

**The Dun &Bradstreet
Business Travel Accident Plan
Summary Plan Description
for Active Team Members**

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The Dun & Bradstreet Corporation Welfare Benefit Plan provides health care, life, accident, disability, employee assistance and flexible spending account benefits to eligible active employees of Dun & Bradstreet and its related companies who participate in the plan, and their dependents. The Dun & Bradstreet Business Travel Accident (BTA) Insurance Plan is part of The Dun & Bradstreet Corporation Welfare Benefit Plan. This document summarizes Dun & Bradstreet's BTA Insurance Plan as in effect on May 1, 2014, unless otherwise noted, for active team members and their eligible dependents. It describes the benefits as they apply to eligible participants and serves as the summary plan description (SPD) for these benefits.

Dun & Bradstreet encourages you to read this SPD carefully and share it with your eligible dependents. If you have any questions about your benefits, please contact the Dun & Bradstreet Benefits Center. See the section "How to Reach Your BTA Service Providers" at the beginning of this SPD for contact information.

The legal plan document provides additional information about the administration of the BTA Plan. If there is any difference between the information in this SPD and in the legal plan document, or if there are details not covered in this SPD, the legal plan document will determine how to resolve these issues.

Important Information

The Dun & Bradstreet Corporation (Dun & Bradstreet or the "Company") is the Plan Sponsor of the BTA Insurance Plan. As Plan Sponsor, DUN & BRADSTREET is authorized to delegate certain administrative duties to one or more administrative service providers.

The BTA Insurance Plan is fully insured by an outside insurance company (the "Insurance Provider"), which means the Insurance Provider assumes full responsibility for claims adjudication and payment. Dun & Bradstreet has delegated day-to-day operations of the BTA Insurance Plan to the Benefits Center for The Dun & Bradstreet Corporation (the "Dun & Bradstreet Benefits Center").

You can contact the Insurance Provider or the Dun & Bradstreet Benefits Center if you have questions or need more information. See the section "How to Reach Your BTA Plan Service Providers" at the beginning of this SPD for contact information.

HOW TO REACH YOUR BTA INSURANCE PLAN SERVICE PROVIDER

Provider	Contact Information
<p>Administrative Services:</p> <p>Dun & Bradstreet's Benefits Center at Fidelity</p>	<ul style="list-style-type: none"> ■ 1-877-362-8953 (or 1-888-343-0860 for the hearing impaired) ■ http://netbenefits.fidelity.com
<p>BTA Insurance Provider:</p> <p>Chubb Travel Assistance Program</p> <p>Policy Number: 01AH585</p>	<ul style="list-style-type: none"> ■ 1-800-243-6124 (Inside the USA) or ■ 1-202-659-7803 (Outside the USA Call Collect) ■ OPS@europassistance-usa.com

ABOUT YOUR PARTICIPATION

This section contains important information about your participation in the BTA Insurance Plan, including eligibility information, when coverage begins, coverage levels, paying for coverage, reducing coverage and when coverage ends.

Who Is Eligible

All active Dun & Bradstreet team members employed by a company that participates in the BTA Insurance Plan. This includes non-employee Directors.

Family Coverage

The BTA Insurance Plan covers your eligible dependents only if they are traveling with you on Company business or in conjunction with your relocation. Your business trip must be authorized by and at the expense of Dun & Bradstreet. Relocation means assignment to a new regular place of employment that is 100 miles or more from your prior place of employment. Your relocation must be requested by the Company and approved under the Company's relocation policy

Eligible dependents include:

- Your legal spouse, (not including your divorced spouse) or your same-sex or opposite-sex domestic partner, and
- Your or your spouse's/domestic partner's eligible dependent children until December 31 of the year in which they turn 26, and
- Your or your spouse's/domestic partner's unmarried eligible dependent child, regardless of age, who is mentally or physically disabled and incapable of earning his or her own living,

For this purpose, "children" means;

- Biological children,
- Adopted children (eligible as of the date of birth if legally adopted before birth; otherwise, eligible as of the date they are placed in your home),

- Stepchildren,
- Foster children, and
- Children placed in your care by court order/legal guardianship.

