



# 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

## INFORMAL CHILD CARE

### PROOF OF PAYMENT FORM

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.**

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

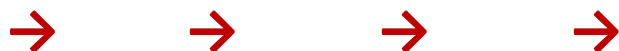
1. I will notify the Plan office within 30 days if the caregiver I pay to take care of my **child** changes.
2. I pay my caregiver \$200 or more a month to care for my **child**.

**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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### INFORMAL CHILD CARE

**CAREGIVER: PLEASE HANDWRITE – DON'T USE A COMPUTER**

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? \_\_\_\_\_

#### CAREGIVER – PLEASE COMPLETE

1. If someone from the Local 2 Child & Elder Care Plan contacts me, I will answer their questions about my child care responsibilities.
2. I receive \$200 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

