

November 7, 2017

The Summary Annual Reports (SARs) provide a summary of the financial and insurance information reported in the annual reports for the Avaya-sponsored benefit plans for plan year beginning January 1, 2016 and ending December 31, 2016. The 2016 annual reports for the respective plans have recently been filed with the U.S. Department of Labor's Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974, as amended (ERISA).

You have the right to request a hardcopy of the full annual reports, or any part of the annual report, by emailing Avaya HR Benefits at [benefits@avaya.com](mailto:benefits@avaya.com) or writing to Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054.

Avaya-sponsored benefits plans:

- Plan 003 – Avaya Inc. Savings Plan for Salaried Employees
- Plan 513 – Avaya Inc. Supplementary Life Insurance Plan
- Plan 514 – Avaya Inc. Supplemental Accidental Death & Dismemberment (AD&D) Insurance Plan
- Plan 515 – Avaya Inc. Dependent Life Insurance Plan
- Plan 516 – Avaya Inc. Dependent Accidental Death & Dismemberment (AD&D) Insurance Plan
- Plan 517 – Avaya Inc. Business Travel Accident Insurance Plan
- Plan 526 – Avaya Inc. Long Term Care Plan
- Plan 550 – Avaya Inc. Health & Welfare Benefits Plan for Salaried Employees

**SUMMARY ANNUAL REPORT FOR  
AVAYA INC. SAVINGS PLAN FOR SALARIED EMPLOYEES**

This is a summary of the annual report for the AVAYA INC. SAVINGS PLAN FOR SALARIED EMPLOYEES (Employer Identification Number 22-3713430, Plan No. 003) for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Basic Financial Statement**

Benefits under the plan are provided through a trust fund. Plan expenses were \$211,991,454. These expenses included \$702,779 in administrative expenses and \$211,195,435 in benefits paid to participants and beneficiaries and \$93,240 in other expenses. A total of 8475 persons were participants in or beneficiaries of the plan at the end of the plan year.

The value of plan assets, after subtracting liabilities of the plan, was \$1,395,952,014, as of 12/31/2016 compared to \$1,463,726,520 as of 01/01/2016. During the plan year, the plan experienced a decrease in its net assets of (\$67,774,506). This decrease includes unrealized appreciation and depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of \$144,216,948, including employer contributions of \$2,817, employee contributions of \$41,252,005, other contributions of \$4,671,964, and earnings from investments of \$98,290,162.

**Your Rights To Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- financial information and information on payments to service providers;
- information regarding any CCTs, PSAs, MTs, or 103-121es;
- an accountant's report;
- assets held for investment;

To obtain a copy of the full annual report, or any part thereof, write to Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233 or email Avaya HR Benefits at [benefits@avaya.com](mailto:benefits@avaya.com). There is no charge to request a copy.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan Administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the plan at Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233, and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## **SUMMARY ANNUAL REPORT FOR AVAYA INC. SUPPLEMENTARY LIFE INSURANCE PLAN**

This is a summary of the annual report of the AVAYA INC. SUPPLEMENTARY LIFE INSURANCE PLAN (Employer Identification Number 22-3713430, Plan Number 513) for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### **Insurance Information**

The plan has an insurance contract with METROPOLITAN LIFE INSURANCE COMPANY to pay life insurance claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$6,212,862.

Because it is an "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2016, the premiums paid under such "experience-rated" contract were \$6,212,862 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$5,427,091.

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write to the plan administrator, at Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233 or email Avaya HR Benefits at [benefits@avaya.com](mailto:benefits@avaya.com). There is no charge to request a copy.

You also have the legally protected right to examine the annual report at the main office of the plan, Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**SUMMARY ANNUAL REPORT FOR  
AVAYA INC. SUPPLEMENTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)  
INSURANCE PLAN**

This is a summary of the annual report of the AVAYA INC. SUPPLEMENTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE PLAN (Employer Identification Number 22-3713430, Plan Number 514) for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Insurance Information**

The plan has an insurance contract with METROPOLITAN LIFE INSURANCE COMPANY to pay accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$313,770.

**Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write to the plan administrator, at Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233 or email Avaya HR Benefits at [benefits@avaya.com](mailto:benefits@avaya.com). There is no charge to request a copy.

You also have the legally protected right to examine the annual report at the main office of the plan, Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## **SUMMARY ANNUAL REPORT FOR AVAYA INC. DEPENDENT LIFE INSURANCE PLAN**

This is a summary of the annual report of the AVAYA INC. DEPENDENT LIFE INSURANCE PLAN (Employer Identification Number 22-3713430, Plan Number 515) for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### **Insurance Information**

The plan has an insurance contract with METROPOLITAN LIFE INSURANCE COMPANY to pay life insurance claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$89,766.