To be eligible, your children must primarily depend on you for maintenance and support. Eligible children may include unmarried children beyond age 26 who are mentally and physically challenged and incapable of self-support when reaching age 26. Certification of disability must be approved by the Insurance Provider. The Insurance Provider will review and re-certify eligibility for continued coverage at its discretion from time to time.

Domestic Partner Eligibility

Your domestic partner may be eligible for coverage under the BTA Insurance Plan. A domestic partner means a person designated in writing at enrollment who:

- is at least 18 years of age, the age of majority or legally emancipated;
- is mentally competent to consent to a contract;
- is either the same sex or opposite sex of the Primary Insured Person;
- has exclusively lived with the Primary Insured Person for at least twelve (12) months prior to the date of enrollment;
- as of the date of enrollment, has with the Primary Insured Person at least two (2) of the following financial arrangements:
 - a joint mortgage or lease;
 - a joint bank account;
 - joint title to or ownership of a motor vehicle or status as a joint lessee on a motor vehicle lease; or
 - a joint credit card account with a financial institution

When Coverage Begins

BTA Insurance Plan coverage begins as follows:

- If you are a new team member, coverage will begin as of your first day of active employment.
- If you are a current team member, you are automatically covered under the BTA Insurance Plan on the date you first become eligible.

Naming a Beneficiary

You have the right to designate a beneficiary or beneficiaries under the BTA Insurance Plan. A beneficiary is the person you choose, to receive the insurance benefits when you die. You can name one or more beneficiaries to receive insurance payments in the event of your covered death and you can change your beneficiary designation at any time without the consent of your current beneficiary(ies). Please note that you may want to review your beneficiary designation periodically. For example, if you get married or divorced, you may want to name a new beneficiary.

If you fail to name a beneficiary under the BTA Insurance Plan, the insurance amount will be paid to the beneficiary listed on your Group Life Policy. If there is no beneficiary designation under the Group Life Policy or your beneficiary predeceases you, your BTA insurance benefits should be paid in accordance with the insurance policy, which provides for payment to the first of the following:

- Your surviving spouse or domestic partner,
- In equal shares to any surviving child(ren),
- In equal shares to any surviving parents,
- In equal shares to any surviving brother or sisters,
- Your estate.

If you name more than one beneficiary without specifying their shares, they will receive equal shares. If your beneficiary(ies) die before you, their interest will end and your BTA insurance benefits will be shared equally by any remaining beneficiaries.

You are the beneficiary for any covered dependent.

Paying for Coverage

Dun & Bradstreet pays the full premium cost of your BTA coverage.

When Coverage Ends

Coverage under the BTA Insurance Plan will end for you when the first of any one of the following occurs:

- You terminate employment for any reason,
- Dun & Bradstreet terminates the BTA Insurance Plan,
- Your coverage is terminated for cause, such as submitting a fraudulent claim, or
- You die.

Your dependent's coverage under the BTA Insurance Plan will end for the following reasons:

- Dun & Bradstreet terminates all dependent coverage under the BTA Insurance Plan,
- Dun & Bradstreet terminates the BTA Insurance Plan,
- Your dependent becomes covered as a Dun & Bradstreet team member,
- Your dependent is no longer eligible for BTA Insurance Plan benefits (e.g., your dependent child reaches the age limit, or you divorce),
- Your coverage terminates,
- You die,
- Your dependent dies.

Making Changes During the Year

Your BTA insurance is automatic, and therefore you do not have to make elections or take any action if your situation changes. You may wish to name another beneficiary if you experience a qualified change in your family status, i.e., a change in your legal marital status (such as marriage, divorce, death of spouse, and legal separation) or a change in the number of your dependents (such as through birth, death or adoption.) You may change your beneficiary designation at any time during the year.

If Your Employment Situation Changes

The following chart summarizes how your BTA coverage may be affected if your employment situation changes.

