

# 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

## Fee Schedule

|  | <u>Fee</u>         | <u>Place X<br/>If Service<br/>Is Desired</u> |
|--|--------------------|--|
| <b>Pension Evaluations</b>   |                    |  |
| <ul style="list-style-type: none"><li>▪ <b>Present Value of Pension Benefit</b><br/>Determine the marital portion of the present value of pension benefits based on the following three approaches:<ul style="list-style-type: none"><li>➤ Benefit accrued as of the date of divorce payable at the Plan's normal retirement date;</li><li>➤ Benefit accrued as of the date of divorce payable at the Plan's earliest retirement date;</li><li>➤ Projected benefit payable at the normal retirement date assuming increases in future pay and service.</li></ul>While our recommended value is based on the first approach, we realize that during the court proceedings it might be helpful to know the values based on the other two approaches.</li></ul> | \$400              | _____  |
| <ul style="list-style-type: none"><li>▪ <b>Social Security Evaluation</b><br/>Determines the 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.</li></ul>  | \$400              | _____  |
| <ul style="list-style-type: none"><li>▪ <b>Update Report</b><br/>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.</li></ul>  | \$100              | _____  |
| <b>Discovery</b>   |                    |  |
| If we have to obtain the dollar amount of the frozen accrued benefit, the Plan's SPD, Model QDRO or QDRO Procedures, an additional fee will be charged as shown below:   |                    |  |
| Military Evaluation or Order   | \$200              | _____  |
| Non-military Evaluation or Order   | \$100              | _____  |
| <b>Expert Testimony</b>  |                    |  |
| A flat fee of \$1,500 per day will be charged for case preparation, travel time and the actual testimony. We require full payment in advance to guarantee an appearance. If the request for our services is cancelled within 4 days of the scheduled court appearance, all but \$200 will be refunded. If the request for our services is cancelled more than 4 days prior to the scheduled court appearance, the entire fee will be refunded.   | \$1,500<br>Per day | _____  |
| <b>Determination of Marital Portion of Account Balance</b>   |                    |  |
| 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<br>Minimum   | _____  |
| <b>Division of Property Order for State of Ohio Plans</b>  |                    |  |
| Draft order based on provisions consistent with divorce decree while protecting the benefit rights of the attorney's client for the following plans: <ul style="list-style-type: none"><li>➤ Public Employees Retirement System (PERS)</li><li>➤ State Teachers Retirement System (STRS)</li><li>➤ School Employees Retirement System (SERS)</li><li>➤ Ohio Police and Fire Pension Fund (OP&amp;F)</li><li>➤ Ohio Highway Patrol Retirement System (HPRS)</li></ul>   | \$400              | _____  |

|  | <u>Fee</u> | <u>Place X<br/>If Service<br/>Is Desired</u> |
|--|------------|--|
| <b>State Plan Judgment Entry Language</b>  |            |  |
| Because the current Ohio state statute does not permit a direct assignment of pre and post-retirement surviving spouse's benefits to an alternate payee, a special judgment entry may be required to protect the alternate payee's interests.  | \$500      | _____  |
| <b>QDRO for Ohio Public Employees Deferred Compensation Plan</b>   |            |  |
| 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 or percentage of the current account balance assigned to the alternate payee.  | \$400      | _____  |
| <b>Qualified Plan Domestic Relations Orders</b>  |            |  |
| We will 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.  | \$400      | _____  |
| <b>Military Court Orders</b>   |            |  |
| We will 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.  | \$400      | _____  |
| <b>Review QDROs Prepared by Opposing Attorney</b>  |            |  |
| We can review an order that has already been drafted to ensure that it satisfies ERISA requirements and the attorney client's intentions.  | \$400      | _____  |
| Our role in assisting attorneys in drafting domestic relations orders will be limited to taking model orders 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:                            |            |  |
| <ul style="list-style-type: none"> <li>➤ Death of the Participant</li> <li>➤ Death of the Alternate Payee</li> <li>➤ Participant's eligibility for early retirement supplements and/or subsidies</li> <li>➤ The impact if the Plan provides future plan improvements</li> </ul>  |            |  |
| 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) 248-9155 Fax: (440) 248-3585 Email: [bnapoli@abeval.com](mailto:bnapoli@abeval.com)

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Attorney's Signature

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Date



# SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. Broad St., Suite 100, Columbus, Ohio 43215-3746  
614-222-5853 • Toll-Free 1-800-878-5853 • www.ohsers.org

## AUTHORIZATION FOR RELEASE OF MEMBER INFORMATION

Section 3309.22, Ohio Revised Code, specifically prohibits the release of a School Employees Retirement System of Ohio (SERS) member's personal history record, and any information identifying, by name and, address, the amount of a monthly allowance or benefit paid to a retirant, beneficiary, or survivor, except with the written authorization of the individual concerned. This statute also provides that all medical reports and recommendations obtained by SERS are privileged, and copies of such medical reports or recommendations may be made available only to the member's personal physician, attorney, or authorized agent upon written release from the member or his agent.

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### RELEASE OF RETIREMENT ACCOUNT INFORMATION

I hereby give my consent to SERS to release information regarding my personal history record and retirement account to:

American Benefit Evaluators, LLC

NAME

RELATIONSHIP

PRINT NAME OF SERS MEMBER

SIGNATURE OF SERS MEMBER

LAST FOUR DIGITS OF SOCIAL SECURITY #

DATE

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If the release of medical records is authorized by the SERS member, the following form must also be completed.

### RELEASE OF MEDICAL INFORMATION

I hereby give my consent to SERS to release any medical reports and/or recommendations in my SERS file to \_\_\_\_\_ who is my  attorney,  physician, or  agent.

PRINT NAME OF SERS MEMBER

SIGNATURE OF SERS MEMBER

LAST FOUR DIGITS OF SOCIAL SECURITY #

DATE