**LOCAL 2/Hospitality Industry Child & Elder Care Plan**
209 Golden Gate Avenue, San Francisco, CA 94102 • 415-864-0506 • ChildElderPlan@local2benefits.org

## College Prep and Counseling Affidavit — Plan Year 2022 - 2023

| Last Name | First Name | Social Security Number |
|---|---|---|
| Street Address.P.O. Box | | **Address Change**: ☐ Yes ☐ No |
| City | State + Zip Code | Email |
| Home Phone | Cell Phone | Cell Phone Company |

| Name of Student | Student's Birth Date | |
|---|---|---|
| Student's Email Address | Student's Cell Phone | Student's Cell Phone Company |

**Tax Filing Status:** ___**Single** ___**Married** ___**Married Filing Separately** ___**Head of Household**

1. I and/or my spouse claim this child as a dependent in tax year 2022 and 2023. ____Yes ____ No
2. My student is in: ___12th Grade
3. The Plan pays one half of the tax on this benefit and you pay the other half of the tax. The cost for your share of the tax is $60.00.
4. I agree to pay $60.00 payable to the SFCBSE Welfare Fund by September 15.

### I understand that my signature below indicates my agreement to the following:

- The College Prep and Counseling Course is paid by Local 2/Hospitality Industry Child & Elder Care Plan. This benefit is taxable income and will be recorded on a W2.
- I will notify the Plan office within 30 days if there is a change in my address, or in the dependent or custody status of the child named above.
- All information submitted by me to the Plan is truthful and accurate. I understand that falsifying any information is grounds for the Plan's termination of benefits.
- I grant the Plan my permission to photograph me, my child or relative and agree that these images may be used by the Plan, or by the individuals or entities related to the San Francisco Culinary, Bartenders and Service Employees Welfare Fund ("Welfare Fund"). I approve the Plan's and/or Welfare Fund's use of my child/children's name(s) for purposes of recognizing their achievements.
- I agree to all conditions and limitations of the Local 2/Hospitality Industry Child & Elder Care Plan and the Welfare Fund.

**Signature** _____ **Date**_____

**FOR OFFICIAL USE ONLY**

Reviewed By _____ Date _____

Eligibility_____

Check_____

**White Copy: Plan Office** **Color Copy: Local 2 Member**