

**DOMESTIC RELATIONS ORDER CHECKLIST FOR  
 VIRGINIA STATE RETIREMENT SYSTEM PLANS**

**Option #1: Online - Answer questions at [www.qdrodesk.com](http://www.qdrodesk.com). Upon completion download the Order immediately. Unlimited Support 1-877-770-2270 (Toll Free) Cost - \$299. Pre-approval with the Plan Administrator may be available for an additional \$100 fee after an analyst in the office completes the free 9-point review process.**

**Option #2: In House - Complete this checklist and mail it with payment to Pension Appraisers. Our staff will prepare the Order and return it within 7-10 business days. Unlimited Support 1-800-447-0084 (Toll Free). Cost - \$495. You may opt in to our Pre-approval process on the last page for an additional \$75 fee.**

**Both Options are Supported by Pension Appraisers Staff**

**1. REQUESTOR INFORMATION:**

Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_ (if you are an attorney)  
 Attorney ID (if applicable): \_\_\_\_\_ (if you are an attorney)  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

**If you are one of the Parties of the divorce who is represented by an attorney please provide your attorney's:**  
 (If you are an attorney and have already completed the section above please disregard.)

Name: \_\_\_\_\_  
 Attorney ID (if applicable): \_\_\_\_\_  
 Firm Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Should the attorney's name and/or firm name, address and telephone number appear above the Legal Caption?  Yes  No

**If Yes:**

\_\_\_\_\_ Attorney's Name \_\_\_\_\_ Firm's Name

Are you the (or, if attorney, who do you represent?):

\_\_\_\_\_ Plaintiff / Petitioner \_\_\_\_\_ Defendant / Respondent

Should we send a copy of the Order to opposing counsel?  Yes  No

**If Yes:**

Opposing Counsel's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

2. **COURT INFORMATION:**

Name of Court: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_

Division: \_\_\_\_\_ Docket Number: \_\_\_\_\_

Which party is considered the plaintiff/petitioner?

\_\_\_\_\_ PARTNER 1 - The Participant: (Employee Spouse)

\_\_\_\_\_ PARTNER 2 - The Alternate Payee: (Non-Employee Spouse)

In addition to the Judge's, what signature lines should come at the end of the Order?

\_\_\_\_\_ None \_\_\_\_\_ Attorneys for Both Partners

\_\_\_\_\_ Both Partners \_\_\_\_\_ Opposing Atty. Name: \_\_\_\_\_

3. **PARTNER 1 - The Participant: (Employee Spouse)**

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Known Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

4. **PARTNER 2 - The Alternate Payee: (Non-Employee Spouse)**

Name of Alternate Payee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Known Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

5. **MISCELLANEOUS INFORMATION:**

Should Social Security Numbers appear in the Order? \_\_\_\_\_ Yes \_\_\_\_\_ No

Marriage Date: \_\_\_\_\_

Are the Parties Divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes: Date of Divorce: \_\_\_\_\_

**Cut-off date for marital property rights:** \_\_\_\_\_  
(Cut-off date used to determine marital coverture fraction i.e. separation date, complaint date, or divorce date.)

**Plan Name to which this Order applies:**

\_\_\_\_\_ **Deferred Compensation Plan of the Commonwealth of Virginia (DCPCV)**

- \_\_\_\_\_ Judicial Retirement System (JRS)
- \_\_\_\_\_ Optional Retirement Plan of the Commonwealth of Virginia for Higher Education (ORPHE)
- \_\_\_\_\_ Optional Retirement Plan of the Commonwealth of Virginia for Political Appointees (ORPPA)
- \_\_\_\_\_ Optional Retirement Plan of the Commonwealth of Virginia for School Superintendents (ORPSS)
- \_\_\_\_\_ State Police Officers' Retirement System (SPORS)
- \_\_\_\_\_ Virginia Cash Match Plan (VCMP)
- \_\_\_\_\_ Virginia Law Officers' Retirement System (VaLORS)
- \_\_\_\_\_ Virginia Retirement System (VRS)
- \_\_\_\_\_ Virginia Supplemental Retirement Plan (VSRP)
- \_\_\_\_\_ Fairfax County Employees' Retirement System
- \_\_\_\_\_ Educational Employees' Supplementary Retirement System of Fairfax County
- \_\_\_\_\_ Other - Exact Plan Name: \_\_\_\_\_

