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 2019-2020

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.

Below are some key points that require agreement from you and your caregiver.

CAREGIVERS – Please read and SIGN YOUR NAME

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

I receive **$100 or more per month** to care for the child 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 SIGN YOUR NAME

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

I pay my caregiver **$100 or more a month** to care for my child. ________________________

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Plan Year: September 2019 - August 2020

PROOF OF PAYMENT FOR CARE OF CHILDREN

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 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? ____

__________________________ __________________________ _______________

Provider Name (Print) **Provider Signature** **Date**