



## **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.**

The Participant is still required to submit a copy of the divorce decree even if the Participant submits a QDRO.

### **INSTRUCTIONS FOR COMPLETION OF THE FORM 6438 QUALIFIED DOMESTIC RELATIONS ORDER FOR PAYMENT OF ALIMONY/MAINTENANCE**

**The printed language on the Form 6438, “Qualified Domestic Relations Order for Payment of Alimony/Maintenance” (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 Court to make a determination regarding the amount of alimony/maintenance. The retirement systems 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 Court.**

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

**Section 3.** The Court must enter the Alternate Payee’s name and current mailing address.

**Section 4.** The Court must mark all retirement systems to which this order applies.

**Section 6.** The Court shall enter the dollar amount or percentage of Participant’s monthly retirement benefit that is to be paid to the Alternate Payee.

**Section 7.** The Court must decide how the cost of living increase provided in KRS 61.691 is to be divided. The Court 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).

**Section 8.** The Court must also decide how the administrative fee for filing the QDRO is to be paid. The Court may order that the fee be paid entirely by the Participant, entirely by the Alternate Payee, or divided between the parties equally. NOTE: The Kentucky Public Pensions Authority can only accept one check for the fee so the parties will need to determine who will submit the check with the QDRO. The fees are \$50.00 for the original QDRO and \$25.00 for an amended QDRO. **Any QDRO that comes in without an attached certified check or money order payable to the Kentucky State Treasurer for the administrative fee cannot be reviewed by Kentucky Public Pensions Authority.**

**Kentucky Public Pensions Authority**

**Form 6438**

Revised 04/2021



This Order is:  New  Corrected  Amended  Corrected Amended

COMMONWEALTH OF KENTUCKY

\_\_\_\_\_ Family/Circuit Court

Division \_\_\_\_\_

Civil Action No. \_\_\_\_\_ -CI- \_\_\_\_\_

PETITIONER

\_\_\_\_\_  
Name

vs.

RESPONDENT

\_\_\_\_\_  
Name

**QUALIFIED DOMESTIC RELATIONS ORDER  
FOR PAYMENT OF ALIMONY/MAINTENANCE**

The Court finds the following facts and issues the following Order pursuant to KRS 403.190, KRS 61.690, and 105 KAR 1:190:

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.

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:

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code

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 a change in the individual's mailing address. The Retirement System(s) shall not be responsible for any failure of communication or of receipt of payment caused by the failure of the Participant or the Alternate Payee to provide a current mailing address. The Retirement System(s) is under no statutory or regulatory duty to attempt to find any party who does not inform the Retirement System(s) of his/her current address and shall not attempt to locate any party who does not inform the Retirement System(s) of his/her current address.

6. The Retirement System(s) shall withhold \$\_\_\_\_\_ per month from or \_\_\_\_\_ % of the Participant's monthly retirement benefit and pay that amount to the Alternate Payee as follows: *(Designate only one option.)*

for a time period of \_\_\_\_\_ months.

**OR**

until the Participant's or the Alternate Payee's death, whichever comes first.

**OR**

until the Alternate Payee's death, Participant's death, or the Alternate Payee's remarriage, whichever comes first.

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

*Do not complete this item if the Participant has been ordered to pay the Alternate Payee a percentage of his/her monthly retirement benefit.*

All to the Participant.

**OR**

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

8. The payment of the administrative fee provided for in KRS 61.690(10) and in 105 KAR 1:190 Sections 5 and 7 shall be paid as follows:

All to be paid by the Participant.

**OR**

All to be paid by the Alternate Payee.

**OR**

Equally shared between the Participant and the Alternate Payee.

9. Application of Order: 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.

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

11. 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.

12. 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.

13. The terms of this Order can only be amended or terminated by subsequent order of this Court.

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 a payment under this Order shall terminate upon:

a. The death of the Participant; or

b. The death of the Alternate Payee; or

c. The termination of a benefit paid to the Participant; or

d. Subsequent Order of the Court terminating the Alternate Payee's rights.

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 \_\_\_\_.

\_\_\_\_\_  
Judge \_\_\_\_\_ Family/Circuit Court, Div. \_\_\_\_\_

(Clerk's Certification Seal)

### CERTIFICATION OF SERVICE

I, Clerk of the above Court, do hereby certify that an attested copy of the foregoing has been served by mailing same to the following on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Clerk \_\_\_\_\_ Circuit Court

By: \_\_\_\_\_ D.C.

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: \_\_\_\_\_