

INSTRUCTIONS TO COMPLETE A QUALIFIED DOMESTIC RELATIONS ORDER

A fillable format document has been created for your convenience. Simply type in the areas highlighted in gray and print. The gray highlights will not appear in the finished printed copy. As an alternative, a Word version is also provided. Check the appropriate boxes and fill in the blank spaces. Altered forms may be rejected. If both the Petitioner and the Respondent are participating members whose benefits are to be divided, use a separate QDRO for each.

Request a **Divorce Benefit Valuation** to determine the value of the Member's benefit during the term of the marriage. This is a 401(a) defined benefit retirement plan and the amount of contributions has no bearing on the retirement benefit. The benefit is calculated based on average annual salary and total years of credited service. Only the Member or the Member's attorney may request this valuation; otherwise it must be obtained by subpoena. Please send the request to General Counsel, OPERS, 5801 N. Broadway Extension, Suite 400, Oklahoma City, Oklahoma 73118.

Before filing the QDRO with the Court, please email (kice@opers.ok.gov), mail or fax (405.848.5967) a copy to General Counsel, OPERS for review. This will save time if the Order needs corrections.

Section I. Recitals:

Paragraph (2): Mark the appropriate box as it applies to the OPERS Member.

Paragraph (3): Provide the date of marriage and the date the divorce petition was filed.

Paragraph (4): Fill in the full name, address, and the last four digits of the SSN for both the Member and Alternate Payee.

OPERS recognizes the privacy of Social Security Numbers. Please include only the last four digits of the SSN in the QDRO. In order for the QDRO to be officially accepted, the full social security numbers for both parties must be provided to OPERS in a separate confidential document. Please do not provide social security numbers via email.

Section II. Alternate Payee Award:

Paragraph (1)(a): The Alternate Payee's award must be an exact dollar amount/percentage based on the Member's monthly benefit upon retirement from OPERS. You must also select the time period such payment will be made to the Alternate Payee. Your choices are the lifetime of the member, a certain number of months, or until the award is paid in full (this may include a time period until the Alternate Payee receives an amount equal to the lump sum or another amount awarded, if any). *If this monthly benefit award is selected to the exclusion of the lump sum award in Section II (1)(b), the Alternate Payee would not receive any benefits if the Member terminates employment and withdraws his/her accumulated contributions.*

Paragraph (1)(b): In addition or as an alternative to the monthly award in (1)(a), the Alternate Payee's award may also be a lump sum dollar/percentage amount. Please be advised that this award is payable to the Alternate Payee only if the Member terminates employment and elects to withdraw his/her accumulated contributions. *If this lump sum award is selected to the exclusion of the monthly award in (1)(a), the Alternate Payee would not receive any benefit if the Member elects to retire from OPERS and receive monthly benefits.*

Paragraph (1)(c): In addition to selecting (1)(a) and/or (1)(b), the Alternate Payee's award may include Cost of Living Adjustments (COLAs). COLAs are cost of living increases to a retired Member's monthly benefit and granted exclusively by the Legislature. If the award includes COLAs, please provide the percentage of the Member's COLA to be awarded to the Alternate Payee.

Section VI. Termination:

The QDRO terminates upon the death of the Member. If the Alternate Payee dies prior to the full distribution of the award, the benefits awarded to the Alternate Payee will revert back to the Member.