

**R.R. DONNELLEY**

**2017 Summary of Material  
Modifications (SMM) for the  
R.R. Donnelley & Sons Company  
Qualified Status Changes (and the  
Participant Premium Program)**

Effective as of January 1, 2017

Benefits Plan (collectively, the “Plan”). In addition, nothing in this SMM, the Summary Plan Description of the Qualified Status Changes (and the Participant Premium 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 Participant Premium 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 Participant Premium 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 “Summary of Qualified Status Changes and Your Options” chart replaces the “Summary of Qualified Status Changes and Your Options” chart of the SPD titled “Qualified Status Changes and the Participant Premium Program” found on page 10.)*

Summary of Qualified Status Changes and Your Options		
Event	Benefit Type	Changes You May Be Able to Make
<b>Marriage/Special Enrollment Rights May Also Apply</b>  Marriage is considered to be a legal marriage with an opposite-sex partner and includes common-law marriages only in States where common-law marriages are legally recognized.	Medical/Dental/Vision	You may enroll your new Eligible Dependents or increase your election on account of your new Eligible Dependents; coverage option change maybe made; can revoke or decrease coverage for you or your existing Eligible Dependents only when such coverage becomes effective or is increased under your Spouse’s health plan.
	Health Care FSA	You may enroll your new Eligible Dependents or increase your election on account of new Eligible Dependents; or revoke or decrease your election for you or your existing Eligible Dependents if you or your existing Eligible Dependents become eligible under your Spouse’s health plan.

**Summary of Qualified Status Changes and Your Options**

Event	Benefit Type	Changes You May Be Able to Make
	Dependent Care FSA	You may enroll your new Eligible Dependents or increase your election on account of new Eligible Dependents; or decrease coverage if Spouse is not employed or increase/decrease coverage if Spouse makes a Dependent Care FSA coverage election under his or her own health plan.
Gain Domestic Partner	Medical/Dental/Vision	Add domestic partner and add domestic partner's Eligible Dependents. Drop coverage if this event includes a gain of plan eligibility under the Domestic Partner's plan
	Health Care FSA	No changes allowed.
	Dependent Care FSA	You may enroll your new Eligible Dependents or increase your election on account of new Eligible Dependents; or decrease coverage if your Domestic Partner is not employed or increase/decrease coverage if DP makes a Dependent Care FSA coverage election under his or her own health plan.
Birth/Adoption (or placement for adoption)/Special Enrollment Rights May Also Apply	Medical/Dental/Vision	You may enroll your new Eligible Dependents or increase your election on account of Eligible Dependents; coverage option change maybe made; can revoke or decrease coverage for you or your existing Eligible Dependents if you or your existing Eligible Dependent become eligible under a Spouse's health plan.
	Health Care FSA	You may enroll your new Eligible Dependents or increase your election an account of your new Eligible Dependents; coverage option change maybe made; can revoke or decrease coverage for you or your existing Eligible Dependents if you or your existing Eligible Dependent become eligible under a Spouse's health plan.
	Dependent Care FSA	You may enroll your new Eligible Dependents or increase coverage to accommodate newly Eligible Dependents and any other existing Eligible Dependent who was not previously covered.

**Summary of Qualified Status Changes and Your Options**

Event	Benefit Type	Changes You May Be Able to Make
<p><b>Loss of Eligible Dependent Status/Special Enrollment Rights May Also Apply</b>                      This event applies in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Loss of a legal guardianship arrangement</li> <li>• Loss of a legal foster child arrangement</li> <li>• Eligible dependent reaches age 26</li> </ul>	Medical/Dental/Vision	You may drop coverage only for the Eligible Dependent who loses eligibility; coverage option change maybe made.
	Health Care FSA	You may decrease (or cease) your election for and on account of an Eligible Dependent who loses eligibility.
	Dependent Care FSA	You may decrease(or cease) your election for and on account of an Eligible Dependent who loses eligibility.
<p><b>Gain of Eligible Dependent/Special Enrollment Rules May Also Apply</b>                      This event applies in the following circumstances:</p> <ul style="list-style-type: none"> <li>• Gain of an eligible dependent due to a legal guardianship arrangement</li> <li>• Gain of a foster child</li> </ul>	Medical/Dental/Vision	You may enroll your new Eligible Dependents or increase your election on account of new Eligible Dependents; coverage option change maybe made; can revoke or decrease coverage for you or your existing Eligible Dependents if you or your existing Eligible Dependent become eligible under a Spouse's health plan.
	Health Care FSA	You may enroll your new Eligible Dependents or increase your election on account of new Eligible Dependents; coverage option change maybe made; can revoke or decrease coverage for you or your existing Eligible Dependents if you or your existing Eligible Dependents become eligible under a Spouse's health plan.
	Dependent Care FSA	You may enroll your new Eligible Dependents or increase coverage to accommodate newly Eligible Dependents and any other existing Eligible Dependent who was not previously covered.
<p><b>Divorce/Legal Separation/Annulment/Special Enrollment Rights May Also Apply</b></p>	Medical/Dental/Vision	You may revoke your election only for a former Spouse; coverage option change can be made. You may elect coverage for yourself or other Eligible Dependents (excluding your former Spouse) who lose eligibility under your former Spouse's plan if such individual loses eligibility as a result of the divorce, legal separation, annulment.

