

WHEN COVERAGE ENDS

When Employee Coverage Ends

Your coverage under the Medical Plan for active employees ends on the last day of the month in which any of the following events occur:

- You terminate your employment with a **Participating Company** or otherwise cease to be an **eligible employee**,
- You fail to make any required contributions,
- You request cancellation of coverage as a result of a **qualified status change**,
- The company you work for ceases to be a **Participating Company**, or
- The Medical Plan is terminated.

When your coverage ends, you may be able to continue coverage. For more information, see “Continuing Coverage.”

When Dependent Coverage Ends

Generally, dependent coverage under the Medical Plan ends on the:

- Date your coverage ends, or
- Last day of the month in which your **covered dependent** is no longer an **eligible dependent**. (See, “If a Dependent Loses Eligibility”)

You must notify the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) within 31 days when your dependent no longer qualifies as an **eligible dependent**.

For information about what happens to dependent coverage following your death, see “If You Die While Covered Under the Medical Plan.”

Other Reasons Your Coverage Will End

In addition, when any of the following happens, you will receive written notice that your coverage (and coverage for your **covered dependents**) has ended on the date identified in the notice:

- Fraud or misrepresentation, or because you (or one of your **covered dependents**) knowingly gave the Plan Administrator (see “Important Contacts”), **Claims Administrator** or **Avaya Health and Benefits Decision Center** false, material information. Examples include false information relating to a person’s eligibility or status as a **covered dependent**.
- You (or one of your **covered dependents**) permitted an unauthorized person to use one of your ID cards, or you (or one of your **dependents**) improperly use another person’s ID card.
- You (or one of your **covered dependents**) in any other way materially violates the terms of the Medical Plan.

Creditable Coverage Certificates

If you or a **covered dependent** loses Medical Plan coverage (including continued coverage), you will receive a certificate of creditable coverage. This certificate shows that you were **covered** under the Medical Plan, and will indicate either the length of your coverage, or that you had at least 18 months of coverage. The certificate may be used to offset any exclusion of coverage for a pre-existing condition that may be imposed when you or your dependent seeks coverage under another group health plan.

A **covered** person may also request a certificate of creditable coverage from Avaya Inc. within 24 months after loss of coverage. Requests should be directed to the **Avaya Health and Benefits Decision Center** (see “Important Contacts”).