If You....	What Happens to Your BTA Insurance Coverage
<i>Are totally and permanently disabled (as determined by the Dun & Bradstreet LTD Plan claims administrator).</i>	<ul style="list-style-type: none"> ■ Your coverage ends on your last day of active work.
<i>Take an approved leave of absence including:</i> <ul style="list-style-type: none"> ■ An approved unpaid personal leave of up to 90 days; ■ A military leave under the Uniformed Services Employment and Reemployment Rights Act of 1994; ■ A family leave of absence of up to 12 weeks under the Family and Medical Leave Act; or ■ A short-term disability leave of absence of up to 180 days. 	<ul style="list-style-type: none"> ■ Your coverage is suspended while you are on leave and will resume when you return to active work.
<i>Leave the Company</i>	<ul style="list-style-type: none"> ■ Your coverage ends.
<i>Die</i>	<ul style="list-style-type: none"> ■ Your beneficiary receives a death benefit if the Insurance Provider determines that your death is the result of a covered accident while traveling on Company business.
<i>Retire</i>	<ul style="list-style-type: none"> ■ Your coverage ends.
<i>Work past age 70</i>	<ul style="list-style-type: none"> ■ You continue to be covered as an active team member.

YOUR BTA INSURANCE BENEFITS

The Dun & Bradstreet BTA Insurance Plan is designed to offer benefits if you are injured or die as the result of a covered accident while traveling on Company business that occurs while this coverage is in force.

The benefits that are paid depend on the extent of the injury. Dependents are eligible only if injured while covered under the Family Coverage feature of the BTA Insurance Plan. See the section “Family Coverage” for more information.

If you or your family experience a covered accidental loss:	The BTA Insurance Plan would pay this percentage of the benefit amount:
Life	100%
Two or more members	100%
Quadriplegia	100%
Paraplegia	75%
One Member	50%
Hemiplegia	50%
Uniplegia	25%
Thumb and index finger of the same hand	25%

“Quadriplegia” means complete and irreversible loss of all motion and all practical use both arms and legs that last longer than 365 days as determined by a physician approved by the carrier.

“Hemiplegia” means complete and irreversible loss of all motion and all practical use of one arm and one leg on the same side of the body that last longer than 365 days as determined by a physician approved by the carrier. “Uniplegia” means complete and irreversible loss of all motion and all practical use of one arm and one leg that last longer than 365 days as determined by a physician approved by the carrier. “Paraplegia” means complete and irreversible loss of all motion and all practical use both legs that last longer than 365 days as determined by a physician approved by the carrier.

Please note: If you experience multiple losses as a result of one accident, the BTA Insurance Plan will pay only the single largest benefit amount applicable to the losses suffered.

You have 365 days from the date of the covered accident to file for benefits.

Your BTA Insurance Benefit Amount

The BTA Insurance Plan provides you coverage at two times your annual salary, subject to a minimum principal sum of \$100,000 and a maximum principal sum of \$500,000. For the BTA Insurance Plan, your annual salary means your annual wage or salary (excluding bonus, commissions, overtime pay and award programs.)

If your spouse/domestic partner or dependent child is injured in a covered accident while traveling with you on Company business or during your relocation as requested by the Company and approved under the Company's relocation policy, the benefit amount for accidental loss of life is \$50,000 for your spouse or domestic partner and \$25,000 for each dependent child.

There is a \$10 million aggregate limit for the following hazards:

- per aircraft accident and
- per bomb scare

Additional BTA Benefits

The BTA Insurance Plan provides additional benefits in certain situations.

War Risk Coverage

Coverage is provided for injury or loss of life sustained by you (or your covered spouse/domestic partner or dependent child) caused by or resulting from declared or undeclared war or any act thereof occurring almost anywhere in the world, but specifically excluding Iraq, Afghanistan, the insured person's jurisdiction of permanent residence. The list of excluded countries or territories is subject to change.

Emergency Evacuation and Repatriation Program

The BTA Plan provides coverage in the event you or your covered spouse/domestic partner or dependents require emergency medical evacuation or repatriation of remains in connection with a

business travel accident or injury. The combined maximum limit for Worldwide Travel Assistance benefits for you and your covered dependents is 100% of covered services, subject to certain limits for particular losses.

Coverage for Exposure and Disappearance

The BTA Insurance Plan will provide coverage if you (or your covered spouse/domestic partner or dependent child) sustain an injury that is the result of being unavoidably exposed to the elements arising from a covered accident. Benefits will also be paid in the case of disappearance if you (or your covered spouse/domestic partner or dependents) are riding in a common carrier (e.g., boat, airplane, bus) that is involved in an accident, and as a result of the accident, the common carrier is wrecked, sinks, is stranded, or disappears, and your (or your covered spouse/domestic partner's or dependent's) body is not found within one year of the disappearance.

