

## Vector Control Joint Powers Agency Business Travel Accident Coverage

DISTRICT:

CONTACT:

Travel Days - Place Check in Appropriate Column

| Name<br>(Last, First, MI) | Position | Address | Date<br>of<br>Birth | Date<br>of<br>Hire | Class | 9 or<br>less<br>Days<br>Per<br>Year | 10-24<br>Days<br>Per<br>Year | 25-49<br>Days<br>Per<br>Year | 50 or<br>more<br>Days<br>Per<br>Year | Beneficiary | Relationship |
|---------------------------|----------|---------|---------------------|--------------------|-------|-------------------------------------|------------------------------|------------------------------|--------------------------------------|-------------|--------------|
|                           |          |         |                     |                    |       |                                     |                              |                              |                                      |             |              |
|                           |          |         |                     |                    |       |                                     |                              |                              |                                      |             |              |
|                           |          |         |                     |                    |       |                                     |                              |                              |                                      |             |              |
|                           |          |         |                     |                    |       |                                     |                              |                              |                                      |             |              |
|                           |          |         |                     |                    |       |                                     |                              |                              |                                      |             |              |
|                           |          |         |                     |                    |       |                                     |                              |                              |                                      |             |              |

| Class | Coverage Amount | Description   |
|-------|-----------------|---|
| I     | \$150,000       | All District Managers under age 70                            |
| Ia    | \$150,000       | All District Managers age 70 and over                         |
| II    | \$150,000       | All other designated individuals and Trustees under age 70    |
| Ila   | \$150,000       | All other designated individuals and Trustees age 70 and over |

**Please return completed form to:**

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