

**SUMMARY ANNUAL REPORT  
FOR  
SCHIFF HARDIN LLP  
EMPLOYEE BENEFIT PLAN**

This is a summary of the Form 5500 annual report of the Schiff Hardin LLP (Plan), EIN 36-3184453, Plan No. 504, a welfare benefit plan sponsored by Schiff Hardin LLP, for the period of January 1, 2021 through December 31, 2021. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

As of the last day of the Plan Year, 369 persons were participants in the Plan.

This summary reports only on the ERISA-covered components of the Schiff Hardin LLP Plan listed below:

- Group Health Insurance
- Group Dental Insurance
- Group Vision Insurance
- Group Life Insurance
- Group Long Term Disability (LTD) Insurance
- Group Accidental Death & Dismemberment (AD&D) Insurance
- Flexible Spending Account
- Employee Assistance Program

**INSURANCE INFORMATION**

All components of the Plan are provided through insurance contracts. The name of the insurer, type of benefit provided, and premiums paid for each component are set forth in the table below. The total amount of premiums paid for the plan year ending December 31, 2021, is **\$1,995,982.00**.

Type of Benefit	Name of Insurer	Premiums Paid
Group Dental & Vision Insurance	Cigna Health and Life Insurance Company	\$268,553.00
Group Health Insurance	Blue Cross Blue Shield of Illinois	\$645,019.00
Group Life, LTD, AD&D, Accident and Critical Illness Insurance	Unum Life Insurance Company of America	\$1,072,636.00

Type of Benefit	Name of Insurer	Premiums Paid
Flexible Spending Account	Baker Tilly Vantagen	\$3,150.00
Employee Assistance Program	Morneau Shepell BDA Limited	\$6,624.00

## **YOUR RIGHTS TO ADDITIONAL INFORMATION**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Information on payments to service providers;
2. Insurance information, including sales commissions paid by insurance carriers (if any); and
3. Fiduciary information, including nonexempt transactions (if any) between the plan and parties in interest (that is, persons who have certain relationships with the plan).

To obtain a copy of the full annual report, or any part thereof, write or call the office of Schiff Hardin LLP, 233 S. Wacker Dr., Suite 7100, Chicago, IL 60606. The telephone number is (312) 258-5500.

You also have the legally protected right to examine the annual report at the main office of Schiff Hardin LLP and at the U.S. Department of Labor in Washington, D.C., or you may obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

Public Disclosure Room N1513  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210.