Seatbelt and Airbag Benefit

Seat Belt and Occupant Protection Device: This benefit will pay 10% of the benefit paid under the plan to a maximum of \$50,000 if you suffer an accidental bodily injury resulting in a covered loss of life while you are operating or riding in a private passenger automobile and using a seat belt. The seat belt must have been properly secured and used in accordance with the recommendations of its manufacturer. If it cannot be determined whether you were using a seat belt, then the alternate benefit amount of \$2,000 will be paid.

This benefit will also pay an additional 10% of the benefit paid under the plan if you suffer an accidental bodily injury as set forth above and you are positioned in a seat protected by a properly deployed occupant protection device. Occupant protection device means either an air bag, which inflates for added protection to the head and chest areas, or any other personal safety restraint system other than a seat belt recognized by the U.S. National Highway Transportation Safety Board. The benefit amount for an occupant protection device will only be paid if a benefit amount for seat belt (other than an alternate benefit amount) is paid.

Verification of the actual use of the seat belt and proper operation of the occupant protection device at the time of the accident must be part of an official report of such accident or be certified, in writing, by an investigating police officer.

In no event will a benefit amount for seat belt be paid if you are operating or riding as a passenger in any vehicle used for a race or contest of any type.

In no event will the total payments for seat belt and occupant protection device exceed \$50,000

Bomb Scare

Coverage is provided for injury or loss caused by or resulting from a bomb scare, bomb search or bomb explosion while you are on any Dun & Bradstreet premises.

Extraordinary Commutation

The BTA Insurance Plan provides coverage for injury or loss during your commute to and from work by any form of conveyance when a strike, major breakdown or catastrophe causes the discontinuance of service of one or more public transportation systems you regularly use to commute to work.

Hijacking/Skyjacking

Coverage also includes injury or loss as a result of hijacking/skyjacking.

Personal Excursion

The BTA Insurance Plan provides coverage for travel or activities that are unrelated to Dun & Bradstreet's business, which take place away from your residence and regular place of employment, provided they coincide with business travel. This coverage is limited to any consecutive 14-day period immediately prior to, during or immediately following the business travel.

Rehabilitation/Retraining Benefit

If an accidental bodily injury causes you or your covered spouse/domestic partner or dependent child, to suffer a covered loss which:

- prevents you from performing all the duties of your regular occupation; and
- requires you to obtain Rehabilitation, as determined by a physician

then this benefit will reimburse the reasonable and customary charges up to 10% of the benefit paid under the BTA plan to a maximum of \$50,000 for treatment, other than psychological

therapy, intended to prepare you for work in any gainful occupation, including your regular occupation that is:

- provided by a therapist licensed, registered, or certified to perform such treatment; or
- provided in a hospital or other facility, which is licensed to provide such treatment.
- The rehabilitation must take place under the direction of a physician

The benefit amount for rehabilitation expense will be paid until the earlier of the date on which:

- \$50,000 maximum has been paid; or
- 2 years have elapsed from the date of the accidental bodily injury

Home or Vehicle Alteration

This benefit will reimburse charges up to 20% of the benefit paid under the BTA plan for home alteration and up to 20% of the benefit paid under the BTA plan for vehicle modification if a covered loss due to an accidental bodily injury requires you to incur expenses for home alteration or vehicle modification. The expenses for home alteration or vehicle modification must be incurred within eighteen (18) months after the accidental bodily injury. The benefit amount for home alteration or vehicle modification is payable if:

- a physician certifies that the home alteration or vehicle modification is needed to accommodate your physical disability;
- the home alteration or vehicle modification is made by people experienced in such home alteration or vehicle modification;
- the home alteration or vehicle modification is in compliance with any applicable laws or requirements for approval by the appropriate governmental authority in the jurisdiction where the services are rendered; and
- the home alteration or vehicle modification expenses do not exceed the usual level of charges for similar alterations and modifications in the jurisdiction where the expenses are incurred.

The benefit amount for home alteration and vehicle modification is payable to the natural person who incurs the expense. In no event will the total payments for home alteration and vehicle modification exceed 20% benefit paid under the BTA plan to a maximum of \$50,000.

