

Local 2 Benefits

To access the Local 2 Benefits web application, open a web browser and go to <https://benefits.local2benefits.org>

The screenshot shows the login page for the Local 2 Hospitality Industry Child & Elder Care Plan. At the top, there is a blue header with the text "Local 2 Hospitality Industry Child & Elder Care Plan" and a language dropdown menu set to "English". Below the header is a green bar with the text "Log In". The main content area is white and contains two input fields for "Email" and "Password". To the right of the "Email" field is a box with the text "First time? New user?" and a link "Register Here". Below the "Password" field is a "Forgot Password?" link. At the bottom left of the form is a green "Log In" button.

First-time Users

If you are first-time user, you need to register for an account. Click the “Register Here” link.

The screenshot shows the registration page for the Local 2 Hospitality Industry Child & Elder Care Plan. At the top, there is a blue header with the text "Local 2 Hospitality Industry Child & Elder Care Plan" and a language dropdown menu set to "English". Below the header is a green bar with the text "Register". The main content area is white and contains a form titled "Account Information" and "Personal Info". The "Account Information" section has three input fields for "Email*", "Password*", and "Retype Password*". A green box contains a password requirement: "A password must be between 8-32 characters and contain at least one upper case letter, one lower case letter, one number, and one special character(!@#%&*~)". The "Personal Info" section has several input fields: "First Name*", "Middle Name", "Last Name*", "Street Address*", "Apt/Unit #", "City*", "Zip Code*", "Primary Language*", "Cell Phone*", "Employer*", "Social Security #*", and "Job*". At the bottom of the form is a "Register" button. Below the form is a section for "Opt-In" and "Opt-Out" options. The "Opt-In" option is selected, with the text: "Opt-In : I agree to be contacted by Local 2 by text message regarding the status of my benefit application. I understand that if I choose to opt-in, none of my personal information will be shared with third parties." The "Opt-Out" option is: "Opt-Out : I DO NOT AGREE to be contacted by Local 2 by text message regarding the status of my benefit application."

Enter all of the required information and then click

Register

Then, you should see the following screen:

Local 2 Hospitality Industry Child & Elder Care Plan

Registration Confirmed

Congratulations! You have successfully registered as a user. You will receive an email shortly that contains a 6-digit code. Please enter that code below to verify your email address.

If you don't see an email in your Inbox, don't forget to check your Junk/Spam folder. If you don't receive an email within 15 minutes, please contact us at ChildElderPlan@local2benefits.org.

Code*

Verify

Enter the 6-digit code you received by email and then click

Verify

If you entered the correct code, you should see the following popup:

Registration Confirmed



Your registration and email address have been confirmed. Please log in.

Log In

Click

Log In

Existing Users

Local 2 Hospitality Industry Child & Elder Care Plan

Language English

Log In

Email

First time? New user?

[Register Here](#)

Password

[Forgot Password?](#)

Log In

Enter your Email and Password and click

Log In

Application Time

Application time for the **2026-2027** plan year is now open.

If you want to create or update an application for the 2026-2027 plan year, click the "New Plan Year Application" button.

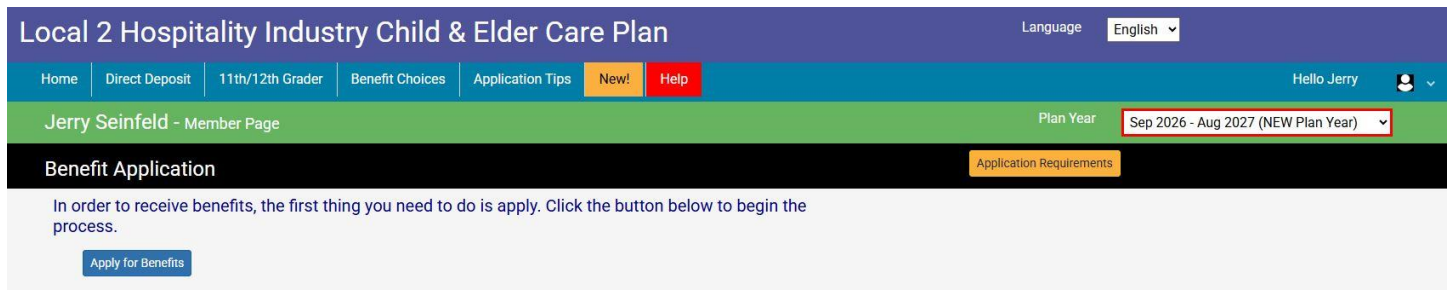
Alternatively, if you need to modify your application or submit documents for the **2025-2026** plan year, please click the "Modify Existing Application" button.

