

PERSONAL EVENTS AFFECTING COVERAGE

If You Gain a New Dependent

If you gain a new dependent (through marriage, birth or adoption), you may enroll your new dependent (other than a **domestic partner** and/or **domestic partnership dependent**) if you do so within *31 days of the date he or she became your dependent*. Contact the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) for additional information. If you enroll the dependent *within* the specified 31-day time frame, he or she is **covered** from the day he or she became your dependent. *If you do not enroll the new dependent within 31 days, you will not be permitted to elect coverage for the dependent until the next **annual enrollment** period, unless you experience another applicable **qualified status change**.*

If a Dependent Loses Eligibility

See “Continuing Your Dental Coverage Through COBRA”.

If Your Physically or Mentally Handicapped Child Reaches Age 23

If your physically or mentally handicapped child is incapable of self-support when he or she reaches age 23, coverage may be continued beyond that age, if the child is fully dependent on you for support at that time. You must apply for this coverage. It is not automatic. To apply for coverage, contact the medical health care company at the telephone number printed on your medical ID card prior to the child's 23rd birthday.

If You Die While Covered Under the Dental Plan

Coverage for your enrolled **Class I dependents**, **domestic partner** and **domestic partnership dependents** may continue for six months after you die. Your dependents must pay the same amount to continue coverage. After six months, your dependents have the option of continuing coverage under **COBRA** for up to another 30 months (for a total of 36 months) if they make the required contributions. For more information about continuing coverage under **COBRA**, see “COBRA Continuation Coverage.”

At the end of the **COBRA** continuation period, your surviving **lawful spouse or domestic partner** and any eligible **Class I dependents** may be able to choose to continue coverage by participating in the Family Security Program through The Avaya Inc. Retiree Medical Expense Plan for Salaried Employees (**Medical Plan**). The Family Security Program is not available if you have waived Medical Plan coverage. Please see the Summary Plan Description for the Medical Plan to learn more.

If You Move

Any time your home address changes, it is important to provide the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) with your new address. You should notify the **Avaya Health and Benefits Decision Center** before, or as soon as possible after, your move. This ensures that your benefits will continue uninterrupted.

Qualified Status Changes

If you have a **qualified status change**, you may *only* change your *coverage level* (individual, two-person or family), and only to the extent that the change in coverage is consistent with your **qualified status change**. For example, if you marry, you may elect to change your coverage from “individual” coverage to “two-person” coverage, or drop coverage to be covered under your new spouse’s plan.

To be eligible to make a change, you must report your **qualified status change** to the **Avaya Health and Benefits Decision Center** (see “Important Contacts”) *within* 31 days of the qualifying event or you will have to wait until the next **annual enrollment** period to make the change, unless you experience another applicable **qualified status change**. Contact the **Avaya Health and Benefits Decision Center** for additional information.

If You Have a Change in Dependent Status

You must update your dependent information whenever you have a change in dependent status, for example, if your dependent no longer meets the eligibility requirements (see “Participating in the Plan”). To update dependent information, contact the **Avaya Health and Benefits Decision Center** (see “Important Contacts”).

If You Are Rehired

If you are returning to Avaya Inc. within six months of your date of separation, your prior **net credited service** will be immediately bridged, minus the period of time that you were not employed by Avaya Inc. If you are returning to Avaya Inc. and it has been longer than six months since your date of separation, your **net credited service** will not be immediately bridged. Upon completion of two years of continuous Avaya employment after re-employment, your prior Avaya Inc. service will be bridged for certain Avaya Inc. benefits purposes.

Should you terminate employment before your **net credited service** is bridged, your new **net credited service** date will be based on your rehire date and any previous service will not have an impact in the calculation of this new **net credited service**.

If you were previously service pension-eligible on your first termination date and you are rehired, you will continue to be eligible for subsidized coverage under the Medical Plan at your next termination. The amount the Company will contribute will be based on the rules in effect at the time of your next termination. Currently, the Company will contribute 3% of the Maximum Company Contribution for every year of **net credited service** up to service accrued as of 2003, with a Maximum Company Contribution percentage set at 75%.

If you were not previously service pension-eligible or a participant of the account balance plan on your first termination date and you are rehired, your age plus **net credited service** must equal at least 60 with at least 5 years of **net credited service** at the next termination to continue coverage (other than COBRA). You will have access to purchase group retiree health insurance through Avaya at 100% of the cost.

Qualified Medical Child Support Orders

Payments under the Dental Plan will be made according to the terms of a **Qualified Medical Child Support Order (QMCSO)**. If the Plan Administrator determines that a medical child support order qualifies, benefit payments from the Dental Plan may be made according to the qualified order to the child or **children** named in the order, or to the custodial parent or legal guardian, where appropriate, or to health care **providers** (if benefits have been properly assigned by the child or **children** or by the custodial parent or legal guardian). See "Important Contacts" for the address to submit correspondence concerning a **QMCSO**.