



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

Date: Plan Year 2018-2019
Memo To: Local 2 Members and Their Caregivers
Memo From: Louise Rush, Plan Director
Subject: Elder/Disabled Care Benefit Payment Procedures

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.

The Child & Elder Care Plan has procedures to ensure correct payment to caregivers. Below are some key points that require agreement from you and your caregiver.

Caregivers – Please read and initial

If someone from the Local 2 Child & Elder Care Plan contacts me, I will answer their questions about my caregiving responsibilities. _____

I receive **\$160 or more per month** to care for the person referenced on the other side of this paper. _____

I am the person who completed the caregiver section on the other side of this paper.

Local 2 Members – Please read and initial

I will notify the Plan office within 30 days if the **person I pay** to take care of my relative changes. _____

I pay my caregiver **\$160 or more a month** to care for my relative. _____



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Plan Year: September 2018 - August 2019

PROOF OF PAYMENT FOR CARE OF ELDER OR DISABLED RELATIVES

LOCAL 2 MEMBER: PLEASE COMPLETE

Name of Local 2 Member (Print)

Signature

Date

*

*

*

CAREGIVERS: PLEASE COMPLETE THE SECTION BELOW

Name of Paid Caregiver _____

Phone _____

Languages You Speak: English ___ Spanish ___ Cantonese ___ Other _____

NUMBER of Hours You Are Paid Each Month # _____

Name of PERSON You Care For _____

Amount EACH MONTH You Are Paid by Local 2 Worker \$\$ _____

Are you related to the Local 2 worker who pays you? ___yes ___no

If yes, how are you related? _____

Provider Name (Print)

Provider Signature

Date