



PENSION APPRAISERS INC.[®]

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DOMESTIC RELATIONS ORDER CHECKLIST FOR THE PENNSYLVANIA STATE EMPLOYEES' RETIREMENT SYSTEM

This checklist is for informational purposes only. It is not intended for submission to the PA SERS. This form is specifically designed for the exclusive use of Pension Appraisers, Inc. to assist attorneys and their clients in obtaining a Domestic Relations Order that will be acceptable to PA SERS. This form is not a product of the PA SERS.

Option #1: Online - Complete this checklist online at www.qdrodesk.com. Upon completing checklist 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 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? _____ Husband _____ Wife
In addition to the Judge's, what signature lines should come at the end of the Order?
_____ None _____ Attorneys for Husband and Wife
_____ Both Husband and Wife* _____ Opposing Atty. Name: _____

*Required in PA

3. PARTICIPANT: (Employee Spouse)

Name of Participant: _____
Date of Birth: _____
Last Known Mailing Address: _____
City, State, Zip Code: _____
Social Security Number: _____

4. ALTERNATE PAYEE: (Non-Employee Spouse)

Name of Alternate Payee: _____
Date of Birth: _____
Last Known Mailing Address: _____
City, State, Zip Code: _____
Social Security Number: _____

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 State Employees' Retirement System (SERS)**
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: _____
For an additional fee of \$50.00: Should we submit the Order to the Plan Administrator for pre-approval?
_____ Yes _____ No

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 State Employees' Retirement System (SERS) during the marriage, and the denominator of which is the total number of months of the Participant's participation in the SERS. {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 State Employees' 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 SERS. Please select the option the Participant should be required to select.

_____ (1.) Any Option the Participant Prefers
_____ (2.) Full Retirement Allowance: The Participant will be entitled to the maximum retirement annuity available under the SERS. The Survivor Benefit available to the designated beneficiary will equal the Total Accumulated Deductions (the amount of the Participant's contributions and interest) less the total amount of monthly retirement benefits paid to the Participant and Alternate Payee at the time of the Participant's death.

Example: The Participant's Contributions and Interest in the Plan total \$50,000. The maximum accrued monthly benefit is \$3,000. If the parties are going to split this benefit 50/50, each will receive \$1,500 per month. If the Participant dies three (3) months after the benefits have commenced, there will be a Survivor Benefit of \$41,000 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

_____ (3.) Option #1: The Participant will be entitled to a monthly benefit that is less than the maximum retirement annuity available under the SERS. 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 State 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 state's contributions and interest total \$25,000. The reduced accrued monthly benefit is \$2,500. If the parties are going to split this benefit 50/50, each will receive \$1,250 per month. If the Participant dies three (3) months after the benefits have commenced, there will be a Survivor Benefit of \$67,500 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

_____ (4.) Option #2: The Participant will be entitled to a monthly benefit that is less than the maximum retirement annuity available under the SERS. The Survivor Benefit available to the designated beneficiary will be the same dollar amount that the Participant is entitled to as a monthly retirement benefit, and will be paid for the lifetime of the beneficiary.

Example: If the reduced monthly benefit is \$2,000 and the parties are splitting it 50/50, each will receive \$1,000 per month. When the Participant dies the Beneficiary will receive \$2,000 for the remainder his/her lifetime.

Should the Participant be required to elect the Alternate Payee as the beneficiary for the Survivor Benefit available under this option?

_____ Yes _____ No

_____ (5.) Option #3: The Participant will be entitled to a monthly benefit that is less than the maximum retirement annuity available under the SERS. The Survivor Benefit available to the designated beneficiary will equal one half (1/2) of the dollar amount that the Participant is entitled to as a monthly retirement benefit, and will be paid for the lifetime of the beneficiary.

Example: If the reduced monthly benefit is \$2,300 and the parties are splitting it 50/50, each will receive \$1,150 per month. When the Participant dies the Beneficiary or Alternate Payee (which in this case are one and the same) will receive 50% of the Participant's total monthly benefit or \$1,150 for the remainder of his/her lifetime.

Should the Participant be required to elect the Alternate Payee as the beneficiary for the Survivor Benefit available under this option?

_____ Yes _____ No

_____ (6.) Option #4: The Participant may elect to withdraw all or part of his/her Accumulated Deductions (contributions and interest) in no more than 4 scheduled installments. The Participant must then choose one of the options above which will determine the manner in which the remainder of his/her retirement benefits are to be paid. (If this option is chosen, a second option must be selected above to determine the manner in which the remainder of the Participant's benefits are to be paid.)

Example: At the time of retirement, the Participant withdraws his Contributions and Interest which total \$50,000. The Participant must then select a second option in order to determine how the State's Contributions and Interest of \$25,000 should be paid.

_____ (7.) Special Option: If none of the options discussed above are suitable for the Participant, he/she may design an individual option that will best suit his/her needs. This option must be approved by the State Retirement Board. Under most circumstances, the Plan will permit the Participant to structure this option such that the Alternate Payee could be named as the survivor annuitant for a survivor annuity that is equal to the Alternate Payee's share of the Participant's monthly retirement benefit received during the Participant's lifetime.

Example: During the Participant's lifetime the Alternate Payee receives a monthly benefit of \$1,000. Upon the Participant's death, the monthly retirement benefit of \$1,000 ceases, and the Plan begins paying the Alternate Payee the survivor annuity in the amount of \$1,000 per month.

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

Credit Card: **MC** **Visa** **Amex** **Discover**

Credit Card #: _____

Expiration Date: _____ / _____

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 accompanied by 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.