

American Benefit Evaluators, LLC

Required Information

Requesting Attorney Information

Attorney's Name: _____

Address _____

Telephone: _____

Fax: _____ e-mail _____

Ohio Supreme Court Number _____

Attorney's Client Husband Wife

General Information About Case

Date of Marriage _____ / ____ / ____ Evaluation or Hearing Date: _____ / ____ / ____

Date Marriage Ended _____ / ____ / ____ Case Number _____

Plaintiff or Petitioner Wife Husband Defendant or Respondent Wife Husband

Divorce or Dissolution: Divorce Dissolution

Court (County) _____ Judge's Name _____

Required Information About Husband

Name: _____

Address: _____

Social Security Number: _____ - ____ - ____ Date of Birth _____ / ____ / ____

Date of Hire: _____ / ____ / ____ Date of Termination _____ / ____ / ____

Plan Name: _____

Plan Contact: _____ Phone (____) _____

Contact Address: _____

Health Healthy Disabled If disabled, please indicate cause below

Cause of disability _____

Required Information About Wife

Name: _____

Address: _____

Social Security Number: _____ - ____ - ____ Date of Birth _____ / ____ / ____

Date of Hire: _____ / ____ / ____ Date of Termination _____ / ____ / ____

Plan Name: _____

Plan Contact: _____ Phone (____) _____

Contact Address: _____

Health Healthy Disabled If disabled, please indicate cause below

Cause of disability _____

Opposing Attorney Information

Attorney's Name: _____
Address _____

Telephone: () _____
Fax: () _____ e-mail _____
Ohio Supreme Court Number _____

Additional Information Required for Social Security Evaluations

In order to determine the Social Security Old Age benefit that was earned prior to the marriage, during the marriage and after the marriage we need to obtain a copy of the participant's earnings history that were subject to Social Security taxes. There are three ways that this information can be supplied to us:

1. Provide us with a copy of the latest **Social Security benefit statement** that the participant received from Social Security. This statement should have been received a few months prior to the participant's last birthday.
2. Request a Social Security Statement from the Social Security Administration (SSA) by completing **Form SSA-7004-SM** and mailing the form to the participant's nearest local Social Security Office. In completing this form, indicate in question 9 that the statement should be mailed to us by having the participant enter his/her name with "c/o" and the following address:

c/o American benefit Evaluators, LLC
6325 Cochran Road, Suite 6
Solon, OH 44139

The SSA indicates it takes 2-4 weeks to receive the statement using this approach.

3. Have the participant go to his/her nearest local Social Security office. The location of the local office can be found in the yellow pages under Federal Government - Social Security Administration. The telephone number for all local offices is listed as 1-800-772-1213. These offices are open from 9:00 AM to 4:00 PM Monday - Friday. The advantage of this approach is that the participant will receive an immediate printout of his/her Social Security earnings history. However, only the participant can use this approach as the SSA will not provide other parties with the desired information. If the participant calls the SSA, he/she must provide the SSA a fax number to print the desired information.

Under any of these methods, the information might not contain information for the current or previous calendar year. Thus, please provide below the taxable Social Security wages for the current year and previous year.

Husband's Current Year's _____ Husband's Previous Year's _____
Wife's Current Year's _____ Wife's Previous Year's _____

In addition, to estimate what Social Security benefits might be earned after the divorce, please provide us below with the participants current annual earnings rate.

Current annual earnings Rate Husband _____ Wife _____

Has either the husband or wife been covered by a government plan? Husband Wife

Is either the husband or wife currently participating in a government plan? Husband Wife

Additional Information Required to Prepare a QDRO

Defined Contribution QDROs

Amount Assigned: Choose below how the amount of benefit assigned to the alternate payee is to be determined:

- _____ % of the participant's account as of ____ / ____ / _____
- \$ _____ as of the participant's account as of ____ / ____ / _____
- Other: _____

Investment Income: Indicate below whether the amount assigned to the alternate payee as of the assignment date shall be credited with investment income realized by the participant's account from the assignment date until the date the separate account is established for the alternate payee.

- The alternate payee's account **shall** be credited with investment income
- The alternate payee's account **shall not** be credited with investment income

Plan Loans: Indicate whether the participant's account shall include any outstanding participant loan? The actual amount assigned to the alternate payee will not include any outstanding participant loan.

- In determining the amount assigned, the participant's account **shall** include any loan amount
- In determining the amount assigned, the participant's account **shall not** include any loan amount

Account Number: If the QDRO is being prepared to divide a 403(b) annuity or an IRA, please supply the Participant's account number as well as the account number of the Alternate Payee into which the assigned interest is to be transferred. If this section does not apply, indicate N/A.

