



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

日期: 计划年度 2024 – 2025 *Plan Year 2024 - 2025*

致以: 家长和看护 *Parents and Their Caregivers*

发出人: Louise Rush, 计划主任 *Louise Rush, Plan Director*

标题: 非正式托儿福利付款手续 *Informal Child Care Benefit Payment Procedures*

非正式托儿和长者/残障福利的目的是为了在你需要工作的时候，帮助你支付一名看护来照顾你的子女。这项福利并非用于补充你的收入而且必须实际用于支付你家庭的看护。

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.

儿童和长者看护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

- 如果我更换我所支付负责照顾我子女的看护，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.*
- 我向看护每月支付 100 美元或以上来照顾我的孩子。** *I pay my caregiver \$100 or more a month to care for my child.*

填写并签名代表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

计划年度: 2024 年 9 月至 2025 年 8 月

为儿童提供看护的付款证明

看护者: 请由你填写

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 儿童和长者看护计划的职员联络我, 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 100 美元或更多, 用于照顾本页提及的儿童。 *I receive \$100 or more per month to care for the child referenced on this page.*

填写并签名代表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 written on this page.

看护者姓名 (正楷)

看护者签名

日期