Special Counseling Benefit

This benefit will reimburse the reasonable and customary expenses up to 10% of the benefit paid under the BTA Plan up to \$50,000 for medically necessary counseling for a mental or nervous disorder by a physician, whether on an out-patient basis, in a hospital or any other medical facility licensed to provide such treatment if an accidental bodily injury causes you to suffer a covered loss resulting in a physician's determination that psychological therapy is required for:

- you; or
- your dependent who is also an insured person under the policy at the time of the accidental bodily injury.

The benefit amount for psychological therapy expense will be paid to the natural person who incurs the expense.

The benefit amount for psychological therapy expense will be paid until the earlier of the date on which:

- \$50,000 has been paid; or
- 2 years have elapsed from the date of a covered loss.

Hospital Admission Guaranty

If your accidental bodily injury, disease or illness occurs during a covered trip and requires emergency medical treatment while you are on a covered trip, then this benefit will guarantee payment of the charge made by a hospital prior to and as a condition of your admission for such emergency medical treatment up to \$10,000. The assistance services administrator must approve the hospital admission guaranty.

Out of Country Medical Benefits

If you suffer an accidental bodily injury, disease or illness during an insured Hazard and it results in medical expenses being paid while you are on Business Travel outside of your country of residence or country of permanent assignment, then the insurance will reimburse medical

expenses up to \$50,000 for medically necessary expenses incurred for hospital and medical care, treatment or services within 30 days of a covered accident or sickness. The medical expenses must be incurred outside your country of residence. The medical expenses must be ordered by a physician who certifies that the expenses are necessary to prevent death or serious deterioration of your medical condition. The medical expenses must be the result of medical services that are coordinated or arranged by the assistance services administrator.

Covered Expenses:

1. **Medical Expense Guarantee:** expenses for guarantee of payment to a medical provider.
2. **Hospital Admission Guarantee:** expenses for guarantee of payment to a Hospital or treatment facility.

Benefits will not be payable unless the Insurance Provider authorizes in writing, or by an authorized electronic or telephonic means, all expenses in advance, and services are rendered by their assistance provider.

Coma Benefit

This benefit will pay 1% monthly for the first 11 months and then a 100% lump sum payment of the accident death benefit amount if accidental bodily injury causes you (or your covered spouse/domestic partner or dependent child) to:

- lapse into a coma within thirty (31) days after the accident;
- remain in a coma for thirty (31) consecutive days; and
- be confined to a hospital or other licensed facility to receive medically necessary treatment for coma, prescribed and supervised by a physician, within the first thirty (30) days following the accident.

Brief lapses from a coma will not be considered an interruption of the consecutive thirty (30) day period, or cause a discontinuance in payment, if the lapses and subsequent coma recurrences are due to the same accident.

The coma monthly payment will be made until the earliest of the date:

- you (or your covered spouse/domestic partner or dependent child) die;

- you (or your covered spouse/domestic partner or dependent child) are no longer in a Coma;
or
- total payments equal 100% of the accidental death benefit.

What is Not Covered

The BTA Insurance Plan will not provide benefits for a loss caused by, contributed to by, or resulting from:

- Travel, entering or exiting any aircraft owned, leased or operated by Dun & Bradstreet or any aircraft owned, leased or operated by a Dun & Bradstreet team member on behalf of Dun & Bradstreet
- Participation in military action while in active military service with the armed forces of any country or established international authority. This exclusion does not apply to the first 60 days of active military service
- Entering or exiting any aircraft while acting or training as a pilot or crew member
- Suicide or attempted suicide
- A purposely self-inflicted injury
- The commission or attempted commission of a felony that results in incarceration
- Emotional trauma, mental or physical illness or disease
- Bacterial or viral infection, except bacterial infections caused by an accidental wound or accidental consumption of a substance contaminated by bacteria
- War or any act of war, declared or undeclared, except as otherwise provided by the BTA Insurance Plan. See the section “War Risk Coverage” in this SPD for more information. Declared or undeclared war does not include acts of terrorism.

