

## **OTHER IMPORTANT INFORMATION**

This section contains administrative information about the STD Plan and other details required under the terms of a federal law, the Employee Retirement Income Security Act of 1974, as amended (ERISA).

### ***Claim Procedures***

Participants, their beneficiaries (if applicable) or any individual duly authorized by them have the right under ERISA and the STD Plan to file a written claim for benefits with the **Claims Administrator** or Benefit Claim and Appeal Committee (see “Important Contacts”), as the case may be.

The Benefit Claim and Appeal Committee (see “Important Contacts”) has the final authority to decide whether you are eligible to participate in the STD plan and the amount and extent of benefits that are payable to you.

You (or another person) cannot challenge a claim decision in court until the following claim and appeal procedures have been complied with and exhausted.

### **Claim Processing**

When the disability benefit is provided or denied, you will receive a notice explaining how the coverage level was calculated or why benefits have been denied. This notice will be provided within 45 days after the **Claims Administrator** (see “Important Contacts”) receives the claim.

If the **Claims Administrator** (see “Important Contacts”) needs more than 45 days to make a decision, a representative will notify you in writing within the initial 45-day period and explain why more time is required. An additional 30 days (for a total of 75 days) may be taken if the **Claims Administrator** sends this notice. The extension notice will explain the standards for eligibility for benefits, the unresolved issues that prevent a decision on the claim and the additional information needed to resolve those issues. The extension notice will also include the date by which the **Claims Administrator’s** decision will be sent.

If the **Claims Administrator** (see “Important Contacts”) needs additional time beyond the first 30-day extension to make a decision, a representative will notify you in writing prior to the end of the first 30-day extension and explain why more time is required. An additional 30 days (for a total of 105 days from receipt of the claim) may be taken if the **Claims Administrator** sends this notice. The extension notice will explain the standards for eligibility for benefits, the unresolved issues that prevent a decision on the claim and the additional information needed to resolve those issues. The extension notice will also include the date by which the **Claims Administrator’s** decision will be sent.

## **Appeal Procedures**

After the **Claims Administrator** (see “Important Contacts”) denies your claim, you, your dependent, or your authorized representative may request a full review by the Benefit Claim and Appeal Committee (see “Important Contacts”) if you disagree with the denial. You, your dependents, or your authorized representative must submit a written request for review within 180 days of the date of the denial notice. In connection with your appeal, you (or your authorized representative) may request relevant documents and submit issues and comments in writing.

The relevant documents that must be made available to you include documents, records and other information that:

- Were relied on in deciding your benefit claim;
- Were submitted, considered or generated in the course of deciding your benefit claim; or
- Demonstrate that the decision complied with the STD Plan’s administrative procedures or safeguards.

All appeals should be sent certified mail to the Benefit Claim and Appeal Committee (see “Important Contacts”).

Your appeal will be reviewed.

After a decision by the Benefit Claim and Appeal Committee is made concerning your appeal, you will be notified of the findings and decision in writing. This notice will be provided no later than 45 days after receiving the claim.

If special circumstances cause the Benefit Claim and Appeal Committee (see “Important Contacts”) to need more than 45 days to make a decision, a representative will notify you in writing within the initial 45-day period and explain why more time is required. An additional 45 days (for a total of 90 days) may be taken if the Benefit Claim and Appeal Committee sends this notice.

This decision is final and is not subject to further internal review.

## **Claims Decision Notices**

The notice given to you concerning the decision on either your initial claim or your appeal will include:

- The specific reason or reasons for the decision;

- The specific STD Plan provisions upon which the benefit decision is based;
- A statement that you are entitled to receive upon request (and free of charge) reasonable access to, and copies of, all document, records and other information relevant to your claim;
- A description of any additional material or information that is necessary for you to complete your claim and an explanation of why such material or information is necessary;
- If an internal rule, guideline, protocol or similar criterion was relied on in making the decision, either a copy of that document or a statement that such a document was relied upon and that a copy will be furnished (free of charge) upon request;
- If the decision is based on a medical limit (for example, a decision that the proposed service is not medically necessary or that it is experimental), either an explanation of the scientific or clinical judgment for the decision (applying the STD Plan's terms to your medical circumstances), or a statement that such an explanation will be provided free of charge upon request;
- For an initial claim, a description of the appeal procedures; and
- A statement that the claimant has the right to bring a civil action under ERISA Section 502(a) following a denial upon appeal.

