

**LOCAL 2/Hospitality Industry Child & Elder Care Plan**

209 Golden Gate Avenue, San Francisco, CA 94102 • 415-864-0506 • ChildElderPlan@local2benefits.org

<b>SAT/ACT College Preparation Course Affidavit</b>	<b>Plan Year 2019 – 2020</b>
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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 2019 and 2020.    \_\_\_ Yes    \_\_\_ No

2. My student is in:    \_\_\_ 11<sup>th</sup> Grade    \_\_\_ 12<sup>th</sup> Grade.

3. The Plan pays one half of the tax on this benefit and Local 2 members pay the other half of the tax. The cost to Local 2 members for their share of the tax is \$50.00.

I agree to pay \$50.00 by check or money order, payable to SFCBSE DC/EC, for my student to take the course.    \_\_\_ Yes    \_\_\_ No

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

- The SAT/ACT College Preparation 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, change in the dependent or custody status of the child named above.
- All information submitted by me or requested by the Plan is truthful and accurate and falsifying any information is grounds for termination of the benefit.
- I permit myself, my child or elder to be photographed while participating in programs reimbursed by the Plan, and agree that these images may be used by the Plan, or by the entities related to the SFCBSE Welfare Fund. I approve the Plan's use of my child/children's name 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 San Francisco Culinary, Bartenders and Service Employees Welfare Fund.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Reviewed By _____	Date _____
Eligibility _____	Commitment Form _____
Check _____	