

## 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:**

[bebepearson@sedgwick.com](mailto:bebepearson@sedgwick.com)

For questions, please contact Bebe Pearson at 916.244.1119

[bebepearson@segwick.com](mailto:bebepearson@segwick.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%