**(The number one reason Orders are rejected is because the plan name is wrong. Please provide a statement or other plan document showing the complete, correct legal name of the plan.)**

Date Participant Joined The Plan: \_\_\_\_\_

Is the Participant still employed? \_\_\_\_\_ Yes \_\_\_\_\_ No **If No:** Termination Date: \_\_\_\_\_

Is the Participant receiving retirement benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No **If Yes:** Retirement Date: \_\_\_\_\_

**6A. ANSWER THESE QUESTIONS ONLY IF THE PARTICIPANT IS RETIRED AND RECEIVING BENEFITS, OTHERWISE SKIP TO 6B:**

**I. Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to the Alternate Payee?**

Dollar Amount: \$ \_\_\_\_\_

Percent: \_\_\_\_\_ %

\_\_\_\_\_ **Option #1: Percent of Total as of the Date of Retirement:** The Alternate payee will receive a percentage of the total accrued benefit as of the Date of Retirement. (This option includes any pre-marital and post-marital credited service).

\_\_\_\_\_ **Option #2: Percent of the Marital Portion as of the Date of Retirement:** The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of credited service the Employee earned during the marriage and the denominator of which is the total number of months of credited service earned through the Date of Retirement.

**II. Should the Alternate Payee receive a pro-rata share of any Post-retirement Cost of Living Adjustments if offered by the Plan?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**III. Should the Alternate Payee receive a pro-rata share of any Early Retirement Subsidies?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

(Most defined benefit pension plans have early retirement provisions that allow an employee to retire early with full unreduced benefits if they complete a specific number of years of service. By doing this the company is subsidizing a large portion of the employee's pension by eliminating the actuarial adjustment (the difference in the amount of monthly benefit an employee would receive at normal retirement age verses an early retirement age if there is no subsidy - Example: An employee could receive \$1,000 per month at age 65, but if he/she elects to retire at age 55 he/she would receive \$500 per month for life if they had not completed the required number of years of service to receive the unreduced benefit of \$1,000 per month).

**IV. Should the Alternate Payee receive a pro-rata share of any early retirement supplements, interim supplements or temporary benefits that become payable to the Participant which are not considered by the Plan Administrator to be a part of the Participant's accrued benefit?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

(Most defined benefit pension plans have early retirement incentives that allow certain eligible employee's to retire early with additional supplemental, interim or temporary benefits. Example: If an employee retires at age 55, the plan could pay a supplemental benefit to age 62, at which time the employee would be able to collect Social Security.)

6B. ANSWER THESE QUESTIONS ONLY IF THE PARTICIPANT IS STILL EMPLOYED OR HAS TERMINATED EMPLOYMENT BUT IS NOT RECEIVING RETIREMENT BENEFITS, OTHERWISE ANSWER 6A:

I. Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to the Alternate Payee?

Dollar Amount: \$ \_\_\_\_\_

Percent: \_\_\_\_\_ %

\_\_\_\_\_ Option #1: Percent of Total as of a Specific Date which is \_\_\_\_\_  
The Alternate Payee will receive a percentage of the total accrued benefit as of a Specific Date.

\_\_\_\_\_ Option #2: Percent of the Marital Portion as of the Date of Retirement: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of credited service the Employee earned during the marriage and the denominator of which is the total number of months of credited service earned through the Date of Retirement.

\_\_\_\_\_ Option #3: Percent of the Marital Portion as of the Marriage End Date: The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of credited service the Employee earned during the marriage and the denominator of which is the total number of months of credited service earned through the Marriage End Date.

