

LIMITED POWER OF ATTORNEY

The Limited Power of Attorney form is used by employers to authorize a third party to represent them before the Arizona Department of Economic Security (DES) in the Unemployment Insurance (UI) matters specified on the form. Such authorization also permits DES to provide the representative with any confidential information concerning the employer's Arizona UI account that is related to those matters.

Specify which matters the authorization applies to by checking the appropriate checkbox(es) on the form. If you want the authorization limited to a specific matter, such as a specific DES decision under appeal, check the "Other, specific UI matter" checkbox and briefly describe the matter in the space below to identify it specifically. Provide the representative's address immediately below that if you want to have all correspondence related to the "Other, specific UI matter" mailed to that address.

If you want to change the primary mailing address for general DES correspondence related to the employer's UI account, complete the area of the form provided for that purpose. You may also specify a separate mailing address for unemployment benefit claim-related notices by completing the area of the form provided for that purpose. Such a separate address is sometimes advisable, to enable the timely protesting of claims. Protests must be returned or postmarked within 10 business days after the date on the claim filing notice (Notice to Employer – UB-110) to be considered timely.

Submit the completed form with the original signature of a duly qualified officer or owner of the employer's business to the UI Tax Employer Registration Unit at the address below. Questions about the use or completion of the form should also be directed to the Employer Registration Unit.

ADES - UI Tax Section
Employer Registration Unit
P.O. Box 6028 - Mail Drop 5881
Phoenix, Arizona 85005-6028
Telephone – (602) 771-6602
Fax – (602) 532-5539
Email – UITStatusClerical@azdes.gov

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

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EMPLOYER INFORMATION

EMPLOYER NAME	ARIZONA UI ACCOUNT NO. OR FEDERAL EIN
<input type="text"/>	<input type="text"/>

Hereby appoints

Premier FMS	855-224-5810
<i>(Representative Company's Name)</i>	<i>(Representative Company's Phone No.)</i>

To represent said employer before the Arizona Department of Economic Security (DES) in all matters related to Arizona Unemployment Insurance (UI) specified below until further notice (check all boxes that apply):

- UI tax preparation/filing including filing/paying via the Internet Tax and Wage System (TWS)
- All other general UI matters (all benefit claim protests, all appeals of agency determinations, etc.)
- Other, specific UI matter (provide details below to identify the matter or no action will be taken):

Provide representative's address if you want mail concerning the "Other, specific UI matter" sent there:

REPRESENTATIVES COMPANY'S ADDRESS (P.O. Box/Street No., Street, City, State, ZIP)

COMPLETE THIS AREA ONLY IF YOU WANT TO CHANGE THE EMPLOYER'S PRIMARY MAILING ADDRESS

EMPLOYER NAME	PHONE NO.
<input type="text"/>	<input type="text"/>

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

*All general UI correspondence including liability determinations, tax and wage report forms, tax assessments, and notices of tax rates, benefit charges, appeals, liens and claim filings are mailed to the **PRIMARY** address. If you want a **SEPARATE** mailing address for notices of unemployment benefit claim filings, claim determinations and claim appeals, complete the address area below.

OPTIONAL SEPARATE MAILING ADDRESS FOR UNEMPLOYMENT BENEFIT CLAIM-RELATED NOTICES

EMPLOYER NAME	PHONE NO.
<input type="text"/>	<input type="text"/>

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

In witness whereof, said employer has caused this instrument to be attested by the signature of a duly qualified officer or owner this day of

(Day) (Month) (Year) .

This Limited Power of Attorney authorization cancels and/or supersedes all prior authorizations related to the specified matters and remains in effect until revoked in writing by either the employer or the representative

PRINT NAME <i>(First, M.I., Last)</i>	TITLE
<input type="text"/>	Employer

SIGNATURE

FOR AGENCY USE ONLY

- REVISED PRIMARY ADDRESS
- REVISED/ADDED CLAIMS ADDRESS

INITIALS DATE NOTES