Because it is an "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2016, the premiums paid under such "experience-rated" contract were \$89,766 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$237,629.

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write to the plan administrator, at Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233 or email Avaya HR Benefits at [benefits@avaya.com](mailto:benefits@avaya.com). There is no charge to request a copy.

You also have the legally protected right to examine the annual report at the main office of the plan, Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**SUMMARY ANNUAL REPORT FOR  
AVAYA INC. DEPENDENT ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE PLAN**

This is a summary of the annual report of the AVAYA INC. DEPENDENT ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE PLAN (Employer Identification Number 22-3713430, Plan Number 516) for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Insurance Information**

The plan has an insurance contract with METROPOLITAN LIFE INSURANCE COMPANY to pay accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$37,940.

**Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write to the plan administrator, at Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233 or email Avaya HR Benefits at [benefits@avaya.com](mailto:benefits@avaya.com). There is no charge to request a copy.

You also have the legally protected right to examine the annual report at the main office of the plan, Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**SUMMARY ANNUAL REPORT FOR  
AVAYA INC. BUSINESS TRAVEL ACCIDENT INSURANCE PLAN**

This is a summary of the annual report of the AVAYA INC. BUSINESS TRAVEL ACCIDENT INSURANCE PLAN (Employer Identification Number 22-3713430, Plan Number 517) for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

**Insurance Information**

The plan has an insurance contract with LIFE INSURANCE COMPANY OF NORTH AMERICA to pay certain accidental death claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$29,100.

**Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write to the plan administrator, at Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233 or email Avaya HR Benefits at [benefits@avaya.com](mailto:benefits@avaya.com). There is no charge to request a copy.

You also have the legally protected right to examine the annual report at the main office of the plan, Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## **SUMMARY ANNUAL REPORT FOR AVAYA INC. LONG TERM CARE PLAN**

This is a summary of the annual report of the AVAYA INC. LONG TERM CARE PLAN (Employer Identification Number 22-3713430, Plan Number 526) for the plan year 01/01/2016 through 12/31/2016. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### **Insurance Information**

The plan has insurance contracts with GENWORTH LIFE INSURANCE COMPANY, PRUDENTIAL INSURANCE COMPANY OF AMERICA and METROPOLITAN LIFE INSURANCE COMPANY to pay certain long term care claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$1,110,575.

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write to the plan administrator, at Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233 or email Avaya HR Benefits at [benefits@avaya.com](mailto:benefits@avaya.com). There is no charge to request a copy.

You also have the legally protected right to examine the annual report at the main office of the plan, Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

**SUMMARY ANNUAL REPORT FOR  
THE AVAYA INC. HEALTH & WELFARE BENEFITS PLAN FOR SALARIED EMPLOYEES**

This is a summary of the annual report of the THE AVAYA INC. HEALTH & WELFARE BENEFITS PLAN FOR SALARIED EMPLOYEES (Employer Identification Number 22-3713430, Plan Number 550) for the plan year 01/01/2016 through 12/31/2016. The Plan includes medical, dental, vision, basic term life insurance, basic accidental death & dismemberment insurance, flexible spending account, short- and long-term disability, pre-paid legal, employee wellness program, and employee assistance program. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Avaya Inc. is committed to paying certain claims incurred under the terms of the plan.

**Insurance Information**

The plan has insurance contracts with KAISER FOUNDATION HEALTH PLANS INC NORTHERN CA, KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC, HYATT LEGAL PLANS, KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST, HMSA, MONUMENTAL LIFE INSURANCE COMPANY, COMBINED INSURANCE COMPANY OF AMERICA, METROPOLITAN LIFE INSURANCE COMPANY, AETNA LIFE INSURANCE CO., KAISER FOUNDATION HEALTH PLAN OF COLORADO, KAISER FOUNDATION HEALTH PLAN OF SOUTHERN CA and KAISER FOUNDATION HEALTH PLAN OF GEORGIA to pay certain medical, dental, vision, legal, vision, life insurance, accidental death and dismemberment, long-term disability, temporary disability, flexible spending account, wellness, and employee assistance program claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$3,238,367.

**Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write to the plan administrator, at Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233 or email Avaya HR Benefits at [benefits@avaya.com](mailto:benefits@avaya.com). There is no charge to request a copy.

You also have the legally protected right to examine the annual report at the main office of the plan, Avaya Inc., 4655 Great America Parkway, Santa Clara, CA 95054-1233, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.