

## ADMINISTRATIVE INFORMATION

<b>Plan Name</b>	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.
<b>Plan Sponsor</b>	The Plan Sponsor is Avaya Inc.
<b>Type of Administration</b>	The Plan is administered on behalf of Avaya Inc. by SHPS.
<b>Plan Administrator</b>	The Plan Administrator is:  Avaya Inc. Sickness and Accident Disability Benefit Plan Administrator 211 Mount Airy Road Basking Ridge, NJ 07920  E-mail: <a href="mailto:hwplanadmin@avaya.com">hwplanadmin@avaya.com</a>
<b>Claims Administrator</b>	The <b>Claims Administrator</b> is:  SHPS 11405 Bluegrass Parkway Louisville, KY 40299  Telephone Number 1-800-526-8056 (option 3)
<b>Agent for Service of Legal Process</b>	Legal actions regarding a claim for benefits should be sent to the <b>Claims Administrator</b> . All other legal actions should be sent to the Plan Administrator.
<b>Plan Records and Plan Year</b>	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.
<b>Type of Plan</b>	The Plan is considered a “health & welfare plan” under the Employee Retirement Income Security Act of 1974, as amended (ERISA).
<b>Plan Number</b>	The Plan Number is 551.
<b>Employer Identification Number</b>	The Employer Identification Number is 22-3713430.