



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

非正式托儿

付款证明

非正式托儿福利的目的是为了在二号工会的工人们需要工作的时候，帮助他们支付一名看护人员来照顾他们的子女。**这项福利并非用于补充二号工会的工人收入而是必须实际用于支付家庭成员的看护。**

The purpose of the Informal Child Care benefit is to help Local 2 workers pay a caregiver 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 caregiver.

儿童和耆英护理计划制订了相关手续来确保可以准确支付看护。为了获得计划福利而提交虚假信息不仅违反了计划条款，而且此类行为也是非法的。

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.

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**子女**的看护人员，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 caregiver I pay to take care of my **child** changes.*
2. 我向看护人员每月支付 200 美元或以上来照顾我的**子女**。*I pay my caregiver \$200 or more a month to care for my **child**.*

填写并签名确认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





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

非正式托儿

看护者 - 请由你手写, 非打印

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

你所照顾的儿童姓名 _____

Name of CHILD You Care For

每个月 2 号工会会员所支付给你的看护费用 \$\$ _____

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

1. 如果来自 Local2 儿童和耆英护理计划的职员联络我, 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 **child care** responsibilities.

2. 我每个月收到 200 美元或更多, 用于照顾本页提及的儿童。

I receive \$200 or more per month to care for the **child** referenced on this page.

填写并签名确认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 & signing my name below confirms my agreement to #1 & #2 above & to all the information above.

看护者姓名 (正楷)

看护者签名

日期