New Plan Year Application

Modify Existing Application (2025-2026)

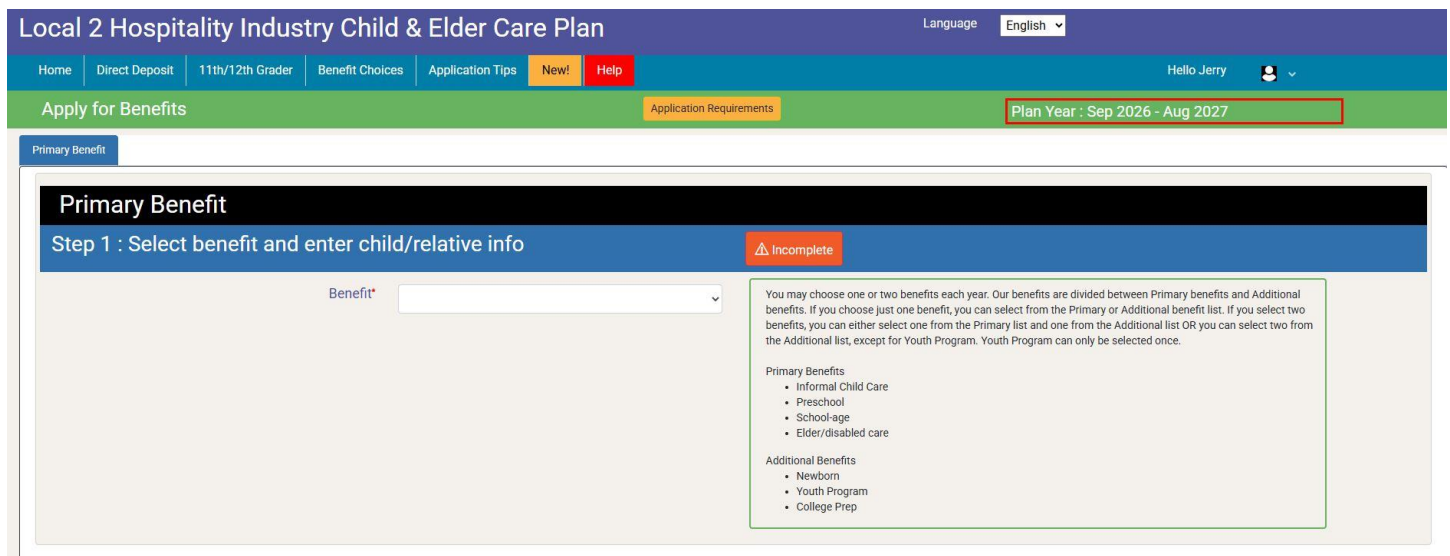
If you are creating a new application or updating an application for plan year 2026-2027, click **New Plan Year Application**. If you need to modify an existing application from plan year 2025-2026, click **Modify Existing Application (2025-2026)**.

In either case, this will take you to your Member Page.



New Application

If you are creating a new application, click **Apply for Benefits**.



Primary Benefit

Step 1 is to select your primary benefit and enter the child/relative information. For example, if you select "Elder/Disabled Care", you'll see the following screen:

Primary Benefit

Step 1 : Select benefit and enter child/relative info

Incomplete

Benefit*

Elder/Disabled Relative First Name*

Elder/Disabled Relative Last Name*

Elder/Disabled Relative Date of Birth*

Elder/Disabled Relative Social Security #*

Relationship to You*

Zip Code*

Save

ELDER/DISABLED CARE \$200/Month

- Reimburses expenses for caregiving of a disabled child 13 years or older, disabled spouse, domestic partner, parent, current step parent or parent-in-law, or grandparent.
- Reimbursable services must be related to the health or well-being of the elder/disabled adult or child.
- Offers counseling and referral services related to care for elders or disabled relatives.

Enter all of the information about your relative and then click “Save”. Then all of the additional steps will be displayed.

