

Vector Control Joint Powers Agency Business Travel Accident Coverage

DISTRICT:

CONTACT NAME/EMAIL:

EMPLOYEE/TRUSTEE INFORMATION:

**Annual Travel Days –
Please Check One:**

| Name (Last, First, MI) | Position | Date of Birth If 70+ Only | Date of Hire | Class* | 10 Days or Less | 11-25 Days | 26-50 Days | 50+ Days | Beneficiary** | Relationship |
|---------------------------|----------|---------------------------------|--------------|--------|-----------------|------------|------------|----------|---------------|--------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| Class* | Coverage Amount | Description |
|--------|---------------------------------|---|
| I | \$150,000 | All District Managers under age 70 |
| II | See Reduced Benefit Scale Below | All District Managers age 70 and over |
| III | \$150,000 | All other designated individuals and Trustees under age 70 |
| IV | See Reduced Benefit Scale Below | All other designated individuals and Trustees age 70 and over |

Please return completed form to:
chrissy.mack@sedgwick.com

For questions, please contact Chrissy Mack at 916.244.1177,
chrissy.mack@sedgwick.com

Mailing Address:
 VCJPA
 1750 Creekside Oaks Drive, Suite 200
 Sacramento, CA 95833

****Beneficiary Card Must Be on File with the VCJPA**

| AGE ON DATE OF ACCIDENT | PERCENTAGE OF AMOUNT OTHERWISE PAYABLE |
|-------------------------|--|
| 70 - 74 | 65% |
| 75 - 79 | 45% |
| 80 - 84 | 30% |
| 85 and older | 15% |