



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 MINNESOTA 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 t<br>(If you are an attorney and have a | <b>he divorce who is rep</b><br>Iready completed the s | resented by an atto<br>ection above please | orney please provide your attorney's:<br>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   | l/or firm name, addres                                 | ss and telephone nu                        | umber appear above the                               |
| Legal Caption? Yes   | _ No   |  |  |
| <u>lf Yes:</u>   |  |  |  |
| Attorney's Name  | Firm's N   | lame                                       |  |
| Are you the (or, if attorn   | ey, who do you repre                                   | sent?):                                    |  |
| Plaintiff / Petition   | er Defend  | ant / Respondent                           |  |
| Should we send a copy  | of the Order to oppos                                  | ing counsel?                               | _ Yes No   |
| lf Yes:  |  |  |  |
| <b>Opposing Counsel's Na</b>   | me:  |  |  |
| Firm Name:   |  |  |  |

| Mailing Address:  |
|---|
| City: State: Zip Code:  |
| Telephone #: Fax #:   |
| E-mail Address:   |
| 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:  |
|   |
| 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   |
|   |
| 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   |
| 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:   |
| Plan Name to which this Order applies:  |
| General Employees Retirement Plan (GERP)  |
| Unclassified Plan (UP)  |
| State Patrol Retirement Plan (SPRP)   |

- Correctional Employees Retirement Plan (CERP)
- \_\_\_\_\_ Health Care Savings Plan (HCSP)
- Judges Retirement Plan (JRP)
- \_\_\_\_\_ Minnesota Deferred Compensation Plan (MNDCP)
- \_\_\_\_\_ Legislators Retirement Plan (LRP)
- \_\_\_\_\_ Transportation Department Pilots Retirement Plan (TDPRP)
- \_\_\_\_\_ Military Affairs Retirement Plan (MARP)
- \_\_\_\_\_ Fire Marshals Retirement Plan (FMRP)
- \_\_\_\_\_ State of Minnesota Teachers Retirement Association (TRA)
- \_\_\_\_\_ 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 \$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?

