

ADMINISTRATIVE INFORMATION

Plan Name	The official Plan Name is The Avaya Inc. Long-Term Disability Plan for Salaried Employees which is a part of The Avaya Inc. Health & Welfare Benefits Plan for Salaried Employees.
Plan Sponsor	The Plan Sponsor is Avaya Inc.
Type of Administration	The LTD Plan is administered on behalf of Avaya Inc. by SHPS.
Plan Administrator	The Plan Administrator is: Avaya Inc. LTD 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 directed to the Plan Administrator.
Plan Records and Plan Year	The Plan and all of its records are kept on a calendar year basis, beginning January 1st and ending December 31st of each year.
Type of Plan	The LTD 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 550.
Employer Identification Number	The Employer Identification Number is 22-3713430.