Step 2 : Upload Required Documents

Incomplete

Benefit : Elder/Disabled Care
Relative: Jonas Salk

If your document includes multiple files, then you need to upload all files.

Document Type	Uploaded Files
Birth Certificate	missing
Social Security Card	missing
Doctors/IHSS Form	missing Get blank form
Proof of Address	missing

Step 3 : Answer Affidavit Questions

Incomplete

Please answer each statement below and then acknowledge and agree to the terms.

Elder/Disabled Care Affidavit

Jerry Seinfeld

1. I use this benefit to pay someone to care for my relative so I can go to work

2. I and/or my spouse claim this relative as a dependent in tax year 2026 and 2027.

3. I pay at least \$200 per month for the care of my relative.

4. I pay:

This person is NOT my spouse or the spouse of my relative.

5. Name of CAREGIVER I pay

Telephone

6. The caregiver I pay is my child or stepchild under the age of 19.

7. I and/or my spouse claim the caregiver as a dependent on our tax forms.

8. The elder/disabled relative spends at least 8 hours per day in my home.

9. If the caregiver I pay to take care of my relative changes, I will notify the Plan office within 30 days.

I acknowledge and agree to the terms below.

- The Local 2/Hospitality Industry Child & Elder Care Plan (“Plan”) reserves the right to contact and obtain documentation from the service provider listed on this affidavit and previously submitted affidavits to verify any services rendered and/or receipts paid.
- I will notify the Plan office within 30 days if there is a change in the service provider, in my address, or if the relative named above moves outside one of the 15 approved Northern California counties.
- I will notify the Plan office within 30 days if the elder/disabled relative named above no longer required provider services due to death or improved medical condition.
- All information submitted by me to the Plan is truthful and accurate. I understand that falsifying any information is grounds for the Plan’s termination of benefits and I will reimburse the Plan all money improperly paid to me.
- I grant the Plan my permission to photograph me, my child or relative and agree that these images may be used by the Plan, or by the individuals or entities related to the San Francisco Culinary, Bartenders and Service Employees Welfare Fund (“Welfare Fund”). I approve the Plan’s and/or Welfare Fund’s use of my child/children’s name(s) for purposes of recognizing their achievements.
- I agree to all conditions and limitations of the Local 2/Hospitality Industry Child & Elder Care Plan and the Welfare Fund.

I acknowledge and agree to the terms specified above.

Save

Step 4 : Upload Proof of Payment Form

⚠ Incomplete

Your application is not complete until we receive the Proof of Payment form filled out by you and your caregiver. Click [here](#) if you'd like us to mail you a copy. Click [here](#) if you want to print and upload it yourself.

File	Upload
None	

For the Elder Care and Informal Child Care benefits, you must upload BOTH pages of the proof of payment form.

Step 5 : Submit Benefit

⚠ Incomplete

Your application for this benefit cannot be submitted. Please address the following issues:

- Please upload all of the required documents.
- Please complete the affidavit.
- Please upload the Proof of Payment form.
- Please complete the Form W-4.
- Please complete the Form DE 4.
- Please confirm your direct deposit information.

After all of the steps have been completed, then the Step 5 screen will look like this:

Step 5 : Submit Benefit

⚠ Incomplete

Your application for this benefit is complete and ready to be submitted. Please read the acknowledgement below and check the box to indicate your agreement to the terms.

I acknowledge and agree to the terms below.

I am responsible for screening, interviewing, and selecting all care providers. I accept the Local 2/Hospitality Industry Child & Elder Care Plan, my employer, and the Trustees of the SF Culinary, Bartenders and Service Employees Welfare Fund bear no liability for the care arrangement I make. I understand the financial reimbursement I am awarded may be considered taxable income and if so, I will receive a W-2 tax form at the end of the tax year. I understand falsifying the information provided here, on my financial reimbursement affidavit, or any other Plan forms or documents constitutes fraud and is grounds for termination of all benefits and reimbursement of money improperly paid to me. I agree to all conditions and limitations in the Local 2/Hospitality Industry Child & Elder Care Plan.

I acknowledge and agree to the terms above.

Submit Benefit

Check the Acknowledge checkbox and click Submit Benefit.

Step 5 : Submit Benefit

✓ Complete

Your application for this benefit has been submitted. Local 2 staff will contact you if any further action is required.