**Summary of Qualified Status Changes and Your Options**

<b>Event</b>	<b>Benefit Type</b>	<b>Changes You May Be Able to Make</b>
	Health Care FSA	You may decrease your election to reflect the loss of Spouse's eligibility. You may enroll or increase your election where coverage is lost under former Spouse's health plan.
	Dependent Care FSA	You may enroll or increase contributions to accommodate newly Eligible Dependents or cease your coverage if eligibility is lost.
<b>Death of Spouse/Eligible Dependent</b>	Medical/Dental/Vision	You may revoke your election only for deceased Eligible Dependent; coverage option change can be made. You may elect coverage for yourself or other Eligible Dependents who lose eligibility under you're a deceased Spouse's plan if such individual loses eligibility as a result of the death.
	Health Care FSA	You may decrease your election to reflect the loss of eligible dependent's eligibility. You may enroll or increase election where coverage is lost under a deceased Spouse's health plan.
	Dependent Care FSA	You may enroll or increase your contributions to accommodate newly Eligible Dependents or cease coverage if eligibility is lost.
<b>Loss of a Domestic Partner</b>	Medical/Dental/Vision	You may drop a Domestic Partner, or drop affected Eligible Dependent(s) Enroll for coverage or add Eligible Dependents if this event includes a loss of plan eligibility under the Domestic Partner's plan.
	Health Care FSA	No changes are allowed.
	Dependent Care FSA	You may enroll or increase your contributions to accommodate newly Eligible Dependents or cease coverage if eligibility is lost.
<b>Begin Approved Unpaid Leave of Absence – Results in No Change in Eligibility for Plan</b>	Medical/Dental/Vision	You may revoke your election or change your coverage option
	Health Care FSA	You may decrease or stop your election.

**Summary of Qualified Status Changes and Your Options**

<b>Event</b>	<b>Benefit Type</b>	<b>Changes You May Be Able to Make</b>
(employees only) Note: RR Donnelley will advance premiums while you are on a leave of absence, provided you agree to repay the advance when you return from the leave of absence (does not apply for the Dependent Care FSA).	Dependent Care FSA	You may decrease or stop your election.
<b>Return From Approved Unpaid Leave of Absence - Results in No Change in Eligibility for Plan</b> (employees only) This event applies only more than 30 days from the date of the leave.	Medical/Dental/Vision	You may add or change your coverage option to reinstate coverage upon return to work.
	Health Care FSA	You may increase or re-start your contributions.
	Dependent Care FSA	You may increase or re-start your contributions.
<b>Change From Non-Benefits-Eligible to Benefits-Eligible Employment</b> (employees only) Must result in <b>gain</b> of plan eligibility	Medical/Dental/Vision	You may add coverage for yourself and your Eligible Dependents.
	Health Care FSA	You may add coverage for yourself and your Eligible Dependents.
	Dependent Care FSA	You may add coverage for yourself and your Eligible Dependents.
<b>Spouse's/Dependent's Change From Non-Benefits-Eligible to Benefits-Eligible at His or Her Employer</b> This event must result in the <b>gain of other plan</b> eligibility and applies in the following circumstances: <ul style="list-style-type: none"> <li>• Your spouse or Eligible Dependent begins employment (including becoming an RR Donnelley benefits-eligible employee)</li> <li>• Your spouse or Eligible Dependent experiences a work-site transfer</li> </ul>	Medical/Dental/Vision	You may revoke or decrease your election or your Spouse's or other Eligible Dependent's election under the Plans if you, your Spouse or your Other Eligible Dependent (as applicable) are added to your Spouse's or Other Eligible Dependent's plan and a coverage option change may be made.
	Health Care FSA	You may revoke or decrease your election or your Spouse's or other Eligible Dependent's election under the Plans if you, your Spouse or your Other Eligible Dependent (as applicable) are added to your Spouse's or Other Eligible Dependent's plan and a coverage option change may be made.

