

ADMINISTRATIVE INFORMATION

Plan Name	The official Plan Name is The Avaya Inc. Medical Expense Plan which is part of The Avaya Inc. Health & Welfare Benefits Plan.
Plan Sponsor	The Plan Sponsor is Avaya Inc.
Plan Administrator	The Plan Administrator is: Avaya Inc. Medical Plan Administrator 211 Mount Airy Road Basking Ridge, NJ 07920 E-mail: hwplanadmin@avaya.com
Type of Administration	The Medical Plan is administered by the applicable health care company . These include: Aetna (POS option, Traditional Indemnity option, Prescription Drug Program and Mental Health and Chemical Dependency Program) ; and various HMOs .
Claims Administrator	Claims under the Medical Plan (POS option, Traditional Indemnity option, Prescription Drug Program and Mental Health and Chemical Dependency Program) are administered on behalf of Avaya Inc. by Aetna . Claims under the Medical Plan (HMOs) are administered by the various HMOs . Claims under the EAP are administered by Magellan Health Services .
Agent for Service of Legal Process	Legal actions regarding a claim should be sent to the applicable Claims Administrator . All other legal actions should be sent to the Plan Administrator.
Plan Records and Plan Year	The Medical 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 Medical 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.