

ADMINISTRATIVE INFORMATION

Plan Name	The official Plan Name is The Avaya Inc. Sickness and Accident Disability Benefit Plan which is a part of The Avaya Inc. Health & Welfare Benefits Plan.
Plan Sponsor	The Plan Sponsor is Avaya Inc.
Type of Administration	The Plan is administered on behalf of Avaya Inc. by SHPS.
Plan Administrator	The Plan Administrator is: Avaya Inc. Sickness and Accident Disability Benefit Plan Administrator 211 Mount Airy Road Basking Ridge, NJ 07920 E-mail: hwplanadmin@avaya.com
Claims Administrator	The Claims Administrator is: SHPS 11405 Bluegrass Parkway Louisville, KY 40299 Telephone Number 1-800-526-8056 (option 3)
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).
Plan Number	The Plan Number is 551.
Employer Identification Number	The Employer Identification Number is 22-3713430.