
DESIGNATING A POWER OF ATTORNEY FOR UNEMPLOYMENT INSURANCE

General Information

The Maryland Unemployment Insurance law prohibits the Division of Unemployment Insurance (the Division) of Maryland from publishing or allowing public inspection of information obtained in the administration of the unemployment insurance program in any manner that reveals the identity of the employer except to public employees in the performance of their public duties. For your protection, the Division requires that you file a power of attorney before it will release confidential tax information to your representative. The power of attorney will also allow your representative to act on your behalf to the extent you indicate.

Filing the Power of Attorney

You must file a photocopy of the signed power of attorney with the Division through the employer portal on the BEACON system at <https://employer.beacon.labor.md.gov>. The power of attorney must also be filed with government-issued photo identification for the representative of the Employer or Taxpayer. An acceptable government issued photo identification includes a passport or driver's license. The representative of the Employer/Taxpayer is an individual authorized by the Employer to act on its behalf to establish a Third Party Agent relationship.

Revoking a Power of Attorney

If you previously filed a power of attorney and you want to revoke it, you may use this form to change your representatives or alter the powers granted to them by filing the form with the Division. The new power of attorney will revoke the earlier one for the same matters and tax periods unless you specifically state otherwise. If you want to revoke a previously executed power of attorney and do not want to name a new representative, you must check option 7, "Revoke a previous Power of Attorney authorization". Submit the new power of attorney through the employer BEACON portal by following the instructions on the next page.

Completing the Form

Employer/Taxpayer/Partnership Information. For a corporation, partnership, or association provide the Maryland UI Employer Account Number, federal employer identification number, Employer name, and business address.

Reporting Agent. Enter the name, address, and telephone number of the Agent you appoint.

Authorization. Identify the type(s) of authorization for which the power is granted. Your signature on this Form authorizes the Agent you designate (your representative or "attorney-in-fact") to perform any act you authorize. The authority does not include the power to substitute another representative or the power to receive refund checks.

Retention/revocation of prior power(s) of attorney. By filing this power of attorney form, you automatically revoke all earlier power(s) of attorney on file with the Division for the Employer/Taxpayer covered by this document.

Signature of Employer/Taxpayer

For corporations or associations - An officer having authority to bind the Employer/Taxpayer must sign.

Signature of Partner

For a partnership - All partners must sign unless one partner is authorized to act in the name of the partnership. Attach additional sheets as necessary. A partner is authorized to act in the name of the partnership if, under state law, the partner has authority to bind the partnership.

Submission of Form

You can submit this form through your BEACON portal at <https://employer.beacon.labor.md.gov/>

For more information about power of attorney matters, call (410) 949-0033, Monday - Friday, 8 a.m. – 4 p.m. You may also email related inquiries to: DLUEmployerassistance-labor@maryland.gov.

How to upload your POA into BEACON

The Employer or the Agent can upload the completed Power of Attorney (POA) form through their respective portal in BEACON.

Employers: You must have the Agent ID in order to add the Agent as an authorized representative.

From the Employer portal:

- Select Account Maintenance from the menu options.
- Then, select the Agent Assignment Icon and the Agent Assignment page will display.
- Next, select the Add Agent tab to enter the Agent's account number (ID) in the Search Agent field and select the search button. The Agent Employer Relation Details field will populate with the Agent information.
- Now upload the POA document into BEACON. You may select the respective roles to be assigned to the Agent. Enter the Access Begin and Access End dates where appropriate.
- Once the roles have been assigned you **must select the Save button** to complete the assignment.

Once the assignment is approved by agency staff, the POA status will change to Active, and the Agent will be able to act on the employer's behalf.

Agents: From the Agent portal:

- Select Account Maintenance from the menu options.
- Then select the Maintain POA icon and the scroll down to the Upload POA field.
- Next, enter the Employer Account ID and select search.
- Once the Employer details populate, upload the POA document into BEACON. Once the document has been uploaded, **select the Save button** to complete the assignment.

Once the assignment is approved by agency staff, the POA status will change to Active, and the Agent will be able to act on the employer's behalf.

POWER OF ATTORNEY AUTHORIZATION FORM

Employer/Taxpayer/Partnership

1. Maryland Unemployment Insurance Account Number: _____
2. Federal Employer Identification Number: _____
3. Name of Employer/Taxpayer: _____
4. Name of Partnership: _____
5. Address: _____

Reporting Agent

1. Name of Reporting Agent: _____
2. Address: _____
3. Telephone Number: _____ Email address: _____

Authorization

Check the authorization that is granted to the Reporting Agent. (Check all that apply.)

1. Sign, date, and submit original and amended wage reports on behalf of the employer.
2. Submit payments on behalf of the employer/taxpayer.
3. Make account maintenance updates on behalf of the employer.
4. Access benefit charges and receive benefit charge statements on behalf of the employer.
5. Manage wage and separation requests on behalf of the employer, including receipt of notices regarding wage and separation issues.
6. File appeals on behalf of the employer.
7. Revoke a previous Power of Attorney authorization.

Effective Date of Authorization: _____

End Date of Authorization (if applicable): _____

Name and Signature of Representative of Employer/Taxpayer/Partner

I am authorizing the Maryland Division of Unemployment Insurance to disclose otherwise confidential tax information to the Reporting Agent relating to the Authorization granted above, including any disclosure required to process this form.

Full Name Title

Signature Date