



P.O. Box 4396 Allentown, PA 18105-4396 1-800-447-0084 - Fax: 610-770-9342

www.pensionappraisers.com www.qdrodesk.com

DOMESTIC RELATIONS ORDER CHECKLIST FOR INDIANA 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 \$75 fee.

Both Options are Supported by Pension Appraisers Staff

1. **REQUESTOR INFORMATION:**

Name:			
Firm Name:			
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 divore (If you are an attorney and have already co	ce who is repre mpleted the sec	sented by an attorr tion above please di	ney please provide your attorney's: sregard.)
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 nun	nber appear above the
Legal Caption? Yes No			
<u>If Yes:</u>			
Attorney's Name	Firm's Nar	ne	
Are you the (or, if attorney, who	do you represe	nt?):	
Plaintiff / Petitioner	Defendan	t / Respondent	
Should we send a copy of the Or	der to opposing	g counsel?	Yes No
lf Yes:			
Opposing Counsel's Name:			
Firm Name:			
Mailing Address:			

	City:	State:	Z	/ip Code:				
	Telephone #:	Fax #:						
	E-mail Address:							
2.	COURT INFORMATION:							
	Name of Court:							
	State: Co							
	Division:	_ Docket Ni	umber: _					
	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	Attorn	eys for l	Both Partners				
	Both Partners Opposing Atty. N	Name:	_					
3.	PARTNER 1 - The Participant: (Employee Spou	se)						
•	Name of Participant:							
	Date of Birth:							
	Last Known Mailing Address:							
	City, State, Zip Code:							
	Phone:							
	Social Security Number:	_ Gender: _	Ма	le Female				
4.	PARTNER 2 - The Alternate Pavee: (Non-Emplo	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: _	Ма	le Female				
5.	MISCELLANEOUS INFORMATION:							
0.	Should Social Security Numbers appear in the	Order?	Ves	No				
	Marriage Date:		100 _	10				
	Are the Parties Divorced? Yes No		: Date o	f 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.)							
	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	<u>If No:</u>	Termination Date:				
	Is the Participant receiving retirement benefits?	? Yes	N	o <u>If Yes:</u> Retirement Date:				
6A.	ANSWER THESE QUESTIONS ONLY IF THE PA	RTICIPANT	IS RETI	RED AND RECEIVING BENEFITS,				

DRO - INDIANA STATE AND LOCAL GOVT DEFINED BENEFIT CHECKLIST

OTHERWISE SKIP TO 6B:

Percent or Dollar Amount of Employee's monthly retirement benefit to be paid by the Plan to I. 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.
- Should the Alternate Payee receive a pro-rata share of any Post-retirement Cost of Living Adjustments if offered by the Plan? II.

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).

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.? IV.

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.)

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

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

Dollar Amount: \$

Percent: %

Option #1: Percent of Total as of a Specific Date which is

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

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 (Most defined by additional suppl supplemental be	NO enefi <u>t pensio</u> n plan emental, interim or enefit to age 62, at	s have early retin temporary bene which time the e	ement incentives that a its. Example: If an em mployee would be able	llow certain eligible emplo ployee retires at age 55, t to collect Social Security.	yee's to retire early with he plan could pay a)	
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 Alte any and	ernate Payee shal d all death benefit	l be designated as s payable by the pl	the beneficiary for an.	
		OR:	The Alte death b compo	enefits pavable to	I be designated as to the extent of the n	the beneficiary for narital property	
	No		compo				
	If the Alternate Payee predeceases the Participant prior to commencement of benefits, the Alternate Payee's portion of the Participant's benefit shall:						
	Rev	ert to the Parti	cipant. OR	Be paid to (Some Plans	the Alternate Paye do not allow this under th	e 's estate. eir guideline)	
VI.	tirement option and yment of benefits t	designate the othe Alternate					
	Yes	If yes: Nam	ne of Benefit	Option:			
		Description	า:				
	No						
For an additi	onal fee of \$75	.00: Should w	e submit the	Order to the Plan	Administrator for	ore-approval?	
Yes	No <u>If Ye</u>	s: In order fo	r us to obtai	n pre-approval yo	u <u>MUST</u> provide the	e following:	
Admi	inistrator's Na	ne:				-	
					Code:		
-				#:			
Payment car	n be made by C	heck, Money (Order or Cre	dit Card.			
Cred	it Card:	MC	Visa	Amex	Discover		
Cred	it Card #:						
					CVV:		
Name as it ap	ppears on the cr					_	
Billing addres	s of the credit c	ard:					
5						_	
Checks and M	Noney Orders s	hould be made	pavable to P	ension Appraisers.	Inc.	_	
PLEASE NO FAX THIS RE	TE: Requests w	ith personal ch TO: 610-770-9	ecks will be h 342 (onlv if p	eld for two weeks' aving by credit car	Inc. o ensure that the ch d) Allentown, PA 1810	eck clears.	
MAIL THIS R	EQUEST FORM	I TO: Pension	Appràisers. Ir	c., P.O. Box 4396	Allentown, PA 1810	5	

MAIL THIS REQUEST FORM TO: Pension Appraisers, Inc., P.O. Box 4396, Allentown, PA 181 Any questions regarding this Request Form or fees, please call us toll free at 1-800-447-0084.

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