

**Certification of Representation**

This Certificate of Representation (COR) between the Connecticut Department of Labor (CTDOL) and \_\_\_\_\_, a Third-Party Agent (TPA), is to define the conditions and restrictions under which CTDOL will exchange confidential unemployment insurance (UI) information with the TPA.

**A. Duties and Responsibilities**

Permitted activities include but are not limited to;

- File bulk employer UI tax and wage reports through an upload process;
- Make bulk employer UI tax payments (ACH Debit or ACH Credit);
- UI tax rate crossmatch function;
- Ability to view and correct employer tax and wage reports;
- Ability to view and maintain employer account information (Request to close employer account & update mailing addresses);
- Ability to view employer UI tax and benefit charge data

The TPA certifies that it has written authorization on file to represent each client taxpayer in matters relating to UI and agrees to provide a copy of such authorization to CTDOL upon request. Failure to provide a copy of such authorization upon request shall be cause for immediate termination of this COR.

**B. Confidentiality**

The TPA agrees to restrict access to the information provided to authorized personnel and to use the information to enable its clients to comply with applicable UI statutes and regulations. The TPA agrees to instruct authorized personnel who have access to confidential UI data regarding the confidentiality requirements for protecting the data.

**C. Security**

The TPA assumes responsibility for the information and will maintain facilities and computer system security measures which limit access to files, records, and databases to authorized persons only. The TPA will permit CTDOL to make onsite inspections at reasonable times and upon reasonable notice to ensure that the requirements of this COR are being met. Failure to allow CTDOL onsite access at reasonable times and upon reasonable notice shall be cause for immediate termination of this COR.

**D. Termination**

CTDOL may terminate this COR by giving written notice to the TPA at least thirty (30) days prior to the effective date of termination or immediately upon a violation of this COR, as determined by CTDOL in its sole discretion.

**E. Amendments**

No amendments to this COR shall be effective unless in writing and signed by authorized representatives of both CTDOL and the TPA.

**CTDOL Representative**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**TPA Authorized Representative**

Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_