



**PENSION APPRAISERS INC.**

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 THE PENNSYLVANIA MUNICIPAL RETIREMENT SYSTEM**

**This checklist is for informational purposes only. It is not intended for submission to the PMRS. This form is specifically designed for the exclusive use of Pension Appraisers, Inc. to collect the information required to draft a Domestic Relations Order that will be acceptable to PMRS. This form is not a product of the PMRS.**

**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: \_\_\_\_\_ (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.)

**Exact Plan Name: Pennsylvania Municipal Retirement System (PMRS)-Please note: Orders will not be accepted by Municipal Police Departments. The parties should negotiate a settlement that does not include direct payments to the Alternate Payee by the system.**

**Municipality employed by:** \_\_\_\_\_

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: \_\_\_\_\_

6. Percent or Dollar Amount of Participant's Monthly Retirement Allowance to be paid to the Alternate Payee?

Percent: \_\_\_\_\_ % Or Dollar Amount: \$ \_\_\_\_\_

**PERCENT OF MARITAL PORTION:** If the Alternate Payee will receive a percentage, how will the marital property component be determined? By a fraction, the numerator of which is the total number of months of the Participant's participation in Pennsylvania Municipal Retirement System (PMRS) during the marriage, and the denominator of which is the total number of months of the Participant's participation in the PMRS. {Check One}:

- \_\_\_\_\_ Date Marriage Ended \*
- \_\_\_\_\_ Retirement \*
- \_\_\_\_\_ Specific Date Which Is \_\_\_\_\_ \*

\* The date checked above determines the amount of the monthly benefit to be divided. If the Date Marriage Ended is checked, the monthly benefit will be calculated using the years of service and final average salary appropriate for that date. If Retirement is checked, the monthly benefit will be calculated using the years of service and final average salary as of retirement. If a Specific Date is given, the previously mentioned factors will be those appropriate for that date.

**PERCENT OF TOTAL ACCRUED BENEFIT:** The Alternate Payee will receive a percentage of the Total benefit earned through - {Check One}:

- \_\_\_\_\_ Date Marriage Ended \*
- \_\_\_\_\_ Retirement \*
- \_\_\_\_\_ Specific Date Which Is \_\_\_\_\_ \*

7. When will the Alternate Payee's benefits start? Benefits will commence to the Alternate Payee when the Participant actually retires or as soon as administratively feasible following the approval of this Order, which ever is later. {Only Option}

8. Form of Payment to the Alternate Payee: Benefits will be paid to the Alternate Payee on a monthly basis. {Only Option}

9. Death of the Alternate Payee Before Retirement: In the event of the death of the Alternate Payee before any retirement benefits have been received, the benefits should be:

- \_\_\_\_\_ Paid to the estate of the Alternate Payee for the remainder of the Participant's lifetime
- \_\_\_\_\_ Revert to the Participant

10. Death of the Alternate Payee After Retirement: In the event of the death of the Alternate Payee after any retirement benefits have commenced, the benefits should be:

- \_\_\_\_\_ Paid to the estate of the Alternate Payee for the remainder of the Participant's lifetime
- \_\_\_\_\_ Revert to the Participant

Should the Alternate Payee be considered the surviving spouse to the extent of the marital component if the Participant dies prior to retirement? The Pennsylvania State Employees' Retirement System allows a Participant to elect an Alternate Payee as a beneficiary to the extent of the Alternate Payee's equitable distribution interest in the Member's retirement benefit for any and all death benefits provided by the Plan.

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

11. Participant's Election of Benefits: The Pennsylvania Municipal Retirement System offers its members a number of options with respect to the manner in which they would like to receive their benefits. These different options determine the amount to be received by the Participant as a monthly benefit, and the amount to be paid in a Survivor Benefit to any and all of the designated beneficiaries. The following is a discussion of the different retirement options available to members of the PMRS. Please select the option the Participant should be required to select.

\_\_\_\_\_ (1.) Any Option the Participant Prefers

\_\_\_\_\_ (2.) Single Life Annuity: The Participant will be entitled to the maximum benefit provided under PMRS for his/her lifetime with no monthly survivor benefit for a beneficiary. In the event of the death of the Participant prior to his/her contributions to the plan and accumulated interest being exhausted, the remaining contributions and interest will be paid to a beneficiary.

*Example: The Participant's contributions to the plan and accumulated interest total \$50,000. The Participant will be entitled to a monthly benefit of \$2,000. If the Participant dies within the first 2 years and 1 month of his/her retirement, the total contributions and interest less the total amount of benefits already paid to the Participant at the time of his/her death would be payable to the designated beneficiary. If the Participant dies after he/she has been receiving benefits for more than 2 years and 1 month, there will be no payment available to a beneficiary.*

Should the Participant be required to elect the Alternate Payee as the beneficiary for any remaining contributions and interest to the credit of the Participant at the time of his/her death?

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

\_\_\_\_\_ (3.) Option #1: The Participant will be entitled to a monthly benefit that is less than the maximum retirement annuity available under the PMRS. The Survivor Benefit available to the designated beneficiary will equal the Present Value of the Participant's Retirement Benefit (the amount of the Participant's contributions and interest plus the Employer contribution to the Participant's retirement) less the total amount of monthly retirement benefits paid to the Participant and the Alternate Payee at the time of the Participant's death.

*Example: The Participant's Contributions and Interest in the Plan total \$50,000 and the States Contributions and Interest total \$25,000. The reduced accrued monthly benefit is \$1,750. If the parties are going to split his benefit 50/50, each will receive \$875 per month. If the Participant dies three (3) months after the benefits have commenced there will be a Survivor Benefit of \$69,750 available for the Participant's designated beneficiary.*

Should the Participant be required to elect the Alternate Payee as the beneficiary for any remaining contributions and interest to the credit of the Participant at the time of his/her death?

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

12. 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 #: \_\_\_\_\_

13. 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.