

ADMINISTRATIVE INFORMATION

Plan Name	The official Plan Name is The Avaya Inc. Vision Care Plan which is a 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. Vision Care Plan Administrator 211 Mount Airy Road Basking Ridge, NJ 07920 E-mail: hwplanadmin@avaya.com
Type of Administration	The Plan is administered on behalf of Avaya Inc. by: EyeMed Vision Care 4000 Luxottica Place Mason, OH 45040
Claims Administrator	Claims under the Vision Care Plan are administered on behalf of Avaya Inc. by the Claims Administrator: EyeMed Vision Care Attn: Claims Department P.O. Box 8504 Mason, OH 45040-7111
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 200 Newport Avenue, North Quincy, MA 02171.
Plan Number	The Plan Number is 551.
Employer Identification Number	The Employer Identification Number is 22-3713430.