Participant's Account Number _____

Alternate Payee's Account Number _____

Defined Benefit QDROs

Amount Assigned: Choose below how the amount of benefit assigned to the alternate payee is to be determined:

- Fixed Coverture:** _____ % of the marital portion of the participant's accrued benefit as of the date of divorce where the marital portion is determined as the credited service earned during the marriage divided by the total credited service as of the date of divorce
- Sliding Coverture:** _____ % of the marital portion of the participant's accrued benefit as of the earlier of the date the participant's retirement, termination, death or the date the alternate payee's benefits commence where the marital portion is determined by dividing the credited service earned during the marriage by the participant's total credited service at the earlier of the participant's retirement, termination, death or the date the alternate payee's benefits commence.
- _____ % as of the participant's accrued benefit as of ____ / ____ / _____
- \$ _____ per month of the participant's accrued benefit.
- Other: _____

Separate or Shared Interest QDRO: Usually QDROs are drafted using the Separate Interest approach as long as the Participant has not commenced his/her benefit payments prior to the divorce. However, if the plan will only accept a Shared Interest assignment, or if the Participant has already commenced his/her benefit payments, then the QDRO would be prepared as a Shared Interest. You should note, that some plans will allow the Participant to change his/her benefit option election if he/she should become divorced after the commencement of his/her benefits payments. In these rare cases, we suggest using the Separate Interest approach.

Special Directive _____

Qualified Pre-Retirement Surviving Spouse Annuity (QPSA): Some plans provide for a “pure separate interest” whereby the amount assigned to the Alternate Payee is not impacted by the death of the Participant. In these cases the QPSA coverage is not needed and will not be included in the QDRO provisions drafted unless specifically requested by the attorney. However, in cases where if the Participant dies prior to the commencement of the Alternate Payee’s benefit payments the Alternate Payee would lose her/his assigned interest unless the QPSA is elected, this coverage will be included in the QDRO provisions drafted unless we receive a special directive from the attorney

Special Directive _____

Qualified Post-Retirement Joint & Survivor Annuity (QJSA): This provision is not required if the QDRO uses the Separate Interest Approach. Unless we receive a special directive from the attorney, the QJSA will not be included in our draft of the QDRO.

Special Directive _____

Early Retirement Subsidy or Supplement: Pension Law requires that if an Alternate Payee commences her/his assigned interest prior to the Participant’s commencement of benefits, the Alternate Payee’s assigned interest must be actuarially reduced for early commencement. However, many plans will allow the Alternate Payee to receive her/his share of any Early Retirement Subsidy or Supplement the Participant may receive upon his/her early retirement. Unless the plan prohibits such a practice or we receive a special directive from the attorney, the QDRO we draft will contain a provision granting the Alternate Payee a pro-rata share of any Early Retirement Subsidy or Supplement.

Special Directive _____

Post-Retirement Benefit Adjustments: Some plans provide either automatic or ad hoc benefit increases after the retirement of the Participant. Unless we receive a special directive from the attorney, the QDRO we draft will contain a provision granting the Alternate Payee a pro-rata share of any Post-Retirement Benefit Adjustments.

Special Directive _____

Section C — Type of record to release

Select which records you wish OP&F to release to the person listed in section B.

- Address
- Annuity payment plan
- DROP ledger
- Contribution history only
- Family information
- Gross monthly pension benefit amount/COLA amount or calculation
- Gross DROP amount
- Retiree check history
- Service credit only
- Salary history only
- Status of my application
- Member account detail report
- Membership dates (i.e. date of entry and effective date of retirement)
- Other _____
- Other _____
- Other _____
- Other _____
- Other _____

Section D — Signature and acknowledgement

I, the member described in Section A of this *Authorization to Release Records (other than medical records)* form, who, having been duly sworn, represent that I am the person herein described; it is my will and intent to authorize OP&F to release any information concerning the records I selected in Section C of this form to the person or organization named in Section B; I understand and agree that this authorization will be in effect for the term of one year from the date it is signed by me, unless I rescind it in writing; and waive my rights to any claim against OP&F, its employees, or the Board of Trustees which may result from the release of this information.

Member's Signature ▶	Date of Signature
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Section E — Notary Public requirement

The notary public in good standing, who witnessed the signature in section D, must sign in the space provided in this section and affix their seal.

State of Ohio, County of _____, ss:

The foregoing *Authorization to release records (other than medical records)* was acknowledged before me by the member named in the foregoing Section A, this _____ day of _____, 20_____.

Affix Seal Here	Notary signature
	Print name
	My Commission Expires