



LIFE INSURANCE BENEFICIARY CHANGE FORM

PRIMARY BENEFICIARY:

The person(s) named as your primary beneficiary(ies) will be entitled to the proceeds of **all** of the group term life insurance for which you are covered and/or enrolled. This includes all group term life insurance that is provided by PERCS/Boyd Gaming (if applicable) **plus** any volunteer term life insurance plan(s) in which you are enrolled (if applicable). If you name more than one person, the proceeds will be divided equally unless you specify otherwise on this form.

BENEFICIARY NAME	ADDRESS (INCLUDE CITY, STATE, ZIP)	RELATIONSHIP TO YOU	PERCENT OF INSURANCE (MUST TOTAL 100%)

CONTINGENT BENEFICIARY:

The person(s) named as contingent beneficiary(ies) will **only** receive the above-referenced life insurance proceeds if **all** of the above-named "Primary Beneficiary(ies)" are also deceased.

BENEFICIARY NAME	ADDRESS (INCLUDE CITY, STATE, ZIP)	RELATIONSHIP TO YOU	PERCENT OF INSURANCE (MUST TOTAL 100%)

By signing below, I hereby confirm my choice(s) of beneficiary(ies) named above and revoke all prior designations.

Signature of Employee

Date

Employee Name (PLEASE PRINT)

Social Security Number

PLEASE SEND THIS FORM TO:
Boyd Gaming Corporation PERCS
2950 Industrial Road
Las Vegas, NV 89109-1150

