

ADMINISTRATIVE INFORMATION

Plan Name	The official Plan Name is The Avaya Inc. Dental Expense Plan, which is a part of The Avaya Health & Welfare Benefits Plan.
Plan Sponsor	The Plan Sponsor is Avaya Inc.
Plan Administrator	The Plan Administrator is: Avaya Inc. Dental Plan Administrator 211 Mt. Airy Road Basking Ridge, NJ 07920 E-mail: hwplanadmin@avaya.com
Type of Administration	The Dental Plan is administered on behalf of Avaya Inc. by: Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156
Claims Administrator	The Claims Administrator is Aetna . Claims should be submitted to: Aetna Dental P.O. Box 14066 Lexington, KY 40512-4066
Agent for Service of Legal Process	Legal actions regarding a claim for benefits should be sent to the Claims Administrator . All other legal actions should be sent to the Plan Administrator.
Plan Records and Plan Year	The Plan and all its records are maintained on a calendar year basis, beginning on January 1st and ending on December 31st of each year.
Type of Plan	The Plan is considered a “health & welfare plan” under the Employee Retirement Income Security Act of 1974, as amended (ERISA).
Trustee	State Street Bank and Trust Company is the trustee of the Avaya Inc. Health Plans Benefit Trust. State Street Bank and Trust Company is located at 1 Enterprise Drive, North Quincy, MA 02171.
Plan Number	The Plan Number is 551.
Employer Identification Number	The Employer Identification Number is 22-3713430.