



# 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 2022-2023  
Memo To: Parents and Their Caregivers  
Memo From: Louise Rush, Plan Director  
Subject: Informal Child Care Benefit Payment Procedures

The purpose of the Informal Child Care benefit is to help Local 2 workers pay someone to care for their children 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. The submission of false information for purposes of obtaining Plan benefits is not only a violation of the terms of the Plan, such conduct is unlawful.

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

### **LOCAL 2 MEMBERS – PLEASE COMPLETE**

1. I will notify the Plan office within 30 days if the person I pay to take care of my child changes.
2. I pay my caregiver \$100 or more a month to care for my child.

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

Name of Local 2 Member (Print)

Signature

Date





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Plan Year: September 2022 - August 2023

### PROOF OF PAYMENT FOR CARE OF CHILDREN

#### CAREGIVERS – PLEASE COMPLETE

Name of Paid Caregiver \_\_\_\_\_

Phone \_\_\_\_\_

Languages You Speak: English \_\_\_ Spanish \_\_\_ Cantonese \_\_\_ Other \_\_\_\_\_

NUMBER of Hours You Are Paid Each Month # \_\_\_\_\_

Name of CHILD 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? \_\_\_\_\_

#### CAREGIVERS – PLEASE COMPLETE

1. If someone from the Local 2 Child & Elder Care Plan contacts me, I will answer their questions about my caregiving responsibilities.
2. I receive \$100 or more per month to care for the child referenced on this page.

**Printing and signing my name below confirm my agreement to #1 and #2 above and to all the information I have written on this page.**

Name of Caregiver (Print)

Signature

Date

