

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 2021 - 2022**

Last Name	First Name	Social Security Number
Street Address.P.O. Box		Address Change: <input type="checkbox"/> Yes <input type="checkbox"/> 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 2021 and 2022. ___ 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 \$50.00.
4. I agree to pay \$50.00 payable to the SFCBSE Welfare Fund by November 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**