

**PENNSYLVANIA UNEMPLOYMENT
COMPENSATION (UC) BENEFITS ADDRESS
CONFIRMATION AND POWER OF ATTORNEY**

Employer name _____

PA UC Account No.

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Part A: Benefits Address Confirmation

Employer address _____

(Street)

(City)

(State)

(Zip Code)

(Contact)

(Phone)

(Fax)

(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 _____

(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.