISION OF EMPLOYER ACCOUNTS without first obtaining the direction and approval of the Board of Directors of \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorized Officer)

Be it known that on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me \_\_\_\_\_ notary public for this State of \_\_\_\_\_ residing in the county of \_\_\_\_\_, duly commissioned and sworn and by law authorized to administer oaths and affirmations, personally appeared \_\_\_\_\_ and being sworn by me did depose and say that the contents in the foregoing affidavit are true and correct.

\_\_\_\_\_  
Notary Public

(NOTARY SEAL)

**Notary Expiration:**

**ACCEPTANCE:**

I \_\_\_\_\_ being a duly qualified officer of \_\_\_\_\_ hereby accept on behalf of the said corporation the power herein described granted by \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

  
Authorized Agent Reg No.: \_\_\_\_\_

## **NEW JERSEY TEMPORARY DISABILITY INSURANCE MAILING ADDRESS**

The next page is an optional form but is recommended that it be completed at the same time as the Unemployment Benefits Power-of-Attorney. By completing the attached form you will ensure that disability benefit documents will be mailed to the correct address avoiding unnecessary delays in review and processing.

The State of New Jersey Division of Temporary Disability Insurance will often change the mailing address of Disability documents in error when executing a Power-of-Attorney for Unemployment Benefit matters.

A separate document is required for each Federal Employer Identification Number (FEIN). Please review the NEW JERSEY TEMPORARY DISABILITY INSURANCE MAILING ADDRESS form and return to ADP Unemployment Claims along with the Unemployment Benefits Power-of-Attorney. ADP Unemployment Claims will file the form on your behalf.

If you have any questions regarding Temporary Disability issues contact the New Jersey Division of Temporary Disability Insurance Employer Charge Unit at (609) 984-3747.

**NEW JERSEY TEMPORARY DISABILITY INSURANCE CURRENT MAILING ADDRESS**

**We have recently received information indicating that your company may have had an address change. New Jersey Temporary Disability Insurance mailings can be sent to an address that is different from the one that is used for your Employer's Quarterly Report (NJ927). In addition, you can designate one mailing address for your Notice of Disability Benefits Charged or Credited (DS-7C) and another mailing address (or multiple addresses) for your wage request forms and determination notices.**

**If you wish to change your mailing address you must complete the items listed below:**

1. Employer Name: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

2. Please give your address as you would like it to appear on your Employer's Quarterly Report (NJ927).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I would like to have my mailing address for New Jersey Temporary Disability wage requests and determination notices changed to: (you may enter multiple addresses per FEIN)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I would like to have my mailing address for the Notice of Disability Benefits Charged or Credited (DS-7C) changed to: (enter only one address per FEIN)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return the completed form to the address listed below or fax it to (609) 292-5059.

Division of Temporary Disability Insurance  
PO Box 387  
Trenton, NJ 08625-0387

If you have any questions, please contact the Employer Charge Unit at (609) 984-3747.

**IMPORTANT:** A request to change a Temporary Disability Insurance address will not affect your tax file address of record or an exception address for Unemployment Insurance. If you have any questions regarding your tax file address, contact the Division of Revenue, Client Registration Section at (609) 292-1730.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_