



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 2024-2025
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 a caregiver 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 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 relative changes.
2. I pay my caregiver \$160 or more a month to care for my relative.

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

Name of Local 2 Member (Print)

Signature

Date





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Plan Year: September 2024 - August 2025

PROOF OF PAYMENT FOR CARE OF ELDER OR DISABLED RELATIVES

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 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? _____

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 \$160 or more per month to care for the elder or disabled person 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