In addition, no Medical Expense Benefits are payable for any loss, treatment, or services resulting from or contributed to by:

- Routine physicals and care of any kind

- Routine dental care and treatment
- Routine nursery care
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury
- Eye refractions or eye examinations for the purpose of prescribing corrective lenses or for the fitting thereof; eyeglasses, contact lenses, and hearing aids
- Services, supplies, or treatment including any period of Hospital confinement which is not recommended, approved and certified as medically necessary and reasonable by a Doctor, or expenses which are non-medical in nature
- Treatment or service provided by a private duty nurse
- Treatment by any Immediate Family Member or member of your household
- Expenses incurred during holiday travel, or travel for purposes of seeking medical care or treatment, or for any other travel that is not in the course of business (except for Personal Deviations)
- Covered medical expenses for which you would not be responsible to pay for in the absence of the Policy
- Injury or sickness for which benefits are paid or payable under any workers' compensation or occupational disease law or act, or similar legislation, whether United States or foreign law.

Additional exclusions apply to Security Evacuation Expense benefits. Please contact your Benefits Administrator for more details.

Filing a Claim

To receive BTA benefits, you or your beneficiary must file a claim form and provide documentation or proof of the loss or death satisfactory to the Insurance Provider. All claims should be submitted to the Insurance Provider within 90 days after the date of the injury or death. Failure to give notice within 90 days will not reduce or invalidate the claim if notice is provided

as soon as reasonably possible. The notice must include the name of the insured person and the policy number. The Insurance Provider will send you or your beneficiary claim forms within 15 days after the Insurance Provider receives the notice. Contact the Dun & Bradstreet Benefits Center for more information and claim forms. See the section “How to Reach Your BTA Insurance Plan Service Provider” at the beginning of this SPD for contact information.

You may also submit claims online at <https://www.chubbclaims.com/ace/us-en/welcome.aspx>.

For pending claims, the Insurance Provider has the right to have a physical examination or autopsy performed (for death claims), unless forbidden by law.

ADDITIONAL RULES THAT APPLY TO THE BTA PLAN

Circumstances That May Result in Denial, Loss or Forfeiture of Benefits

Under certain circumstances, BTA Insurance Plan benefits may be denied or reduced from those described in this SPD. For instance, if a claim is determined fraudulent by the Insurance Provider or charges for services you receive to treat an injury are determined by the Insurance Provider to be in excess of reasonable and customary charges.

PLAN ADMINISTRATION

This information about the administration of the Business Travel Accident (BTA) Insurance Plan is provided in compliance with the Employee Retirement Income Security Act (ERISA) of 1974, as amended. While you should not need these details on a regular basis, the information may be useful if you have specific questions about your BTA Insurance Plan.

Plan Name

The name of the plan is The Dun & Bradstreet Corporation Welfare Benefit Plan. The BTA Insurance Plan is part of this plan.

Plan Sponsor

The Dun & Bradstreet Corporation is the Plan Sponsor of The Dun & Bradstreet Corporation Welfare Benefit Plan, of which the BTA Insurance Plan is a part. As Plan Sponsor, Dun & Bradstreet is authorized to delegate certain administrative duties to one or more administrative service providers. The name, address and telephone number of the Plan Sponsor are:

*The Dun & Bradstreet Corporation
5335 Gate Parkway
Jacksonville, FL 32256
1-800-234-3867*

Plan Administrator

The name, address and telephone number of the Plan Administrator are:

*The Plan Administration Committee
The Dun & Bradstreet Corporation
100 Campus Drive, 3rd Floor West
Florham Park, NJ 07932
1-973-921-5500*

Type of Plan

The Dun & Bradstreet Corporation Welfare Benefit Plan is an ERISA welfare benefit plan. The administration of the BTA Insurance Plan is under the supervision of the Plan Administrator. To the fullest extent permitted by law, the Plan Administrator will have the exclusive right to determine all matters relating to eligibility, coverage determination, interpretation and operation of the BTA Insurance Plan.

Insurance Provider

Listed below are the name, email address and telephone number of the organization that provides insurance services for the BTA Insurance Plan. These services include providing BTA Insurance Plan benefits, administering claims and providing customer service.

Chubb Travel Assistance Program
1-800-243-6124 (Inside the USA)
1-202-659-7803 (Outside the USA Call Collect)
OPS@europassistance-usa.com

Identification Numbers

The Employer Identification Number (EIN) assigned by the Internal Revenue Service to The Dun & Bradstreet Corporation is 22-3725387. The plan number for The Dun & Bradstreet Corporation Welfare Benefit Plan is 501.

