

# Power of Attorney and Declaration of Representative Third-Party Administrator Or Employer Agent

See separate instructions. Please print or type.

## Part 1. Power of Attorney

<b>A</b> Name of employer		Employer Account Number (EAN)
Number and street, including apartment number or rural route		Federal Identification number (FEIN)
City/Town	State	Zip
Third Party Administrator Identification number (TPA ID)		

**B** Hereby appoint(s) the following Third-Party Administrator or employer agent (collectively referred to as "TPA") to represent the employer before any office of the Massachusetts Department of Unemployment (DUA) for the following matter(s)

Name	Address	Phone number and e-mail address
Type of transaction	Year(s) or quarter(s) or until revoked	
<input type="checkbox"/> Benefits & Revenue functions <input type="checkbox"/> Benefits functions <input type="checkbox"/> Revenue functions <input type="checkbox"/> Make payments (Reimbursable employers only) <input type="checkbox"/> View only		

**C** The TPA is authorized, subject to any revocation, to receive confidential unemployment information and to perform any and all acts that the employer can perform with respect to the above specified unemployment matters. The authority does not include the power to substitute another TPA or the power to receive refund checks.

**D** The employer acknowledges that it is ultimately responsible for complying with M.G.L. c. 151A, the Massachusetts Unemployment Insurance (UI) law or any other related laws or regulations, including but not limited federal UI laws and regulations. Failure of the TPA to take any required action on the employer's behalf will not relieve the employer of responsibility for any interest, fines, or penalties. If the TPA is representing the employer in a matter relating to appeals under M.G.L. c. 151A, or any other related laws or regulations, the failure of the TPA to file an appeal or otherwise take part in any appeal(s) will not be good cause for a late appeal. Originals of notices and other written communications go to the employer(s). Copies of all relevant notices and other written communications addressed to the employer in proceedings involving the above will be sent to the TPA named in this power of attorney.

**E** This power of attorney revokes all earlier powers of attorney on file with DUA for the same matters and years or periods covered by this power of attorney.

**Signature of or for employer.** If signed by a corporate officer, partner, or fiduciary on behalf of the employer, I certify that I have the authority to execute this power of attorney on behalf of the employer.

Signature	Title (if applicable)
Email Address	Date

## Part 2. Declaration of TPA.

All TPAs must complete this section.

I declare that I am not currently under suspension or disbarment from practice within the Commonwealth or in any jurisdiction, that I am aware of requirements of M.G.L. c. 151A, or any other related laws or regulations, including but not limited federal UI laws and regulations and any related regulations governing third party agents and others, and that I am a Third Party Administrator or employer agent authorized to act on behalf of the employer, and that I am authorized to represent the employer identified in Part 1 for the matters specified there.

Signature	Email Address	Date

## **Instructions**

### **General Information**

To protect the confidentiality of unemployment records, federal and Massachusetts law generally prohibits the Department of Unemployment Assistance (DUA) from disclosing information obtained pursuant to M.G.L. c. 151A, including, but not limited to, wage and claims information or other documents filed with it, to persons other than the employer or the employer's authorized TPA. For your protection, DUA requires that you file this power of attorney before it will allow your TPA to act on your behalf or release unemployment information to your TPA. The power of attorney will only allow your TPA to act on your behalf to the extent you indicate. Please use this Power of Attorney and Declaration of Representative (Form), for this purpose.

You must use a separate Form for each TPA you authorize to represent you in any unemployment matters before DUA.

By executing this Form, an officer of a principal of a corporation filing under MGL c. 151A represents that the officer of the corporation is authorized to execute this Form as agent for any filing for any component of MGL c. 151A.

### **Filing the Power of Attorney**

You must file the Form with DUA by uploading it to your online account [www.mass.gov/uima](http://www.mass.gov/uima). You do not have to file another copy with any DUA office that later has a matter under consideration unless you are specifically asked to provide an additional copy.

### **Revoking a Power of Attorney**

If you previously filed a power of attorney and you want to revoke it, use this Form to change your representatives or alter the powers granted to them. File the Form by uploading it to your online account [www.mass.gov/uima](http://www.mass.gov/uima). The new power of attorney will revoke the earlier one for the same matters and time periods unless you specifically state otherwise.

### **Powers granted by this Form**

Your signature on this Form authorizes the TPA generally to perform any act you can have authorized them to perform. The authority does not include the power to substitute another representative (unless specifically added to this Form) or the power to receive refund checks.

- **Where copies will be sent.** DUA routinely sends originals of all notices to the employer. Copies of all relevant notices and all other written communications will be sent to your TPA.
- **Signature of employer.** For individuals: you must sign the power of attorney.  
For a partnership: All partners must sign unless one partner is authorized to act in the name of the partnership. A partner is authorized to act in the name of the partnership if under state law the partner has authority to bind the partnership.  
For a corporation or association: An officer having authority to bind the entity must sign.
- **Signature of TPA:** An officer having authority to bind the entity must sign.