



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

www.pensionappraisers.com www.qdrodesk.com

## MILITARY QUALIFYING COURT ORDER CHECKLIST MILITARY RETIREMENT SYSTEM (ARMY, AIR FORCE, NAVY, MARINES, COAST GUARD, AND ETC.)

METHOD OF PREPARING MILITARY QUALIFYING COURT ORDER:

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

Option #2: In House - Mail this checklist 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. Cost - \$495

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 d	livorce who is rep	presented by an atte	orney please provide your attorney's disregard.)
Name:			
Attorney ID (if applicable):			
Firm Name:			
Mailing Address:			
City:			
Telephone #:		-	
E-mail Address:			
Should the attorney's name and/or			
Legal Caption? Yes No	r -	•	
If Yes:			
Attorney's Name	Firm's I	Name	
Are you the (or, if attorney, v			
Plaintiff / Petitioner		-	
Should we send a copy of th		-	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: (Military Member)						
	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-Military Member)						
	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 <u>If Yes:</u> Date of Divorce:						
	Cut-off date for marital property rights:						
	Exact Plan Name:						
	Date Participant Joined The Military:						
	Is the Participant still in the Military? Yes No If No:						
	Date Participant left the Military:						
	Is the Participant retired and receiving benefits? Yes No						
	Retirement Date:						

## 6. Branch of Service:

Air Force	Marine Corps _
Air Force Reserve	Marine Corps Reserve
Air National Guard	Navy
Army	Navál Reserve
Armý Reserve	Public Health Service
Army National Guard	——— National Oceanic &
Coast Guard	Atmospheric Administration
Coast Guard Reserve	

7. Were the Parties married for at least 10 years during the Member's service in the Military?

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

IF THE ANSWER IS NO, the Former Spouse CANNOT receive direct payments from the Military Retirement System as a division of Marital Property. However, there is no length of marriage requirement for receiving a share of benefits paid as spousal support. If the parties' were not married for the 10 year requirement, should we structure the Order to make direct payments for spousal support?

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

8. Percent or Dollar Amount of Member's monthly retirement benefit to be paid to the Former Spouse? (No matter which option is chosen, the amount awarded CANNOT exceed 50% of the Member's Disposable Retired Pay)

Dollar Amount per Month: \$ \_\_\_\_\_

Percentage of Member's disposable retired pay calculated using Member's time of service and base pay on

the Date the Marriage Ended: \_\_\_\_\_\_%

High-3 Base Pay on the Date the Marriage Ended: \$\_\_\_\_\_

Military Ranking on the Date the Marriage Ended: \_\_\_\_\_

Years of Service on the Date the Marriage Ended: \_\_\_\_\_(Applicable to Full Time Military Personnel)

Number of Points Accumulated on the Date the Marriage Ended: \_\_\_\_\_ (Applicable to Reservists only)

\*IMPORTANT INFORMATION CONCERNING APPLICATION OF A MARITAL COVERTURE\* The Military Retirement System will not accept a Qualifying Court Order that awards a portion of the member's benefits based upon a "marital coverture." If, on the date the marriage ended, a portion of the Member's benefits were accrued prior to the date of marriage, the percentage awarded to the Alternate Payee must be adjusted to reflect this fact.

For example: John Doe began his Military service 3 years prior to the date he got married. He then remained an active Military Member for 12 years of his marriage up to the date his marriage ended. If it is the intention of the parties' that the Former Spouse only receive a 50% share of the benefits that accumulated during the marriage, the Marital Coverture Fraction must be calculated and the percentage inserted in the Qualifying Court Order must be adjusted to reflect this.

<u>12 years</u> X 50% = 40% - The percentage award in the Order should be 40%. 15 years

*Further, if the Military member is a Reservist, the number of points accumulated during the marriage as opposed to the total accumulated as of the date the marriage ended would be used to derive the Marital Coverture. On the date the marriage ended a points statement shows John Doe has accumulated 4,525 points. However, 1,250 of those points were earned prior to the date of the marriage:* 

<u>3.275 points</u> X 50% = 36% - The percentage award in the Order should be 36%. 4,525 points

Does the Award to the Alternate Payee require the calculation of a Marital Coverture: \_\_\_\_ Yes \_\_\_\_ No

9. COST-OF-LIVING ADJUSTMENTS (If a dollar amount is awarded no cost of living adjustments will be payable to the Alternate Payee).

Should the Alternate Payee's benefit be credited with pre-retirement cost of living adjustments?

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

Should the Alternate Payee's benefit be credited with post-retirement cost of living adjustments?

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

10. When will Former Spouse's benefits start?

\_X As soon as administratively feasible following the date the Order is found to be acceptable to the Military Retirement System or on the date the Military Member begins receiving Disposable Retired Pay, IF LATER. )

11. Length of time benefits will be paid by the Military to the Alternate Payee.

\_\_X\_\_ Payments to the Alternate Payee stop when EITHER the Participant or Alternate Payee dies, or at an earlier date if desired which is \_\_\_\_\_\_.

12. Should the Alternate Payee be entitled to a Survivor Benefit Plan (SBP) Annuity? (Means a recurring benefit that is payable after the Military Member retire and dies, to a former spouse who has NOT remarried prior to attaining age 55).

\_\_\_\_ Option #1 - No

\_\_\_ Option #2 – Yes – Maximum Possible Annuity (55% of retired Pay before any reductions)

## 13. The Member's rights under the Service member's Civil relief Act were observed by the Court as evidenced by: (ONLY APPLICABLE TO FULL-TIME ACTIVE OR ACTIVE RESERVE PERSONNEL).

\_\_\_\_ The Member's presence at the divorce proceedings.

\_\_\_\_ The presence of the member's legal counsel at the divorce proceedings.

\_\_\_\_\_ The Member's signature on the Divorce Decree and/or Separation Agreement.

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

\_X\_\_ No (Only Option - This plan will not pre-approve an order. They only accept orders already signed by the court.)

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

Credit Card:	МС	Visa	Amex	Discover	
Credit Card #	:				
	Expiration Date:	//		CVV:	
Name as it appears or	the credit card:				
Billing address of the c	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.