

**POWER OF ATTORNEY**

State Form 52227 (6-05)  
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT  
10 N Senate Ave., RM SE 111, Indianapolis, IN 46204-2277  
Phone: 317-232-7408, FAX: 317-233-0232

Know all Persons by these Presents:

That \_\_\_\_\_, FEIN # \_\_\_\_\_  
(herein after 'Employer')  
Indiana SUTA # \_\_\_\_\_

A Corporation, Partnership, Proprietorship having its principal office at:

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

Does hereby constitute and appoint:

Payroll Office of America  
Name (herein after 'Employer Service Company')  
1855 W SR 434  
Address  
Longwood FL 32750  
City, State, ZIP Code  
407-998-5500 / 866-636-6440  
Telephone Number Fax Number

its true and lawful attorney in fact with full and exclusive power to represent Employer before the INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT, until further written notice, in connection with all matters affecting unemployment insurance including, without limitation by the enumeration thereof, all claims, contributions, refunds, merit rating, appeals and hearings. (herein after 'IDWD')

Employer recognizes that IDWD maintains three (3) separate and distinct mailing groups, and Employer designates mailing instructions as marked below:

- \_\_\_\_\_ Group 1 All Tax forms and notices mailed to Employer Service Company.
- \_\_\_\_\_ Group 2 All Benefit forms and notices mailed to Employer Service Company, pursuant to 646 IAC 3-10-19.
- \_\_\_\_\_ Group 3 All Appellate forms and notices mailed to Employer Service Company.
- X  Group 4 No change of address is requested. Mail all forms and notices to Employer.

Employer agrees to allow the Employer Service Company to hire an independent representative, pursuant to 646 IAC 3-12-3 and 3-12-11, to appear on Employers' behalf and represent Employers' interests in appellate hearings. Employer Service Company certifies that said representative shall be fully qualified and knowledgeable about the Unemployment Insurance system, and specifically Indiana's appellate process, to adequately represent the Employers' best interests.

**POWER OF ATTORNEY** (continued)

FEIN # \_\_\_\_\_

Indiana SUTA # \_\_\_\_\_

Employer and Employer Service Company recognize that IDWD may, as part of normal procedure, require factual information. A representative of IDWD may contact \_\_\_\_\_ by telephone and/or facsimile to obtain 'Benefit or Appeal' information or \_\_\_\_\_ by telephone and/or facsimile to obtain 'Tax' information.

In exchange for IDWD recognizing any address change requested by Employer through this document, Employer and Employer Service Company hereby agree to make every good faith effort to provide IDWD with any factual information necessary to the timely and efficient adjudication of the claim; however, such response to IDWD shall under no circumstances exceed ten (10) days from the date of IDWD initial request for information.

Employer and Employer Service Company also agree to the following:

1. Any information request received by Employer Service Company from another agency will either be completed by Employer Service Company for Employer and returned to requesting agency in a timely manner, or the information request will be forwarded immediately upon receipt by Employer Service Company to Employer for completion.
2. Labor Market Surveys received by Employer Service Company from IDWD will either be completed by Employer Service Company for Employer and returned to IDWD in a timely manner or the Labor Market Survey will be forwarded immediately upon receipt by Employer Service Company to Employer for completion.

This agreement take effect \_\_\_\_\_ and supersedes all previous agreements.

In WITNESS WHEREOF, Employer has caused this instrument to be attested by the Signature of this duly qualified officer this \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_\_

\* Corporate or Notary Stamp/Seal Required

\_\_\_\_\_  
(Name of Employer)

**BY:** \_\_\_\_\_  
(Signature of Corporate Officer)

\_\_\_\_\_  
(Printed Name)

**TITLE:** \_\_\_\_\_

\_\_\_\_\_  
(Witness or Notary)