

**2017 Summary of Material
Modifications (SMM) for Dental
Benefit Program**

Effective as of January 1, 2017

This Summary of Material Modifications (the “SMM”) only covers the Dental Benefit Program of the RR Donnelley Group Benefits Plan (the “Plan”). In addition, nothing in this SMM, the Summary Plan Description of the Dental Benefit Program (the “SPD”) or its appendices should be interpreted as an employment contract. This SMM merely describes the material changes to the coverages and benefits offered to eligible participants from the date of the last SPD until January 1, 2017. R.R. Donnelley & Sons Company (“RR Donnelley”) reserves the right to amend, change, or terminate the Plan or the Dental Benefit Program, in whole or in part, at any time. If a capitalized term is not defined in this SMM, such term shall have the definition set forth in the SPD.

This SMM contains a summary in English to supplement and/or replace the information provided in the SPD and its appendices. If there is any inconsistency between the SMM and the SPD, this SMM shall control. You should keep this SMM with your SPD, and other Dental Benefit Program and/or Plan documents. If you have difficulty understanding any part of this content, call the RR Donnelley Benefits Center at 1-877-RRD-4BEN (1-877-773-4236). Benefits Center Representatives are available from 8 a.m. to 5 p.m. CT, Monday through Friday.

(The following section replaces the section of the SPD titled “Extended Coverage for Disabled Children” found under the section of the SPD titled “Who Is Eligible” beginning on page 8 of the SPD.)

Extended Coverage for Disabled Children

If your enrolled eligible child is permanently and totally disabled (as defined in Code Section 22(e)(3)) and unable to support himself or herself, you can continue coverage for that child until the end of the month in which the child reaches age 26. To be eligible for continued coverage, your child must be enrolled under the Dental Benefit Program immediately before the coverage would otherwise end, and the disability must begin while your enrolled eligible child’s coverage under the Dental Benefit Program is in effect. To continue coverage, you must contact your claims administrator to request the form(s) to complete. You must provide proof (for example, a physician’s certificate) of your child’s disability within 30 days of the day the child’s coverage would have otherwise ended. If you do not, coverage for your disabled child ends, and you will not have another opportunity to add or continue coverage for your disabled child based on his or her disability status.

If your permanently and totally disabled (as defined in Code Section 22(e)(3)) child has already reached age 26 or older when he or she first gains eligibility under the Dental Benefit Program, you must enroll him or her for coverage immediately. To confirm eligibility, you must contact your claims administrator to request the certification form(s) to complete. You must provide proof (for example, a physician’s certificate) of your child’s disability within 30 days of enrollment or your child’s coverage will be ended and you will not have another opportunity to add coverage for your disabled child based on his or her disability status.

Your disabled child must continue to meet the following conditions to be an eligible child under the Dental Benefit Program:

- Be unmarried; and
- Be permanently and totally disabled (incapable of self-supporting employment because of a mental or physical handicap, disability, or injury).

You will need to provide proof (for example, a doctor's physician's certificate) of the continued disability each calendar year to maintain coverage. A request for proof of continued disability will be made around the time of your disabled child's birthday.

If any of the above conditions for extended coverage for your child is not met or you do not complete and return the proof of disability to the claims administrator at the address and by the deadline indicated, your child will cease to be an eligible child and will lose extended coverage.