

Schedule of Benefits

(GR-9N-S-01-001-01)

Employer: Donnelley Financial, LLC

Group Policy Number: GP- 285509

Issue Date: July 28, 2016

Effective Date: July 1, 2016

Schedule: 2A

Cert Base: 2

For: Long Term Disability

All active full-time or benefits eligible part-time employees and Union employees covered by a collective bargaining agreement are eligible only if their collective bargaining provides for such coverage , excluding employees hired for seasonal work, vacation relief work and any employees in any other classification other than regular full - time or benefits eligible part - time electing LTD Buy - Up.

This is an ERISA plan, and you have certain rights under this plan. Please contact your Employer for additional information.

Long Term Disability Coverage (GR-9N 05-01 01-IL)

Schedule of Long Term Disability Benefits

Elimination Period	The first 180 days of a period of disability.
<small>(GR-9N 05-01 01-IL)</small> Scheduled Monthly Benefit	60% of your monthly predisability earnings
<small>(GR-9N 05-01 01-IL)</small> Maximum Monthly Benefit Under this Plan (plus all other Income benefits)	\$10,000
Minimum Monthly Benefit <small>(GR-9N 05-01 01-IL)</small>	The greater of: (a) \$100; and (b) 10% of the maximum monthly benefit

Benefits Actually Payable

Any monthly benefit actually payable to you by **Aetna** will be reduced by other Income benefits. For additional information regarding other income benefits, see your Booklet Certificate.

Maximum Benefit Duration*

If your period of disability starts prior to the date you reach age 60, it will end the last day of the calendar month in which you reach age 65.

If your period of disability starts on or after the date you reach age 60, it will end with the expiration of the number of months of disability, after the elimination period is met, based on the following schedule:

Maximum Benefit Duration Schedule

Age When Period of Disability Starts	Months of Disability
60 but less than 61	60 months
61 but less than 62	48 months
62 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
69 and over	12 months

*Unless your disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

General (GR-9N S-28-01)

This *Schedule of Benefits* replaces any similar *Schedule of Benefits* previously in effect under your plan of long term disability benefits. Requests for coverage other than that to which you are entitled in accordance with this *Schedule of Benefits* cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.