

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 If Service Is Desired</u>
Pension Evaluations		
Present Value of Pension Benefit		
Determine the marital portion of the present value of pension benefits based on the following three approaches:		
➤ Benefit accrued as of the date of divorce payable at the Plan's normal retirement date;		
➤ Benefit accrued as of the date of divorce payable at the Plan's earliest retirement date;		
➤ Projected benefit payable at the normal retirement date assuming increases in future pay and service.	\$400	_____
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.		
Social Security Evaluation		
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.	\$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, 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	_____
Expert Testimony		
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 Per day	_____
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 Fund (OP&F)		
➤ Ohio Highway Patrol Retirement System (HPRS)	\$400	_____

	<u>Fee</u>	<u>Place X If Service Is Desired</u>
State Plan Judgment Entry Language		
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	_____
QDRO for Ohio Public Employees Deferred Compensation Plan		
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	_____
Qualified Plan Domestic Relations Orders		
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	_____
Military Court Orders		
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	_____
Review QDROs Prepared by Opposing Attorney		
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"> ➤ Death of the Participant ➤ Death of the Alternate Payee ➤ Participant's eligibility for early retirement supplements and/or subsidies ➤ The impact if the Plan provides future plan improvements 		
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

Attorney's Signature

Date

Request for Social Security Statement

Please check this box if you want to get your *Statement* in Spanish instead of English.

Please print or type your answers. When you have completed the form, fold it and mail it to us. If you prefer to send your request using the Internet, go to www.socialsecurity.gov.

1. Name shown on your Social Security card:

First Name Middle Initial

Last Name Only

2. Your Social Security number as shown on your card:

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3. Your date of birth (Mo.-Day-Yr.)

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4. Other Social Security numbers you have used:

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5. Your Sex: Male Female

For items 6 and 8, show only earnings covered by Social Security. Do NOT include wages from state, local or federal government employment that are NOT covered by Social Security or that are covered ONLY by Medicare.

6. Show your actual earnings (wages and/or net self-employment income) for last year and your estimated earnings for this year.

A. Last year's actual earnings: (*Dollars Only*)

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B. This year's estimated earnings: (*Dollars Only*)

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7. Show the age at which you plan to stop working:

(*Show only one age*)

8. Below, show the average yearly amount (not your total future lifetime earnings) that you think you will earn between now and when you plan to stop working. Include performance or scheduled pay increases or bonuses, but not cost-of-living increases.

If you expect to earn significantly more or less in the future due to promotions, job changes, part-time work or an absence from the work force, enter the amount that most closely reflects your future average yearly earnings.

If you don't expect any significant changes, show the same amount you are earning now (the amount in 6B).

Future average yearly earnings: (*Dollars Only*)

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9. Do you want us to send the *Statement*:

- To you? Enter your name and mailing address.
- To someone else (your accountant, pension plan, etc.)? Enter your name with "c/o" and the name and address of that person or organization.

"C/O" or Street Address (Include Apt. No., P.O. Box, Rural Route)

American Benefit Evaluators, LLC

Street Address

6325 Cochran Rd. - Suite 6

Street Address (If Foreign Address, enter City, Province, Postal Code)

Solon, OH 44139

U.S. City, State, ZIP code (If Foreign Address, enter Name of Country only)

NOTICE:

I am asking for information about my own Social Security record or the record of a person I am authorized to represent. I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I authorize you to use a contractor to send the *Social Security Statement* to the person and address in item 9.

Please sign your name (Do Not Print)

Date

(Area Code) Daytime Telephone No.

About The Privacy Act

Social Security is allowed to collect the facts on this form under section 205 of the Social Security Act. We need them to quickly identify your record and prepare the *Statement* you asked us for. Giving us these facts is voluntary. However, without them we may not be able to give you a *Statement*. Neither the Social Security Administration nor its contractor will use the information for any other purpose.

Paperwork Reduction Act Notice

This information collection meets the requirements of 44 U. S. C. §3507, as amended by Section 2 of the [Paperwork Reduction Act of 1995](#). You do not need to answer these questions unless we display a valid Office of Management and Budget control number.

We estimate that it will take about 5 minutes to read the instructions, gather the facts and answer the questions.

You may send comments on our time estimate above to:
SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

Send only comments relating to our time estimate to this address, not the completed form.

Request for *Social Security Statement*

Within four to six weeks after you return this form, we will send you:

- a record of your earnings history;
- an estimate of how much you have paid in Social Security taxes; and
- estimates of benefits you (and your family) may be eligible for now and in the future.

Please note: If you have been receiving a *Social Security Statement* each year about three months before your birthday, this request will stop your next scheduled mailing. You will not receive a scheduled *Statement* until the following year.

We hope you will find the *Statement* useful in planning your financial future. Remember, Social Security is more than a program for retired people. It helps people of all ages in many ways. For example, it can help support your family in the event of your death and pay you benefits if you become severely disabled.

If you have questions about Social Security or this form, please call our toll-free number, **1-800-772-1213**.



MAIL TO:
SOCIAL SECURITY ADMINISTRATION
WILKES BARRE DATA OPERATIONS CENTER
PO BOX 7004
WILKES BARRE PA 18767-7004