

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

**Reemployment Assistance Division**

PO Box 4730, Aberdeen, SD 57402-4730

Tel: 605.626.2312

Fax: 605.626.3347

dlr.sd.gov

**POWER OF ATTORNEY (POA)/AUTHORIZATION OF AGENT**

Effective Date: \_\_\_\_\_ That the Undersigned Employer: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ SD RA Account Number: \_\_\_\_\_ or Applied for: \_\_\_\_\_

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**POWER OF ATTORNEY/ADDRESS AUTHORIZATION (Mark all that apply)**

**TAX** *Power of Attorney*

Indicate below the address that should receive all Tax information, including rate notices, quarterly reports, benefit charges, delinquent notices, and debit/credit notices. *If left blank, the address will default to the employer's mailing address listed above.*

Does hereby Appoint POA:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BENEFITS** *Power of Attorney*

Indicate below the address that should receive all Benefit information, including claim notices and appeals. *If left blank, the address will default to the employer's mailing address listed above.*

Does hereby Appoint POA:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LIMITED** *Power of Attorney*

Does Hereby Appoint POA:

Indicating Limited Power of Attorney denotes that the appointed POA listed above files the quarterly reports for the employer. Limited Power of Attorney also allows access to employer payroll information and tax rates. **There is no address change with Limited Power of Attorney.**

Each of said attorneys-in-fact shall have the power to act with or without the others and the power and authority to perform, in the name of and on behalf of the undersigned, every act necessary to carry out the subject matter hereof as fully as the undersigned could do. The undersigned hereby ratifies and approves the acts of said attorneys-in-fact. This authorization supersedes and revokes any prior power of attorney or authorization from the undersigned relating to the subject matter hereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_