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QDRO PROFESSIONALS, LLC MILITARY QUESTIONAIRE

1. <u>Documents to be provided:</u>

A. Active Duty Service Members:

a. <u>Current Leave and Earnings Statement (LES)</u>* - generated twice a month to show pay, allowances, deductions, accrued leave, etc. (equivalent to a pay stub); go to pay center secure web portal to obtain a copy

B. Guard/Reserve Service Members:

- a. <u>Current Retirement Points Statement*</u> (chronological statement of retirement points, such as ARPC Form 249 for Army Reserve or NGB Form 23 for National Guard) issued at least once a year to each Guard/Reserve member; go to pay center secure web portal to obtain a copy
- b. Retirement Points Statement as of Date of Divorce

C. Retirees

- a. Retiree Account Statement (DFAS-CL Form 7220)* generated a minimum of once per year (usually around December) to show gross retired pay, changes in the rate of pay, VA waiver, Survivor Benefit Plan premium and beneficiary, etc.
- b. <u>Certificate of Release or Discharge (DD Form 214)</u> or other separation papers;
- c. Retirement orders (issued at retirement);
- d. <u>Combat-Related Special Compensation (CRSC) statement</u> (if applicable)
- e. <u>Letter from DFAS</u> at or before retired pay_starts (showing amount and how calculated)
- f. In VA disability cases, the findings and ratings letter(s)

D. Survivor Benefit Plan (SBP) Election Form**

- a. For a Reserve/Guard member, this would have been completed at the 20-year mark (for DFAS- Form 2656-5, RCSBP Election Certificate).
- b. For an Active Duty servicemember, the election form would be completed as part of the retirement process (Form 2656, Data for Retired Personnel).
- c. If the parties are already divorced, there may be a Form 2656-1 (SBP Election Statement for Former Spouse Coverage).

E. **General documents** – court order, separation agreement or any other underlying settlement document that provides for pension division, and the divorce decree

*The LES, Retiree Account Statement (RAS) and Retirement Points Statement can be found on the secure DFAS website, https://mypay.dfas.mil/mypay.aspx. **Prior SBP election forms can be requested from the local Retirement Service Office or local Guard/Reserve branch.

a.	Date of Marriage:
b.	Date of Separation:
c.	Date of Filing:
d.	Date of Final Order Approving Agreement:
e.	Date of Divorce (if different from (d)):
f.	State of Divorce:
g.	How was jurisdiction determined by the Court?
	Parties consented to jurisdiction Other:
	Other:
etire a.	Other:
etire a. b.	Other:
a. b. c.	Other:
	Other:
a. b. c.	Other: tifying information for servicemember or retiree: (refer to LES, RAS, other ment order for most of this) Full name: Social Security #: Current Mailing address: Email Address:
etire a. b. c. d.	Other: tifying information for servicemember or retiree: (refer to LES, RAS, or ement order for most of this) Full name: Date of Birth: Social Security #: Current Mailing address: Email Address:

MPDO Intake Form 2

Component (Active Duty, National Guard, Reserves):

i.

j.	"DIEMS" (Base Pay Entry Date):			
k.	If any breaks in service, please specify:			
1.	Date SM retired: (Reserve/Guard this is the date you stop serving, not the date (age 60) that pension payments start):			
m.	Date SM is first eligible to retire:			
n.	Disability/VA Waiver:			
	i.	Has Service member been rated with a disability by the Veteran's Administration (VA)? (check one): YES NO		
	ii.	Was Service member rated for a VA disability prior to divorce? YES NO		
	iii.	If so, what percentage was disability rating as of Date of Divorce?		
	iv.	Has Service member been reevaluated by the VA since the divorce?_ YES NO		
	v.	If so, what percentage is disability rating now?		
0.	o. Is Service Member remarried?:			
	i.	Date of Remarriage:		
	ii.	Current Spouse full name:		
	iii.	Is current Spouse listed as Survivor Beneficiary for retired pay? YES NO		
	iv.	If yes, what date was that election made with DFAS?		
Ident	ifying i	nformation for former spouse/spouse (non-servicemember):		
a.	Full n	ame:		
b.	Date	of Birth: Social Security #:		
c.	Current Mailing address:			
d.	Email	Address:		
d.	Phone Number:			

4.

