

STATE OF ILLINOIS
DEPARTMENT OF EMPLOYMENT SECURITY
33 SOUTH STATE STREET
CHICAGO, IL 60603-2802

UNEMPLOYMENT INSURANCE SPECIAL MAILING FORM

The purpose of this form is to notify the Department of a request to have correspondence sent to an address other than your business address or to terminate a preexisting address. **If the requested address being added is for a third party or service bureau, you must also complete the Power of Attorney (LE-10) form.**

Employer Name _____

DBA Name _____

Illinois UI Account Number _____

Federal I.D. Number _____

Note: Each form can be directed to only one address. Therefore, check only once for each form. If your request cannot be contained in its entirety on this form because of multiple addresses, please provide additional copies of the form:

- BIS-32 (Notice to Chargeable Employer)
- UI-3/40 (Contribution & Wage Report)
- Ben-118/118R Benefit Charge Notice
- UI-5A/UI5B (Rate Notice)
- Benefit Appeal Notice
- SI-5 (Notice of Benefit Earnings Audit)

INFOCUS PAYROLL LLC
 C/O (Name of Representative or Service Bureau)
 900 CHICAGO AVE SUITE 104
 Street Address Unit or Suite
 EVANSTON, IL 60202
 City, State, ZIP
 USA 877-495-5289
 Country Telephone Number
 BRIAN@INFOCUSPAYROLL.COM
 E-Mail Address

Effective Date _____

Termination Date _____

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C/O (Name of Representative or Service Bureau)
 Street Address Unit or Suite
 City, State, ZIP
 Country Telephone Number
 E-Mail Address

Effective Date _____

Termination Date _____

Signed by _____

Date _____

Title _____

Telephone Number _____