

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 _____

American Benefit Evaluators, LLC

“The experience you need when dealing with QDROs”SM

Fee Schedule

Pension Evaluations

▪ **Present Value of Accrued Pension Benefit**

Initial report: Determines the present value of the accrued benefit as of the date of divorce payable on the assumed benefit commencement date. Present values will be developed based on two possible benefit commencement dates. The first value will be determined assuming the participant’s benefits commence at the earlier of his normal retirement date defined by the plan or the date that his benefit percentage equals 100% of his final average compensation. The second value will be based on the assumption that the participant retires on the date with the largest present value. Usually this date is the date that the participant is first eligible to retire. While our recommended value is based on the first approach, we realize that during the court proceedings it might be helpful to know the value assuming the participant retires on the date with the largest present value.

Fee

Service
Desired

\$400

▪ **Social Security Evaluation**

Determines present value of assumed Social Security benefit payable to both parties in the divorce reflecting the impact of the divorced wife's (husband's) and widow(er)'s benefit as well as their individual old age benefit based on compensation earned before, during and after the marriage.

\$400

▪ **Update Report**

An additional evaluation is developed where the present value of benefits is determined where either the assumed retirement date is changed or another set of assumptions is used.

\$100

▪ **Discovery:**

If we have to obtain the dollar amount of the frozen accrued benefit and/or the Plan’s SPD, an additional fee will be charged as shown below:

Military Evaluation

\$200

Non-military Evaluation

\$100

▪ **Expert Testimony:** A minimum fee of \$500 will be charged for case preparation and travel time. Charges for actual testimony time will be based on time required. Advance estimates of fees can be provided if requested.

\$500
Minimum

Determination of Marital Portion of Account Balance

Upon obtaining prior quarterly account balance statements we will estimate the split of the current account balance between marital and pre-marital assets. The statements must reconcile the change in the account balance recognizing contributions made, investment income earned and withdrawals and/or benefits and expenses paid during the quarter.

Other periods of time can be used such as monthly statements or annual statements. The fee charged will depend on the number of statements that must be reviewed in the analysis.

\$300
Minimum

Division of Property Order for State of Ohio Plans

Draft order based on provisions consistent with divorce decree while protecting the benefit rights of the attorney's client for the following plans:

- Public Employees Retirement System (PERS)
- State Teachers Retirement System (STRS)
- School Employees Retirement System (SERS)
- Ohio Police and Fire Pension Plan
- Ohio Highway Patrol Retirement Plan

\$400

	<u>Fee</u>	<u>Service Desired</u>
<p>State Plan Judgment Entry Language</p> <p>Because the current Ohio state statute does not permit a direct assignment of pre and post-retirement surviving spouse's benefits nor automatic cost-of-living increases to an alternate payee, a special judgment entry may be required to protect the alternate payee's interests.</p>	\$500	_____
<p>QDRO for Ohio Public Employees Deferred Compensation Plan</p> <p>Benefits under this plan can be assigned and cashed-out if desired without waiting for the participant to terminate employment or retire. We will draft an order that will indicate the dollar amount assigned to the alternate payee.</p>	\$400	_____
<p>Qualified Plan Domestic Relations Orders</p> <p>We will obtain a summary of plan provisions and model QDRO (if available) from plan sponsor and draft the order consistent with the divorce decree while protecting the benefit rights of the attorney's client. We will make sure the attorney is familiar with and understands the key provisions of the plan that have a significant financial impact.</p>	\$400	_____
<p>Military Court Orders</p> <p>We will obtain a summary of plan provisions and model QDRO (if available) from plan sponsor and draft the order consistent with the divorce decree while protecting the benefit rights of the attorney's client. We will make sure the attorney is familiar with and understands the key provisions of the plan that have a significant financial impact.</p>	\$600	_____
<p>Review QDROs</p> <p>We can review an order that has already been drafted to ensure that it satisfies ERISA requirements and the attorney client's intentions.</p>	\$200	_____

Our role in assisting attorneys in drafting domestic relations orders will be limited to taking model orders for the above plans and inserting the information indicated in Required Information Form. We are also available to help you understand the various provisions of the plans involved to help eliminate language that might be viewed as ambiguous in defining benefits that are payable to each party under events such as:

- Death of the Participant
- Death of the Alternate Payee
- Participant's eligibility for early retirement supplements and/or subsidies
- The impact of the Plan providing COLA

Our role should not be construed as providing legal advice. Our purpose is to use our many years of experience in designing and valuing plan benefits to help the attorney better understand the plan provisions that have a significant financial impact on the benefits assigned under the order. Services will only be performed if paid for in advance. We will accept a business or personal check. All checks should be made payable to:

American Benefit Evaluators, LLC
6325 Cochran Road, Suite 6
Solon, Ohio 44139

Phone: (440) 248-3002 Fax: (440) 248-3585 Email: QDRO@abeval.com

Attorney's Name

Date

Authorization to Release Benefit Information

I, (please print name) _____ am or was an employee of _____ henceforth referred to as ("Employer"). I hereby authorize the Employer or its Plan Administrators to release to my attorney _____ or to American Benefit Evaluators, LLC or its agents (see third party information below) any and all information relative to my:

- Retirement Benefits – Qualified or Nonqualified
- Service/Earnings History
- Deferred Compensation Arrangements
- Insurance Benefits
- Disability Benefits
- Welfare Benefits
- Any other benefits earned while employed by the Employer.

This authorization is in effect from _____ to _____.

Please release the above information by mail carrier, fax, or phone to the following Third Party or its agents:

American Benefit Evaluators, LLC.
Suite 6
6325 Cochran Rd.
Solon, OH 44139
Phone (440) 248-3002
Fax (440) 248-3585
Email QDRO@abeval.com

I hereby agree to hold the Employer, its subsidiaries, affiliates, employees, designated agents, and the retirement and health welfare plans harmless from liability in connection with, or arising out of, the provisions of such information or data:

Dated _____ Signature of Employee _____

Social Security Number _____ Phone _____

Address _____

Witnessed by Notary Public

Subscribed and sworn before me on this

_____ day of _____, 20_____

Notary Public _____

State of _____

My commission expires _____

Witnessed by an Authorized Employer Representative

-OR-

SIGNED _____
Authorized Employer Representative

Date _____