| Percer   | nt:  | %   |  |  |  |  |  |  |  |  |   |  |
|--|--|---|--|--|--|--|--|--|--|--|---|--|
|  | <b>Optior</b><br>The Alte  | n #1: Per   | cent of  | Total a<br>eive a per  | s of a   | Specifie<br>of the tota  | c Date   | <b>which</b><br>d benefit  | is<br>as of a :  | Specific I   | Date.   |  |
|  | Option<br>Property<br>credited<br>months o   | Componer<br>Service the<br>of credited  | <b>cent of</b><br>nt shall be<br>Employed<br>service ea  | the Ma<br>determir<br>e earned<br>rned thro  | rital Po<br>ned by a f<br>during th<br>bugh the l  | <b>ortion a</b><br>raction, tl<br>e marriac<br>Date of R   | s of the<br>ne numer<br>le and the<br>etirement  | e Date<br>ator of w<br>e denom   | of Ret<br>hich is t<br>inator of   | <b>iremer</b><br>he numb<br>which is   | nt: The<br>er of mo<br>the total  | e Marital<br>nths of<br>I number   |
|  | Option<br>Property<br>credited<br>months of  | <b>#3: Per</b><br>Component<br>service the<br>of credited   | <b>cent of</b><br>nt shall be<br>Employee<br>service ea  | the Ma<br>determir<br>e earned<br>rned thro  | n <b>rital Po</b><br>ned by a f<br>during th<br>ough the l   | raction, the marriage of the m | s of the<br>ne numer<br>le and the<br>End Date   | e Marr<br>ator of w<br>e denom   | iage E<br>which is t<br>inator of  | nd Dat<br>he numb<br>which is  | e: The<br>er of mo<br>the total   | Marital<br>nths of<br>I number   |
|  | Specif<br>Compon<br>the earr   | #4: Per<br>ic Date went shall be<br>ent from the<br>service ear   | e determin<br>e determin<br>e Date of I  | ed by a f<br>Marriage  | raction, ti<br>to a Spe  | ne numer<br>cific Date   | s of a<br>ator of wi<br>and the o  | nich is th<br>denomin  | e numbe<br>ator is th  | The Ner of mor<br>e total n  | Marital Pr<br>ths of cr<br>umber of   | roperty<br>edited se<br>f months o   |
|  | Option<br>percenta<br>credited   | #5: Pero  | cent of total accrue   | <b>Fotal a</b><br>ed benefi  | s of Ma<br>t as of the   | e Date Ma  | <b>End Da</b><br>arriage Er  | n <b>te:</b> Th<br>nded. (Th   | e Alterna<br>nis optio   | te Payee<br>n include  | e will rec<br>s any pro   | eive a<br>e-marital  |
| Shoulo<br>Adjust   | d the Ali<br>ments i   | ternate F<br>f offered  | Payee re   | eceive a<br>Plan?  | a pro-ra   | ata sha  | re of a  | ny Pos   | t-retire   | ement  | Cost o  | of Living  |
|  | Yes  |   | No   |  |  |  |  |  |  |  |   |  |
| <b>.</b>   |  |   |  | _  |  |  | _  | _  |  |  |   |  |
| Should   | d the Ali  | ternate F   | Payee re   | eceive   | a pro-ra   | ata sha  | re of a  | ny Ear   | y Reti   | remen  | t Subs  | idies?   |
| (Most de<br>unreduce<br>portion o<br>employe<br>employe<br>month fo  | Yes<br>fined benefits<br>of the empl<br>e would re<br>e could re<br>or life if the   | efit pension<br>if they cor<br>oyee's pen<br>ceive at no<br>ceive \$1,00<br>y had not c   | <b>VO</b><br>plans hav<br>nplete a s<br>sion by eli<br>rmal retire<br>00 per mor<br>ompleted   | ve early repecific numerical pecific numerical p | etirement<br>imber of<br>the actua<br>e verses<br>e 65, but  | provision<br>years of s<br>arial adjus<br>an early r<br>if he/she  | ns that all<br>ervice. E<br>tment (th<br>etiremen<br>elects to   | ow an ei<br>By doing<br>ie differe<br>t age if t<br>retire at  | nployee<br>this the<br>nce in th<br>nere is n<br>age 55 l  | to retire<br>company<br>le amour<br>o subsid<br>ne/she w   | early wit<br>is subsi<br>t of mor<br>y - Exa<br>ould rece   | h full<br>idizing a l<br>nthly bene<br>mple: A<br>eive \$500   |
| per mont   | th).   | ,   | empiered   | ine requi  | rea numi   | per of yea   | rs of serv   | vice to re   | ceive the  | e unredu   | ced bene  | əfit of \$1,0  |
| Should<br>interim  | d the Ali<br>supple  | ternate F<br>ements c<br>d by the   | Payee re<br>or tempo<br>Plan Ad  | eceive a<br>prary b<br>dminis  | a pro-ra<br>enefits<br>trator t  | ata sha<br>that be<br>o be a i   | re of a<br>come<br>part of   | ny earl<br>payab<br>the Pa   | y retir<br>le to th<br>rticipa   | ement  | supple  | ements   |
