

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

Option #1: Online - Answer questions at 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 \$50 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:

_____ State Employees' Plan (SEP)

_____ New State Police Plan (NSPP)

_____ Revised Judicial Plan (RJP)

_____ Diamond State Port Corporation Plan (DSPCP)

_____ Delaware Volunteer Firemen's Plan (DVFP)

_____ County and Municipal Plan [General] (CMPG)

- _____ State of Delaware 403(b) Plan (SD403(b))
- _____ State of Delaware Deferred Compensation Plan (SDDCP)
- _____ The State of Delaware Match Plan (SDMP)
- _____ 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 versus 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 the 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 \$50.00: 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.