



Local 2/Hospitality Industry Child & Elder Care Plan

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

日期: 计划年度 2023 – 2024 *Plan Year 2023-2024*

致以: Local 2 会员和他们的看护 *Local 2 Members and Their Caregivers*

发出人: Louise Rush, 计划主任 *Louise Rush, Plan Director*

标题: 长者/残障亲属看护福利付款手续 *Elder/Disabled Care Benefit Payment Procedures*

长者/残障看护福利的目的是为了 Local 2 会员需要工作的时候, 帮助会员支付一名看护来照顾他们的亲属。这项福利并非用于补充你的收入而且必须实际用于支付你家庭的看护。

The purpose of the Elder/Disabled Care benefit is to help Local 2 workers pay someone to care for their relative while they work. These benefits are not intended to supplement the income of Local 2 workers and must actually be paid to the family's caregivers.

儿童和长者看护计划制订了相关手续来确保可以准确支付看护。

The Child & Elder Care Plan has procedures to ensure correct payment to caregivers.

此表格, 正面与反面, 包含需要阁下本人和看护者承诺的重点事项。

This form, front and back, contains key points that require agreement from you and your caregiver.

Local 2 会员 —— 请阅读并签名

1. 如果我更换我所支付负责照顾我亲属的看护, 我会在 30 天之内通知本计划办公室。 *I will notify the Plan office within 30 days if the person I pay to take care of my relative changes.*

2. 我向看护每月支付 160 美元或以上来照顾我的亲属
I pay my caregiver \$160 or more a month to care for my relative.

填写并签名代表我本人同意以上第一和第二条款。

Printing and signing my name below confirm my agreement to #1 and #2 above.

2 号工会会员姓名 (正楷)

签名

日期





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计划年度：2023 年 9 月至 2024 年 8 月

提供为长者和残障亲属看护的付款证明

看护者: 请由你填写

看护者姓名 _____ 电话 _____
Name of Paid Caregiver Phone

你可以讲: 英文 _____ 广东话 _____ 其他 _____
Languages You Speak: English Cantonese Other

每个月你获支付的时数 # _____
NUMBER of Hours You Are Paid Each Month

你的看护对象姓名 _____
Name of PERSON You Care For

每个月 2 号工会会员所支付你的看护费用 \$ _____
Amount EACH MONTH You Are Paid by Local 2 Worker

你是否与支付你费用的 2 号工会会员有亲属关系? 是 _____ 否 _____
Are you related to the Local 2 worker who pays you? Yes No

如果是的话, 你们的关系? _____
If yes, how are you related?

看护者: 请由你填写

- 如果来自 Local2 儿童和长者看护计划的职员联络我, 我会回答关于本人在看护责任方面的问题。 *If someone from the Local 2 Child & Elder Care Plan contacts me, I will answer their questions about my caregiving responsibilities.*
- 我每个月收到 160 美元或更多, 用于照顾本页提及的长者或残障的人。 *I receive \$160 or more per month to care for the elder or disabled person referenced on this page.*

填写并签名代表我本人同意以上第一和第二条款以及其他所有我在此表格上填写的信息。
Printing and signing my name below confirm my agreement to #1 and #2 above and to all the information written on this page.

看护者姓名 (正楷)

看护者签名

日期

