

## POWER OF ATTORNEY

Please print or type the information. Instructions for completing this form are provided on the reverse.

### Employer Information

Employer Name	Trade Name	Employer Account Number (Required)	
Street Address	City	State	ZIP Code

### Acceptance of New Power of Attorney

Effective Date of Acceptance _____ The acceptance of the new power of attorney is for: <input type="checkbox"/> All unemployment insurance (UI) information <input type="checkbox"/> UI tax-related information only <input type="checkbox"/> UI benefit-claim-related information only Your acceptance of a new power of attorney supersedes any existing power of attorney previously approved by UI Operations.
Name and Complete Address of Power of Attorney   

### Mailing-Address Information

Provide your preferred mailing address for UI correspondence. All UI correspondence will be mailed to the address you provide below unless you elect to have UI benefit-claim-related information sent to a different address.	
Complete Mailing Address	Telephone Number
If you prefer to have UI benefit-claim-related information sent to a different address, complete this section. If not, all UI correspondence will be mailed to the address you provided above. <b>Complete only if the address is different from the address you provided above.</b>	
Complete Mailing Address (for UI benefit-claim-related correspondence)	Telephone Number

### Power-of-Attorney Signature

Power of Attorney Representative Name (Print Name)	Title
Power of Attorney Representative Signature (Required)	Date

### Employer Approval

I hereby grant permission to the above-named entity or individual to act on my behalf for the purpose stated on this document.	
Employer Official (Print Name)	Title
Signature of Employer Official (Required)	Date

To be completed by notary public to authenticate employer signature

City of \_\_\_\_\_ )

County of \_\_\_\_\_ ) SS.

State of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires \_\_\_\_\_

Notary Public

Office Use Only	Date	Initials
Power of attorney approved by UI Operations		

## INSTRUCTIONS FOR COMPLETING THE POWER OF ATTORNEY

### Employer Information

**Employer Name:** Type or write the entity name or business name.

**Trade Name:** Type or write the doing-business-as name or trade name.

**Employer Account Number:** Type or write the 9-digit Colorado unemployment insurance (UI) tax account number. The power of attorney will not be processed or approved if this account number is not provided.

**Street Address, City, State, and ZIP Code:** Type or write the entity's or business's location address.

### Acceptance of New Power of Attorney

Complete this section if you want to name or change an entity or individual to have power of attorney. If you complete this section, you must provide an effective date.

**For all unemployment insurance (UI) information:** Check this box if you want to accept power of attorney for all information related to your UI account.

**For UI tax-related information:** Check this box if you want to accept power of attorney for UI tax-related information only.

**For UI benefit claim-related information:** Check this box if you want to accept power of attorney for UI benefit-claim-related information only.

**Name and Complete Address of Power of Attorney:** Type or write the name and address of the entity or individual you want to accept as the power of attorney. Do not list an individual's name unless that is the business name.

NOTE: If you have an existing power of attorney and UI Operations approves your acceptance of a new power of attorney, the new power of attorney automatically replaces the existing power of attorney for the purposes you indicate on this form.

### Mailing-Address Information

**Complete Mailing Address:** Provide the complete mailing address regardless of whether you are adding or changing a power of attorney. This information must be completed to ensure that UI correspondence is sent to the address of the entity or individual who will be responsible for UI correspondence. Provide a second mailing address only if you want the claim-related information sent to a mailing address different from the mailing address used for tax-related information.

NOTE: You are responsible for ensuring that any UI correspondence that is sent to an incorrect mailing address is properly forwarded.

### Power-of-Attorney Signature

**New Power of Attorney Representative Signature:** A representative of the entity or the individual who you want to accept as the power of attorney **must** provide his or her name and title and sign and date the form in order to make this a valid document.

### Employer Approval

**Signature of Employer Official:** The employer **must** sign this form to accept an entity or individual as the power of attorney. The employer official's name, title, signature, and date of signature are required to make this a valid document. The power of attorney will **not** be processed or approved unless your signature on this form is notarized.

### Discontinuation of Power of Attorney

If you elect to discontinue a power of attorney without accepting a new power of attorney, submit a written request to UI Operations at the above address.