**Summary of Qualified Status Changes and Your Options**

Event	Benefit Type	Changes You May Be Able to Make
<ul style="list-style-type: none"> <li>Your spouse or eligible dependent experiences a change in status from part-time to full-time, or from hourly to salaried employment</li> <li>Your spouse or Eligible Dependent returns from an unpaid leave of absence</li> <li>Your spouse or Eligible Dependent returns from a strike or lockout at his/or her workplace</li> </ul>	Dependent Care FSA	You may revoke or decrease your election or your Spouse's or other Eligible Dependent's election under the Plans if you, your Spouse or your Other Eligible Dependent (as applicable) are added to your Spouse's or Other Eligible Dependent's plan and a coverage option change may be made.
<p><b>Spouse's/Dependent's Change From Benefits-Eligible to Non-Benefits-Eligible at His or Her Employer</b></p> <p>This event must result in the <b>loss of other plan</b> eligibility and applies in the following circumstances:</p> <ul style="list-style-type: none"> <li>Your Spouse or Eligible Dependent ends employment</li> <li>Your Spouse or Eligible Dependent experiences a work-site transfer</li> <li>Your Spouse or Eligible Dependent experiences a change in status from full-time to part-time, or from salaried to hourly employment</li> <li>Your Spouse or Eligible Dependent begins an unpaid leave of absence</li> <li>Your Spouse or Eligible Dependent experiences a strike or lockout at his/or her workplace</li> </ul>	Medical/Dental/Vision	You may enroll or increase the election of benefits for you, or your Eligible Dependent who lose eligibility under the other Eligible Dependent's Plan. Also, a coverage option change may be made.
	Health Care FSA	You may enroll or increase your election to reflect loss of eligibility for health coverage.
	Dependent Care FSA (applies only to spouse)	You may enroll or increase your election if your Eligible Dependent loses eligibility for the program. You may decrease or cease your election to reflect loss of eligibility for coverage.
<p><b>Spouse's/Dependent's Annual Enrollment That Does Not Correspond With the Employee's Annual Enrollment</b></p>	Medical/Dental/Vision	You may enroll for coverage, add affected an Spouse, add affected Eligible Dependent(s), or drop coverage if this is consistent with the change made by your Spouse or dependent at his or her employer's plan
	Health Care FSA	You may start, increase, decrease, or stop your contributions.
	Dependent Care FSA (applies only to Spouse)	You may start, increase, decrease, or stop your contributions.

**Summary of Qualified Status Changes and Your Options**

<b>Event</b>	<b>Benefit Type</b>	<b>Changes You May Be Able to Make</b>
<b>Special Enrollment Rights</b> This event applies in the following circumstance: <ul style="list-style-type: none"> <li>Loss of other coverage for employee when an employee waives benefits at the time of enrollment because the employee has other coverage, including COBRA</li> <li>Loss of other coverage for Spouse or Eligible Dependent(s) when an employee waives benefits for the Spouse or Eligible Dependent at the time of enrollment because the Spouse or dependent has other coverage, including COBRA</li> </ul>	Medical/Dental/Vision	You may enroll for coverage, add affected an Spouse, add affected Eligible Dependent(s), or change your medical coverage option.
	Health Care FSA	No changes are allowed.
	Dependent Care FSA	No changes are allowed.
<b>Marketplace Coverage</b> This event applies when a participant enrolls in Marketplace coverage during the annual enrollment period and wants to drop their RRD coverage as a result of their Marketplace enrollment.	Medical/Rx	You may drop coverage for yourself, and your affected Spouse and affected dependents.
	Dental/Vision	No changes are allowed.
	Health Care FSA	No changes are allowed.
	Dependent Care FSA	No changes are allowed.
<b>Qualified Medical Child Support Order (QMCSO)</b> This event applies in the following circumstance: <ul style="list-style-type: none"> <li>QDRO requires employee to provide health coverage for dependent(s)</li> <li>QDRO requires Spouse to provide health coverage for dependent(s) and coverage is actually provided</li> </ul>	Medical/Dental/Vision	You may add coverage, add newly Eligible Dependent(s), drop affected dependent(s), or change medical coverage option
	Health Care FSA	You may start, increase, decrease, or stop your contributions.
	Dependent Care FSA	No changes are allowed.
<b>Judicial Order affecting Employee's Responsibility for Custody or Childcare</b>	Medical/Dental/Vision	You may add coverage, add newly Eligible Dependent(s), drop affected dependent(s), or change medical coverage option