\_\_\_\_\_ Option #4: Percent of the Marital Portion as of a Specific Date which is \_\_\_\_\_ The Marital Property Component shall be determined by a fraction, the numerator of which is the number of months of credited service earned from the Date of Marriage to a Specific Date and the denominator is the total number of months of credited service earned through the Specific Date.

\_\_\_\_\_ Option #5: Percent of Total as of Marriage End Date: The Alternate Payee will receive a percentage of the total accrued benefit as of the Date Marriage Ended. (This option includes any pre-marital credited service)

II. Should the Alternate Payee receive a pro-rata share of any Post-retirement Cost of Living Adjustments if offered by the Plan?

\_\_\_\_\_ Yes \_\_\_\_\_ No

III. Should the Alternate Payee receive a pro-rata share of any Early Retirement Subsidies?

\_\_\_\_\_ Yes \_\_\_\_\_ No

(Most defined benefit pension plans have early retirement provisions that allow an employee to retire early with full unreduced benefits if they complete a specific number of years of service. By doing this the company is subsidizing a large portion of the employee's pension by eliminating the actuarial adjustment (the difference in the amount of monthly benefit an employee would receive at normal retirement age verses an early retirement age if there is no subsidy - Example: An employee could receive \$1,000 per month at age 65, but if he/she elects to retire at age 55 he/she would receive \$500 per month for life if they had not completed the required number of years of service to receive the unreduced benefit of \$1,000 per month).

IV. Should the Alternate Payee receive a pro-rata share of any early retirement supplements, interim supplements or temporary benefits that become payable to the Participant which are not considered by the Plan Administrator to be a part of the Participant's accrued benefit? (This question is N/A if the Participant has terminated employment)

\_\_\_\_\_ Yes \_\_\_\_\_ No

(Most defined benefit pension plans have early retirement incentives that allow certain eligible employee's to retire early with additional supplemental, interim or temporary benefits. Example: If an employee retires at age 55, the plan could pay a supplemental benefit to age 62, at which time the employee would be able to collect Social Security.)

V. Should the Alternate Payee designated as a beneficiary for any death benefits payable in the event the Participant dies prior to reaching retirement?

\_\_\_\_\_ Yes If Yes: \_\_\_\_\_ The Alternate Payee shall be designated as the beneficiary for any and all death benefits payable by the plan.

OR: \_\_\_\_\_ The Alternate Payee shall be designated as the beneficiary for death benefits payable to the extent of the marital property component.

\_\_\_\_\_ No

If the Alternate Payee predeceases the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:

\_\_\_\_\_ Revert to the Participant. OR \_\_\_\_\_ Be paid to the Alternate Payee's estate.  
(Some Plans do not allow this under their guideline)

VI. Should the Participant be required to elect a specific retirement option and designate the Alternate Payee as the beneficiary in order to ensure payment of benefits to the Alternate Payee for his/her lifetime?

\_\_\_\_\_ Yes If yes: Name of Benefit Option: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_ No

7. For an additional fee of \$75.00: Should we submit the Order to the Plan Administrator for pre-approval?

\_\_\_\_\_ Yes \_\_\_\_\_ No **If Yes:** In order for us to obtain pre-approval you **MUST** provide the following:

**Administrator's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

8. Payment can be made by Check, Money Order or Credit Card.

**Credit Card:** \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Amex \_\_\_\_\_ Discover

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ **CVV:** \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Billing address of the credit card: \_\_\_\_\_

\_\_\_\_\_

Checks and Money Orders should be made payable to Pension Appraisers, Inc.

**PLEASE NOTE:** Requests with personal checks will be held for two weeks to ensure that the check clears.

FAX THIS REQUEST FORM TO: 610-770-9342 (only if paying by credit card)

MAIL THIS REQUEST FORM TO: Pension Appraisers, Inc., P.O. Box 4396, Allentown, PA 18105

Any questions regarding this Request Form or fees, please call us toll free at 1-800-447-0084.