

## QDRO CHECKLIST

1. Name of Participant:
2. Address of Participant:
3. Social Security number of Participant: \_\_\_\_\_
4. Name of Alternate Payee:
5. Address of Alternate Payee:
6. Social Security number of Alternate Payee:
7. Alternate Payee's relationship to Participant (check one):
  - Spouse
  - Former spouse
  - Child
  - Other dependent
8. Date of marriage:
9. Date of separation:
10. Date of divorce:
11. Date of birth (if Alternate Payee is child):
12. Full and accurate name of benefit plan:
13. Contact person at plan:
14. Address of plan contact person:
15. Telephone, fax, and e-mail contact details:
16. Amount, form, and type of benefits sought by client:
17. Opposing counsel name and contact details:
18. Date draft QDRO was sent to opposing counsel:

19. Date draft QDRO was sent to Court for approval:

20. Date signed QDRO was mailed to the Plan Administrator:

21. Date QDRO was approved by plan as a QDRO:

26. Copy of qualification letter or document from plan sent to client on

\_\_\_\_\_.