



QUALIFIED DOMESTIC RELATIONS ORDERS

The following information is provided to assist active and retired members who are going through a divorce and whose retirement account might be subject to division as marital property or withholding for child support or alimony/maintenance. ***All members are strongly advised to seek financial, legal, or other expert advice. Kentucky Public Pensions Authority is not rendering legal, financial, or any other type of professional advice in this booklet and nothing in this booklet should be construed as providing legal, financial, or any other type of professional advice.***

INSTRUCTIONS FOR COMPLETION OF THE FORM 6437

QUALIFIED DOMESTIC RELATIONS ORDER FOR CHILD SUPPORT BY AN ADMINISTRATIVE AGENCY

The printed language on the Form 6437, “Qualified Domestic Relations Order for Child Support by an Administrative Agency” (QDRO) cannot be altered. The QDRO will be rejected by Kentucky Public Pensions Authority if the printed language is altered in any manner. (See KRS 61.690 and 105 KAR 1:190).

This form will be used if the Participant is retired and is receiving a monthly retirement benefit. The Participant is required to submit a Form 6433, “Authorization for Release of Information and Request for Information for a Qualified Domestic Relations Order” to obtain the information necessary for the Agency to make a determination regarding the amount of child support. The Kentucky Public Pensions Authority will provide the Participant’s current monthly retirement benefit in each system from which the participant is receiving a monthly retirement benefit.

SECTION BY SECTION INSTRUCTIONS

These instructions will only cover sections that require completion by the Agency.

Section 2. The Agency shall enter the Participant’s name, the Participant’s Kentucky Public Pensions Authority member identification number, and current mailing address.

Section 3. The Agency shall enter the Alternate Payee’s name.

Section 4. The Agency shall mark all retirement systems to which this order applies.

Section 6. The Agency shall list the child(ren) for which the child support has been ordered. If there are more than three children, please attach an additional page.

Section 7. The Agency shall enter the monthly dollar amount child support payment to be withheld from the Participant’s monthly retirement benefit.

Section 8. The Agency shall decide how the cost of living increase provided in KRS 61.691 is to be divided. The Agency may order that all of the cost-of-living adjustment be made to the Participant’s monthly payment or that it be divided as provided in KRS 61.690(9).



This Order is: New Corrected Amended Corrected Amended

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
ADMINISTRATIVE ACTION NUMBER/IV-D NUMBER

PETITIONER

Name

vs.

RESPONDENT

Name

**QUALIFIED DOMESTIC RELATIONS ORDER FOR PAYMENT OF CHILD SUPPORT
BY AN ADMINISTRATIVE AGENCY**

The Cabinet for Health and Family Services finds the following facts and issues the following Order pursuant to KRS 61.690, KRS 403.212, KRS 403.213, KRS 405.430, KRS 405.465, 105 KAR 1:190, and 921 KAR 1:400:

1. This Order is intended to comply with and be administered and interpreted in conformity with 26 U.S.C. Sections 401(a) and 414(p), KRS 61.690, and KRS Chapter 403. For child support purposes, Alternate Payee, as defined at 26 U.S.C. Section 414(p), may be a spouse, former spouse, child, or other dependent of a Participant.

2. The following information is provided for the Participant:

Name: _____

Kentucky Public Pensions Authority Member ID: _____

Current Mailing Address: _____

City, State, Zip Code

3. The following information is provided for the Alternate Payee/Custodial Parent:

Name: _____

Current Mailing Address: Centralized Collection Unit
P.O. Box 14059
Lexington, KY 40512-4059

4. The "Retirement System(s)" affected by the Order are (check the box below for each retirement system to which this Order applies):

State Police Retirement System

1260 Louisville Road
Frankfort, Kentucky 40601

County Employees Retirement System

1260 Louisville Road
Frankfort, Kentucky 40601

Kentucky Employees Retirement System

1260 Louisville Road
Frankfort, Kentucky 40601

5. **Obligation of Participant and Alternate Payee:** The Participant and the Alternate Payee are ordered to notify the Retirement System(s) in writing of any change in circumstance regarding this Order. The Retirement System(s) shall not be responsible for any failure of communication or receipt of payment caused by the failure of the Participant or the Alternate Payee to provide necessary information.

6. The Cabinet for Health and Family Services has ordered the Participant to pay child support to support the following child(ren):

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

7. Pursuant to the laws governing the calculation of child support, the Retirement System(s) shall withhold \$ _____ per month from the Participant's monthly retirement allowance and pay that amount as child support by check paid to "Kentucky Child Support Enforcement". The Retirement System is ordered to include the Participant's name and Social Security Number on the payment.

8. Any cost of living increase provided in KRS 61.691 shall be administered as follows:

All to the Participant.

OR

Divided between the Participant and the Alternate Payee pursuant to KRS 61.690(9).

9. Payments under this Order shall continue until the Order is amended or terminated by order of the Cabinet for Health and Family Services or of a court of competent jurisdiction and the amended Order or Order terminating this Order is submitted and accepted by the Retirement System(s).

10. This Order applies to payments to be made after the approval of the Order for enforcement by the Retirement System(s) under KRS 61.690 and 105 KAR 1:190.

11. The Participant is ordered to notify the Retirement System(s) of the death of the Alternate Payee.

12. The Retirement System(s) shall not be liable to the Participant for payments made to the Alternate Payee after the Alternate Payee's death or for other payments made to the Alternate Payee to which the Alternate Payee was not entitled.

13. The Alternate Payee is ordered to immediately return any payments made pursuant to this Order that are received by the Alternate Payee after the death of the Participant.

14. If the Participant's monthly retirement benefit payment is subject to more than one Order under KRS 61.690 the amount paid to the Alternate Payee under this Order may be reduced based on the priority of the other Orders.

15. The Alternate Payee's right to receive an amount from the Participant's monthly retirement benefit payment, an actuarial or lump sum refund, or a lump sum refund of contributions and interest shall terminate upon:

- The death of the Participant; or
- The death of the Alternate Payee; or
- The termination of a benefit paid to the Participant; or
- Subsequent Order of the Cabinet for Health and Family Services or of a court of competent jurisdiction.

16. Payments under this Order shall commence as provided by KRS 61.690.

17. As provided in KRS 61.690(4)(a), this Order does not and shall not be construed to require the Retirement System(s) to take any action not authorized under state or federal law.

18. As provided in KRS 61.690(4)(b), this Order does not and shall not be construed to require the Retirement System(s) to provide any benefit, allowance, or other payment not authorized under state or federal law.

19. As provided in KRS 61.690(4)(c) and (d), this Order does not and shall not be construed to grant the Alternate Payee any separate right, title, interest, or to any retirement benefit other than to the payment from the Participant's account provided under this Order.

SO ORDERED this ____ day of _____, 20 ____.

Agency Head, Cabinet for Health and Family Services

HAVE SEEN AND AGREED: (Not Required)

Signature of the Participant

Signature of the Alternate Payee

Signature of Attorney for Participant

Signature of Attorney for Alternate Payee

Printed Name
of Participant: _____

Printed Name
of Alternate Payee: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____