Plan Year

The plan year for the BTA Insurance Plan is January 1 through December 31.

Organization Providing Administrative Services

Dun & Bradstreet has delegated day-to-day operations of the BTA Insurance Plan to the “Dun & Bradstreet Benefits Center”. The name, address and telephone number of the Dun & Bradstreet Benefits Center are:

Dun & Bradstreet's *Benefits Center at Fidelity*

P.O. Box 770003

Cincinnati, OH 45277

1-877-362-8953

<http://netbenefits.fidelity.com>

Plan Funding

The BTA Insurance Plan is fully insured, which means the Insurance Provider assumes full responsibility for claims adjudication and payment. Dun & Bradstreet pays 100% of the cost of coverage under the BTA Insurance Plan.

Plan Document

This SPD is intended to help you understand the main features of the BTA Insurance Plan. The insurance policy and the Dun & Bradstreet legal plan document provide additional information about the administration of the BTA Insurance Plan. If there is any difference between the information in this SPD and in the insurance policy and the Dun & Bradstreet legal plan document, or if there are details not covered in this SPD, the insurance policy and the Dun & Bradstreet legal plan document will determine how to resolve these issues.

Future of the Plan

Dun & Bradstreet reserves the right to amend, modify, suspend or terminate the BTA Insurance Plan, in whole or in part, by action of the Plan Benefits Committee appointed by the Company's Board of Directors. Plan amendment, modification, suspension or termination may be made for any reason, and at any time.

Limitation on Assignment

You may assign your rights and ownership under the BTA Insurance Plan. Some of these rights include, but are not limited to the right to:

- Name a beneficiary or to change a beneficiary of your insurance,
- Cancel the insurance, and
- File a claim and receive the benefits under your insurance.

You may assign your benefit only as a gift assignment and without restriction.

You may contact the Dun & Bradstreet Benefits Center for the appropriate forms. See the section, “How to Reach Your BTA Insurance Plan Service Provider” at the beginning of this SPD for contact information. You must make the assignment in writing, and both Dun & Bradstreet and the Insurance Provider must give written consent to such an assignment.

Neither Dun & Bradstreet nor the Insurance Provider is responsible for the legality of the assignment. Once made, the assignment is irrevocable. Therefore, you should consult with your attorney before taking this action.

CONTINUATION OF COVERAGE

Continuation of Coverage for Employees in the Uniformed Services

The Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) guarantees certain rights to eligible team members who enter military service. Upon reinstatement, you are entitled to the seniority, rights and benefits associated with the position held at the time employment was interrupted, plus additional seniority, rights and benefits that would have been attained if employment had not been interrupted. BTA coverage is suspended during your military leave and will be reinstated when you return to work.

In general, to be eligible for the rights guaranteed by USERRA, you must:

- Return to work on the first full, regularly scheduled workday following your leave, safe transport home, and an eight-hour rest period if you are on a military leave of less than 31 days
- Return to or reapply for employment within 14 days of completion of such period of duty, if your absence from employment is from 31 to 180 days
- Return to or reapply for employment within 90 days of completion of your period of duty, if your military service lasts more than 180 days.

YOUR RIGHT TO APPEAL

Time Frame for Claim Determinations

If you receive an adverse benefit determination (such as any denial, reduction or termination of a benefit, or a failure to provide or make a payment), the Insurance Provider will notify you of the adverse determination within a reasonable period of time, but not later than 90 days after receiving the claim. This 90-day period may be extended for up to an additional 90 days, if the Insurance Provider both determines that special circumstances require an extension of time for processing the claim, and notifies you, before the initial 90-day period expires, of the special circumstances requiring the extension of time and the date by which the BTA Insurance Plan expects to render a determination.

In the event an extension is necessary due to your failure to submit necessary information, the BTA Insurance Plan's time frame for making a benefit determination on review is stopped from the date the Insurance Provider sends you the extension notification until the date you respond to the request for additional information. If the Insurance Provider does not receive the requested information from you within 60 days of the date the Insurance Provider sends you the request, your claim will be considered without such additional information and the resulting claim determination by the Insurance Provider will be final. No additional appeals with respect to such claim will be available to you under the terms of the BTA Insurance Plan.