e.	Attorney for FS:				
f.	Attorney Email:				
g.	Is Former Spouse remarried: Date of Remarriage:				
h.	Current Spouse full name:				
were have	e eligible may have opted into the Be significant impacts on retired pay a lise is required. Did SM opt in? Please	RS during calendand SBP amounts,	ar year 2018. This cand no consent of t		
Con	nputational Information – Please the	e complete the foll	owing, which serves		
	ne basis for the pension division order	-	8)		
a.	Was the Divorce Order filed on or before December 23, 2016? YES (SKIP TO SECTION 7) NO (CONTINUE TO QUESTION 6(b))				
b.	If Divorce Order was filed <u>after December 23, 2016</u> , was SM already receiving retired pay on date Divorce Order was filed? YES (SKIP TO SECTION 7) NO (CONTINUE TO QUESTION 6(c))				
c.	at divorce	er: g (date action was(Date)	filed with Court)		
d.	For Active Duty and Reserve/Gua	<u>rd</u> fill in Creditabl	e time of service as		
	Date of Separation: Date of Filing: Date of Divorce:	years and years and years and years and years and years and	months months months		
e.	For <u>Reserve/Guard</u> fill in total retirement points as of:				
	Date of Marriage: Date of Separation: Date of Filing: Date of Divorce:	points points points points			
	Date of Retirement:	points			

7.	How is the Benefit to Former Spouse Calculated?					
		• Set dollar amount (i.e., \$400 a month to Mrs. Brown)				
		• Flat Percentage (i.e., 44% of Mr. Brown's disposable retired pay)				
		 Coverture Formula (i.e., 50% of the marital portion) For Active Duty need to know: Years of service as of Date of Marriage: Years of service as of Date of Filing: Years of service as of Date of Divorce: 				
		 For Reserve/Guard need to know: Points as of Date of Marriage: Points as of Date of Filing: Points as of Date of Divorce: (COMPLETE points statement must be attached if this option is chosen) 				
		• Hypothetical (i.e., 39% of the disposable retired pay of a Major with 24 years of creditable service). If member entered service after 9/7/1980, you must provide the following information:				
		• hypothetical retired pay base:				
		 hypothetical years of creditable service: 				
		hypothetical date of retirement:				
		(NOTE: The <u>set dollar amount</u> does not contain a COLAs (cost-of-living adjustments.))				
		ETIRED WHEN HUSBAND AND WIFE SEPARATE, ATTACH THE ENT <u>RETIREE</u> <u>ACCOUNT STATEMENT</u> , FORM DFAS-CL 7220.				
8.		vor Benefit Plan election: If a survivor annuity is to be provided to the r spouse, please fill out the following information:				
	a.	Type of coverage:				
		i Former spouse only coverage				
		ii Former spouse and child(ren) coverage				
		iii Child(ren) only coverage				
		ivOther coverage - specify type\beneficiary				
	b.	Base amount (the SBP benefit paid to the beneficiary is 55% of the base amount):				
		 i Full retired pay ii Lesser amount (can be any amount \$300 per month or greater) 				

Remember that, without SBP coverage, the pension stops when the SM/retiree dies.

	IF RESERVE OR GUARD : Reserve Component SBP (Survivor Benef Plan) applies if one is in the Reserves or National Guard. Check (T) one of the following:			
	i. ii.	SM (Servicemember) has already retired. The election we (see next two items for available options) SM hasn't retired yet, has attained 20 years of creditable		
		service, has chosen to have coverage start at 60 th birthday (i.e., death of SM occurs before then, payments begin at what would have been age 60 for the SM).		
	iii.	SM hasn't retired yet, has attained 20 years of creditable service, has chosen to have coverage and payments start at death even if before age 60.		
	iv.	SM has not attained 20 years of service yet, client would like decision to be (fill in blank):		
d.		and spouse have decided to use life insurance instead of SBP, terms s follows:		
TSP plan.	is a con	ntributory retirement plan, similar to a 401k plan or a profit-sharin		
	. (1)	If the member participates, <u>provide a copy of the most recent</u> <u>quarterly account statement</u> .		
		If the member participates, provide a copy of the most recent		
	(1)	If the member participates, <u>provide a copy of the most recent</u> <u>quarterly account statement</u> .		
	(1) (2)	If the member participates, <u>provide a copy of the most recent quarterly account statement</u> . What was the first date of contribution to the TSP: If the TSP is to be divided:		
	(1) (2)	If the member participates, provide a copy of the most recent quarterly account statement. What was the first date of contribution to the TSP:		
	(1) (2)	If the member participates, provide a copy of the most recent quarterly account statement. What was the first date of contribution to the TSP: If the TSP is to be divided: i. State how fixed dollar amount, percentage, or formula \$;% Formula: ii. Specify effective date of division (e.g., date of separation,		

Paid directly	<i></i>
Rolled	
well as the account number	ncial institution's name and address, as of the plan or IRA. Also, provide a mber and instructions for receiving the