



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 (If you are an attorney and have a	he divorce who is rep Iready completed the s	resented by an atto ection above please	orney please provide your attorney's: 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:			
Opposing Counsel's Na	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:	
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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:	%										
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	Yes		No									
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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?

City:	 State:	Zip	Code:	
Telephone #:	 Fax #:			
	 	-	. .	
Credit Card: 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.