If You Receive an Adverse Benefit Determination

The Insurance Provider will provide you with a notification of any adverse benefit determination, which will set forth:

- The specific reason(s) for the adverse benefit determination,
- References to the specific BTA Insurance Plan provisions on which the benefit determination is based,
- A description of any additional material or information needed to process the claim and an explanation of why that material or information is necessary, and

- A description of the BTA Insurance Plan’s appeal procedures and the time limits applicable to those procedures, including a statement of your right to bring a civil action under ERISA after an appeal of an adverse determination on appeal.

Procedures for Appealing an Adverse Benefit Determination

If you receive an adverse benefit determination, you may ask for a review. You or your authorized representative has 60 days following the receipt of a notification of an adverse benefit determination within which to appeal the determination. You have the right to:

- Submit written comments, documents, records and other information relating to the claim for benefits
- Request, free of charge, reasonable access to, and copies of all documents, records and other information relevant to your claim for benefits. For this purpose, a document, record, or other information is treated as “relevant” to your claim if it:
 - Was relied upon in making the benefit determination
 - Was submitted, considered, or generated in the course of making the benefit determination, regardless of whether such document, record or other information was relied upon in making the benefit determination, and
 - Demonstrates compliance with the administrative processes and safeguards required in making the benefit determination.
- Request a review that takes into account all comments, documents, records and other information submitted by you relating to the claim, regardless of whether the information was submitted or considered in the initial benefit determination.

The Insurance Provider will notify you of the BTA Insurance Plan’s benefit determination on review within a reasonable period of time, but not later than 60 days after receipt of your request for review by the BTA Insurance Plan. This 60-day period may be extended for up to an additional 60 days, if the Insurance Provider both determines that special circumstances require an extension of time for processing the claim, and notifies you, before the initial 60-day period expires, of the special circumstances requiring the extension of time and the date by which the BTA Insurance Plan expects to render a determination on review.

In the event an extension is necessary due to your failure to submit necessary information, the BTA Insurance Plan's time frame for making a benefit determination on review is stopped from the date the Insurance Provider sends you the extension notification until the date you respond to the request for additional information. If the Insurance Provider does not receive the requested information from you within 60 days of the date the Insurance Provider sends you the request, your claim will be considered without such additional information and the resulting claim determination by the Insurance Provider will be final. No additional appeals with respect to such claim will be available to you under the terms of the BTA Insurance Plan.

The Insurance Provider's notice of an adverse benefit determination on appeal will contain all of the following information:

- The specific reason(s) for the adverse benefit determination
- References to the specific BTA Insurance Plan provisions on which the benefit determination is based
- A statement that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information relevant to your claim
- A statement describing any voluntary appeal procedures offered by the BTA Insurance Plan and your right to obtain the information about such procedures, and a statement of your right to bring an action under ERISA.

You must use and exhaust the BTA Insurance Plan's administrative claims and appeals procedure before bringing a suit in either state or federal court. Any such suit must be filed within two years after receiving an adverse benefit determination. Failure to follow the BTA Insurance Plan's prescribed procedures in a timely manner will cause you to lose your right to sue regarding an adverse benefit determination.

YOUR RIGHTS UNDER ERISA

As a participant in the BTA Insurance Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

- Examine, without charge, at the Plan Administrator’s office and at other specified locations, such as worksites, all documents governing the plan, including insurance contracts, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA).
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the plan’s annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a plan benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have the right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits that is denied or ignored, in whole or in part, you may file a suit in a state or federal court but only after you have exhausted the plan's claims and appeals procedure as described in the section "Your Right to Appeal."

If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the EBSA, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, DC 20210.

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the EBSA.

NO GUARANTEE OF EMPLOYMENT

Your participation in, eligibility for or your right to benefits under the plan described in this SPD is no guarantee of continued employment with Dun & Bradstreet or any Dun & Bradstreet company that participates in the plan.

In accordance with ERISA, this booklet provides a summary plan description of the BTA Insurance Plan, a part of the Dun & Bradstreet Corporation Welfare Benefit Plan. The information in this booklet does not constitute a commitment to continued employment.

Dun & Bradstreet reserves the right to change, modify or terminate any of the plans at any time.