**Summary of Qualified Status Changes and Your Options**

<b>Event</b>	<b>Benefit Type</b>	<b>Changes You May Be Able to Make</b>
	Health Care FSA	You may start, increase, decrease, or stop your contributions.
	Dependent Care FSA	You may increase or decrease an election amount only if the Eligible Dependent switches residence between parents. The change in election must be consistent with a change in the cost of daycare and only the expenses of the custodial parent qualify.
<b>Significant Cost Changes</b> Changes includes: <ul style="list-style-type: none"> <li>Significant increases or decreases in premium.</li> </ul>	Medical/Dental/Vision	You may change your medical options, or revoke coverage for yourself and affected Eligible Dependent(s).
	Health Care FSA	No changes are allowed.
	Dependent Care FSA	No changes are allowed.
<b>Significant Coverage Changes</b> Changes includes: <ul style="list-style-type: none"> <li>Significant curtailment of coverage that may or may not result in a loss of coverage.</li> </ul>	Medical/Dental/Vision	<p>You may change medical options for yourself and affected Eligible Dependent(s) if the significant curtailment of coverage did not result in a loss of coverage.</p> <p>You may change your medical options or revoke your coverage completely if no similar benefit option is available when the significant curtailment of coverage results in a loss of coverage.</p>
	Health Care FSA	No changes are allowed.
	Dependent Care FSA	No changes are allowed.
<b>Residence Changes</b> This event applies to employees, Spouse, or Eligible Dependent(s) and must result in <b>gain</b> of plan eligibility  Includes a Spouse or Eligible Dependent(s) that move to the U.S. for the first time	Medical/Dental/Vision	You may add coverage, add a Spouse, add Eligible Dependent(s), or change your medical coverage option.
	Health Care FSA	No changes are allowed.
	Dependent Care FSA	No changes are allowed.
<b>Residence Changes</b>	Medical/Dental/Vision	You may drop your coverage, or change your coverage option.

**Summary of Qualified Status Changes and Your Options**

<b>Event</b>	<b>Benefit Type</b>	<b>Changes You May Be Able to Make</b>
This event applies to employees, Spouse, or Eligible Dependent(s) and must result in <b>loss</b> of plan eligibility  Includes a Spouse or Eligible Dependent(s) that move outside the U.S.	Health Care FSA	No changes are allowed.
	Dependent Care FSA	No changes are allowed.
<b>Qualify for Medicaid/Medicare</b> This event applies to employees	Medical/Dental/Vision	You may revoke your coverage, or (relative to Medicare) change your coverage option.
	Health Care FSA	You may start, increase, decrease, or stop your contributions.
	Dependent Care FSA	No changes are allowed.
<b>Loss of Medicaid/Medicare</b> Applies to employees	Medical/Dental/Vision	You may add coverage for yourself, add coverage for Eligible Dependent(s), or change your medical coverage option.
	Health Care FSA	You may start, increase, decrease, or stop your contributions.
	Dependent Care FSA	No changes are allowed.
<b>Qualify for Medicaid/Medicare</b> Applies to Spouse, or Eligible Dependent(s)	Medical/Dental/Vision	You may revoke your coverage, or (relative to Medicare) change coverage option for an affected Spouse or affected dependent(s).
	Health Care FSA	You may start, increase, decrease, or stop your contributions.
	Dependent Care FSA	No changes are allowed.
<b>Loss of Medicaid/Medicare</b> Applies to Spouse, or Eligible Dependent(s)	Medical/Dental/Vision	You may add coverage for an affected Spouse, add affected dependent(s), and/or change your medical coverage option.
	Health Care FSA	You may start, increase, decrease, or stop your contributions.
	Dependent Care FSA	No changes are allowed.