

QDRO / DRO INFORMATION FORM



BOUSQUET HOLSTEIN PLLC

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Please complete to the best of your ability. If uncertain, please consult with us, or leave blank.

INFORMATION ABOUT THE DIVORCE

Date of Marriage: _____

Date of Execution of Separation Agreement: _____

Date of Commencement of Divorce Action: _____

Date of Divorce: _____ Check here if the parties are not yet divorced

PLAINTIFF

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Home Phone: () _____ Office Phone: () _____

Fax: () _____ Email: _____

PLAINTIFF ATTORNEY

Name: _____

Address: _____

Office Phone: () _____

DEFENDANT

Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____

Home Phone: () _____ Office Phone: () _____

Fax: () _____ Email: _____

DEFENDANT ATTORNEY

Name: _____

Address: _____

Office Phone: () _____

INFORMATION ABOUT THE PLAN(S) TO BE DIVIDED

PLAN 1

Name of Participant (Employee) _____

Name of Alternate Payee (Non-Employee entitled to benefits) _____

Name of Plan: _____

Name of Employer: _____

Contact Person at Employer (or) Plan Record Keeper: _____

Address Of Employer: _____

Phone: () _____ Email: _____

Approximate date participant began working for Employer: _____

Is the Participant still working for the Employer? Yes No

If not, approximate date Participant stopped working for Employer: _____

Is the Participant retired? Yes No If yes, date of retirement: _____

Other details:

PLAN 2

Name of Participant (Employee) _____

Name of Alternate Payee (Non-Employee entitled to benefits) _____

Name of Plan: _____

Name of Employer: _____

Contact Person at Employer (or) Plan Record Keeper: _____

Address Of Employer: _____

Phone: () _____ Email: _____

Approximate date participant began working for Employer: _____

Is the Participant still working for the Employer? Yes No

If not, approximate date Participant stopped working for Employer: _____

Is the Participant retired? Yes No If yes, date of retirement: _____

Other details:

INFORMATION ABOUT THE PLAN(S) TO BE DIVIDED

PLAN 3

Name of Participant (Employee) _____

Name of Alternate Payee (Non-Employee entitled to benefits) _____

Name of Plan: _____

Name of Employer: _____

Contact Person at Employer (or) Plan Record Keeper: _____

Address Of Employer: _____

Phone: () _____ Email: _____

Approximate date participant began working for Employer: _____

Is the Participant still working for the Employer? Yes No

If not, approximate date Participant stopped working for Employer: _____

Is the Participant retired? Yes No If yes, date of retirement: _____

Other details:

PLAN 4

Name of Participant (Employee) _____

Name of Alternate Payee (Non-Employee entitled to benefits) _____

Name of Plan: _____

Name of Employer: _____

Contact Person at Employer (or) Plan Record Keeper: _____

Address Of Employer: _____

Phone: () _____ Email: _____

Approximate date participant began working for Employer: _____

Is the Participant still working for the Employer? Yes No

If not, approximate date Participant stopped working for Employer: _____

Is the Participant retired? Yes No If yes, date of retirement: _____

Other details:

INFORMATION ABOUT THE PLAN(S) TO BE DIVIDED

PLAN 5

Name of Participant (Employee) _____

Name of Alternate Payee (Non-Employee entitled to benefits) _____

Name of Plan: _____

Name of Employer: _____

Contact Person at Employer (or) Plan Record Keeper: _____

Address Of Employer: _____

Phone: () _____ Email: _____

Approximate date participant began working for Employer: _____

Is the Participant still working for the Employer? Yes No

If not, approximate date Participant stopped working for Employer: _____

Is the Participant retired? Yes No If yes, date of retirement: _____

Other details:

DOCUMENTATION REQUIRED FOR PREPARATION OF QDRO/DRO

Please provide a copy of the following documents:

- Divorce Decree (if parties are already divorced)
- Separation or Opting Out Agreement (or) Court Transcript, if no Agreement
- Copy of any documents or correspondence provided by the Plan, including:
 - Summary Plan descriptions or booklets describing the Plan
 - Recent account statements for the Participant
 - The Plan's written QDRO/DRO procedures
 - Correspondence from the Plan or Employer regarding Participant's benefits