

REQUIREMENTS FOR QUALIFIED DOMESTIC RELATIONS ORDER (QDRO)

Information

Plan Name: _____

Participant Name: _____

Alternate Payee Name: _____

Date QDRO Received: _____

Date Acknowledgment Letter Sent to Alternate Payee: _____

Date QDRO Reviewed: _____

Date of Letter Determining Qualification of Order: _____

Checklist

- _____ Clearly appears to be issued by a court, signed by a judge
- _____ Clearly appears to be a judgment, decree or order **Fees paid by:** _____
- _____ Clearly appears to relate to child support, alimony or marital property rights
- _____ Clearly appears to be made pursuant to a state domestic relations law
- _____ Clearly appears to "create or recognize the existence of an alternate payee's right to, or assign to an alternate payee the right to receive all or a portion" of a participant's account
- _____ Clearly specifies the name of the participant
- _____ Clearly specifies the last known mailing address of the participant
- _____ Clearly specifies the name of the alternate payee
- _____ Clearly specifies the last known mailing address of each alternate payee
- _____ Clearly specifies the amount or percentage of the total of the vested portion of participant's benefits to be paid to each alternate payee or the manner in which the amount or percentage is to be determined.
- _____ Clearly specifies the number of payments or period to which the order applies
- _____ Clearly specifies that the order applies to a particular plan – state plan name correctly
- _____ Times and method of payment that are permissible under the plan
- _____ Does not require the plan to provide any type or form of benefit, or any option, not otherwise provided under the plan
- _____ Does not require the plan to provide increased benefits (determined on the basis of actuarial value)
- _____ Does not require payment of benefits to an alternate payee that are required to be paid to another alternate payee under another order determined to be a qualified domestic relations order