| Should<br>interim<br>not co<br>(This q   | d the Ali<br>n supple<br>nsidere<br>question<br>Yes  | ternate F<br>ements c<br>d by the<br>i is N/A i   | Payee re<br>or tempo<br>Plan Ao<br>f the Pa<br>No  | eceive a<br>brary b<br>dminis<br>irticipa  | a pro-ra<br>enefits<br>trator t<br>nt has  | ata sha<br>that be<br>o be a l<br>termina  | re of an<br>ecome<br>part of<br>ated en  | ny earl<br>payab<br>the Pa<br>nployn   | y retir<br>le to th<br>rticipa<br>ient)<br>in eligibl  | ement<br>ne Part<br>int's ac   | supple<br>icipan<br>crued   | ements<br>t which<br>benefit   |
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| Should<br>interim<br>not coi<br>(This q<br>(Most de<br>additiona<br>supplem<br>Should<br>event t   | d the Ali<br>n supple<br>nsidere<br>question<br>Yes<br>fined bene<br>al supplem<br>ental bene<br>d the Ali<br>the Part   | ternate F<br>ments c<br>d by the<br>of is N/A i<br>ental, inter<br>fit to age 6<br>ternate F<br>icipant c   | Payee re<br>or tempo<br>Plan Ad<br>f the Pa<br>f the Pa<br>No<br>plans hav<br>m or temp<br>2, at which   | eceive a<br>prary b<br>dminis<br>irticipa<br>re early re<br>porary be<br>n time the<br>esigna<br>or to re  | a pro-ra<br>enefits<br>trator t<br>nt has<br>etirement<br>nefits. E<br>e employ<br>ted as a<br>aching  | ata sha<br>that be<br>o be a j<br>termina<br>incentive<br>xample:<br>ee would<br>a benef<br>retiren  | re of an<br>ecome<br>part of<br>ated en<br>as that all<br>f an emp<br>be able to<br>iciary 1<br>nent?  | ny earl<br>payab<br>the Pa<br>nployn<br>ow certa<br>loyee re<br>o collect<br>for any   | y retir<br>le to th<br>rticipa<br>nent)<br>in eligibl<br>ires at a<br>Social S<br>v death  | ement<br>ne Part<br>nt's ac<br>ge 55, tr<br>ecurity.)<br>n benef   | supple<br>icipan<br>crued<br>ree's to r<br>e plan c   | ements<br>t which<br>benefit<br>ould pay<br>yable in   |
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| Should<br>interim<br>not coi<br>(This q<br>(Most de<br>additiona<br>supplem<br>Should<br>event 1   | d the Ali<br>n supple<br>nsidere<br>question<br>Yes<br>fined bene<br>al supplem<br>ental bene<br>d the Ali<br>the Part<br>Yes<br>No<br>Alternate                         | ternate F<br>d by the<br>is N/A i<br>fit pension<br>fit to age 6<br>ternate F<br>icipant c<br>If Yes:<br>OR:  | Payee representation of the part of the payee do payee | eceive a<br>borary b<br>dminis<br>rticipa<br>re early r<br>porary be<br>n time the<br>esigna<br>or to re<br>The A<br>any a<br>The A<br>death<br>comp<br>eases t<br>he Part   | a pro-ra<br>enefits<br>trator t<br>nt has<br>etirement<br>nefits. E<br>e employ<br>ted as a<br>aching<br>lternat<br>benef<br>oonent.<br>he Par                             | ata sha<br>that be<br>o be a<br>termina<br>incentive<br>xample:<br>e would<br>a benef<br>retiren<br>e Paye<br>death b<br>e Paye<br>its pays<br>ticipant  | re of an<br>ecome<br>part of<br>ated en<br>as that all<br>f an emp<br>be able to<br>riciary f<br>nent?<br>e shall<br>enefits<br>e shall<br>able to   | ny earl<br>payab<br>the Pa<br>nployn<br>ow certa<br>loyee re<br>o collect<br>for any<br>be des<br>the ex<br>the ex<br>to com<br>ll:<br>the Alt               | y retir<br>rticipa<br>nent)<br>in eligibli<br>ires at a<br>Social S<br>death<br>signate<br>tent o<br>mence   | ement<br>nt's ac<br>e employ<br>ge 55, tr<br>ecurity.)<br>a benef<br>ed as t<br>the pla<br>ed as t<br>f the m<br>ement         | supple<br>icipan<br>crued<br>ree's to r<br>e plan c<br>its pay<br>he ben<br>in.<br>he ben<br>arital p<br>of ben | ements<br>t which<br>benefit<br>etire early<br>ould pay<br>yable in<br>neficiary<br>propert<br>efits, th<br>ate. |
| Should<br>interim<br>not coi<br>(This q<br>(Most de<br>additiona<br>supplem<br>Should<br>event 1<br>If the A<br>Alterna<br>Should<br>Alterna | d the Ali<br>n supple<br>nsidere<br>question<br>Yes<br>fined bene<br>al supplem<br>ental bene<br>d the Ali<br>the Part<br>Yes<br>No<br>Alternate<br>ate Paye<br>d the Pa | ternate F<br>d by the<br>a is N/A i<br>sfit pension<br>ental, inter<br>fit to age 6<br>ternate F<br>icipant c<br>If Yes:<br>OR:<br>OR:  | Payee re<br>Plan Ac<br>Plan Ac<br>f the Pa<br>No<br>plans hav<br>m or temp<br>2, at which<br>Payee do<br>lies price<br>ayee do<br>lies price<br>predece<br>ion of the<br>Participa   | eceive a<br>brary b<br>dminis<br>rticipa<br>re early n<br>or ary be<br>esigna<br>or to re<br>The A<br>any a<br>The A<br>death<br>comp<br>eases t<br>he Part<br>ant. Of   | a pro-ra<br>enefits<br>trator t<br>nt has<br>etirement<br>nefits. E<br>employ<br>ted as a<br>aching<br>lternat<br>benef<br>bonent.