

## ADMINISTRATIVE INFORMATION

<b>Plan Name</b>	The official Plan Name is The Avaya Inc. Vision Care Plan for Salaried Employees which is a part of The Avaya Inc. Health & Welfare Benefits Plan for Salaried Employees.
<b>Plan Sponsor</b>	The Plan Sponsor is Avaya Inc.
<b>Plan Administrator</b>	The Plan Administrator is:  Avaya Inc. Vision Care Plan Administrator 211 Mount Airy Road Basking Ridge, NJ 07920  E-mail: <a href="mailto:hwplanadmin@avaya.com">hwplanadmin@avaya.com</a>
<b>Type of Administration</b>	The Plan is underwritten by:  AIG American General 3600 Route 66 Neptune, NJ 07753
<b>Claims Administrator</b>	Claims under the Vision Care Plan are administered on behalf of Avaya Inc. by the <b>Claims Administrator</b> :  EyeMed Vision Care 4000 Luxottica Place Mason, OH 45040
<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>Trustee</b>	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.
<b>Plan Number</b>	The Plan Number is 550.
<b>Employer Identification Number</b>	The Employer Identification Number is 22-3713430.