### ***Your Rights Under ERISA***

It is Avaya Inc.'s policy to provide meaningful benefits -- above and beyond your paycheck. Part of this additional protection is provided through the STD Plan. You are entitled to certain rights and protection under ERISA. These rights are described in this section.

### **Right to Receive Information About the Plan and Its Benefits**

It is your right to know about your benefits. Therefore, in addition to this SPD of your benefits under the STD Plan, you will have the opportunity to obtain a summary of the STD Plan's annual financial report. You also may examine all STD Plan documents governing the STD Plan and a copy of the latest annual report (Form 5500 Series) filed with the U.S. Department of Labor. These documents are available for you to examine without charge in the Plan Administrator's office (see "Important Contacts").

You can receive a copy of any of these documents, for a reasonable charge, by making a written request to the Plan Administrator.

### **Prudent Action by Plan Fiduciaries**

You also have the right to expect the fiduciaries -- the people responsible for the operation of the STD Plan -- to act prudently and in the best interest of those who participate as a whole. The STD Plan's fiduciaries must act in the best interest of all STD Plan participants.

No one, including the Company may dismiss you or discriminate against you to prevent you from obtaining benefits or exercising any of your rights under ERISA.

### **Enforce Your Rights**

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce your ERISA rights. For instance:

- If you request a copy of plan documents or the latest annual report (Form 5500 Series) from the Plan Administrator (see "Important Contacts") and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials – unless the materials were not sent for reasons beyond the control of the Plan Administrator.
- If you have a claim for benefits that is denied or ignored – in whole or in part – after going through the appeals procedures, you may file suit in a state or federal court.
- If it should happen that the STD Plan fiduciaries misuse the STD Plan's money, or if you are discriminated against for asserting your ERISA rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court.
- If you file suit against the STD Plan, the court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees – if, for example, it finds your claim is frivolous.

### **If You Have Questions**

For answers to questions about the STD Plan, contact the **Claims Administrator** or Plan Administrator (see "Important Contacts"). If you have any questions about this statement of your rights, or about your rights under ERISA, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA), listed in your telephone directory; or contact the Division of Technical Assistance and Inquiries, U.S. Department of Labor, EBSA, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the EBSA or visit the EBSA Web site at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

(Addresses and phone numbers of Regional and District EBSA Offices are available through the EBSA Web site.)

### ***Plan Funding and Payment of Benefits***

Benefits provided by the STD Plan including the cost of administration are unfunded and are paid directly by the Company.

### ***Benefits Cannot Be Assigned***

Assignment or alienation of any benefits provided by the STD Plan will not be permitted or recognized, except as otherwise required by applicable law. This means that benefits provided under the STD Plan are not subject to sale, assignment, anticipation, alienation, attachment, garnishment, levy, execution or any other form of transfer. Generally, state and local laws will not be recognized unless permitted by or under applicable federal law, such as ERISA.

### ***Plan May Be Amended or Terminated***

The Company expects to continue the STD Plan, but reserves the right to amend or terminate the STD Plan at any time by the resolution of the Board of Directors or a properly authorized designee. In addition, the Company doesn't guarantee the continuation of any short-term disability benefits during employment, nor does it guarantee any specific level of benefits or contributions.

### ***Plan Administrator***

The Plan Administrator has the full discretionary authority and power to control and manage all aspects of the STD Plan, to determine eligibility for STD Plan benefits, to interpret and construe the terms and provisions of the STD Plan, to determine questions of fact and law, to direct disbursements, and to adopt rules for the administration of the STD Plan as they may deem appropriate in accordance with the terms of the STD Plan and all applicable laws.

### ***Plan Sponsor***

The Plan Sponsor may allocate or delegate its responsibilities for the administration of the STD Plan to others and employ others to carry out or render advice with respect to its responsibilities under the STD Plan, including discretionary authority to interpret and construe the terms of the STD Plan, to direct disbursements, and to determine eligibility for STD Plan benefits.