<br>he Part<br>icipant                   | ata sha<br>that be<br>o be a  <br>termina<br>:<br>:incentive<br>:<br>:a benef<br>retiren<br>e Paye<br>death b<br>e Paye<br>its pays<br>ticipant<br>t's bene<br>- Be p  | re of an<br>ecome<br>part of<br>ated en<br>es that all<br>f an emp<br>be able to<br>iciary f<br>e shall<br>enefits<br>e shall<br>able to<br>c prior t<br>efit sha<br>paid to<br>e Plans c                      | ny earl<br>payab<br>the Pa<br>nployn<br>ow certa<br>loyee re<br>collect<br>for any<br>be des<br>payal<br>be des<br>the ex<br>the ex<br>the Alt<br>to not all | y retir<br>le to th<br>rticipa<br>nent)<br>in eligibl<br>irres at a<br>Social S<br>death<br>signate<br>tent o<br>mence<br>aernate<br>ow this i                 | ement<br>be Part<br>nt's ac<br>ge 55, tr<br>ecurity.)<br>benef<br>ed as ti<br>the pla<br>ed as ti<br>f the m<br>ement<br>ement | supple<br>icipan<br>crued<br>ree's to r<br>e plan c<br>its pay<br>he ben<br>n.<br>he ben<br>arital p<br>of ben  | ements<br>t which<br>benefit<br>ould pay a<br>yable in<br>heficiary<br>propert<br>efits, th<br>ate.<br>ine)      |
| Should<br>interim<br>not co<br>(This q<br>(Most de<br>additiona<br>supplem<br>Should<br>event 1<br>If the A<br>Alterna<br>Should<br>Alterna  | d the Ali<br>n supple<br>question<br>Yes<br>disupplem<br>ental bene<br>d the Ali<br>the Part<br>Yes<br>No<br>Alternate<br>ate Paye<br>for his/                           | ternate F<br>d by the<br>is N/A i<br>fit pension<br>fit to age 6<br>ternate F<br>icipant c<br>If Yes:<br>OR:<br>Payee<br>ee's port<br>t to the F<br>rticipant<br>e as the<br>her lifeti | Payee re<br>Plan Ac<br>Plan Ac<br>f the Pa<br>No<br>plans hav<br>m or temp<br>2, at which<br>Payee do<br>lies price<br>ayee do<br>lies price<br>predece<br>ion of the<br>Participa   | eceive a<br>brary b<br>dminis<br>rticipa<br>re early n<br>orary be<br>esigna<br>or to re<br>The A<br>any a<br>The A<br>death<br>comp<br>eases t<br>he Part<br>ant. Of<br>uired to<br>ciary in  | a pro-ra<br>enefits<br>trator t<br>nt has<br>etirement<br>nefits. E<br>e employ<br>ted as a<br>aching<br>lternat<br>benef<br>bonent.<br>he Part<br>icipant<br>R<br>o elect | ata sha<br>that be<br>o be a j<br>termina<br>incentive<br>xample:<br>e would<br>a benef<br>retiren<br>e Paye<br>its paye<br>its paye<br>ticipant<br>'s bene<br>a spec<br>to ens  | re of an<br>ecome<br>part of<br>ated en<br>esthat all<br>f an emp<br>be able to<br>iciary f<br>nent?<br>e shall<br>enefits<br>able to<br>c prior t<br>efit sha<br>paid to<br>e Plans c<br>ific reti<br>ure pay | ny earl<br>payab<br>the Pa<br>nployn<br>ow certa<br>loyee re<br>collect<br>for any<br>be des<br>the ex<br>the ex<br>the ex<br>the Alf<br>lo not all<br>remen | y retir<br>le to the<br>rticipation<br>in eligibilities at a<br>Social S<br>death<br>signate<br>tent of<br>mence<br>wernate<br>ow this to<br>to ptic<br>of ben | ement<br>be Part<br>nt's ac<br>ge 55, tr<br>ecurity.)<br>benef<br>ed as ti<br>the pla<br>ed as ti<br>f the m<br>ement<br>ement | supple<br>icipan<br>crued<br>ree's to r<br>e plan c<br>its pay<br>he ben<br>n.<br>he ben<br>arital p<br>of ben  | ements<br>t which<br>benefit<br>ould pay a<br>yable in<br>heficiary<br>propert<br>efits, th<br>ate.<br>ine)      |

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II.

III.

IV.

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VI.

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

|                                | <br>       |     |            |  |
|--------------------------------|------------|-----|------------|--|
| City:                          | <br>State: | Zip | Code:      |  |
| Telephone #:                   | <br>Fax #: |     |            |  |
|                                | <br>       | -   | <b>.</b> . |  |
| Credit Card:<br>Credit Card #: |            |     | Discover   |  |
|                                |            |     |            |  |

8.

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.