

# 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	<p><b>Please return completed form to:</b>  <a href="mailto:bebepearson@segwick.com">bebepearson@segwick.com</a></p> <p>For questions, please contact Bebe Pearson at 916.244.1119  <a href="mailto:bebepearson@segwick.com">bebepearson@segwick.com</a></p> <p>Mailing Address:  VCJPA  1750 Creekside Oaks Drive, Suite 200  Sacramento, CA 95833</p>	
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		
AGE ON DATE OF ACCIDENT	PERCENTAGE OF AMOUNT OTHERWISE PAYABLE	<b>**Beneficiary Card Must Be on File with the VCJPA</b>		
70 - 74	65%			
75 - 79	45%			
80 - 84	30%			
85 and older	15%			