

QDRO C

IN THE DISTRICT COURT OF \_\_\_\_\_ COUNTY, KANSAS

In the Matter of the Marriage of \_\_\_\_\_ )  
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 )  
and \_\_\_\_\_ )  
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Case No. \_\_\_\_\_

Proceeding under the Kansas family law code, chapter 23

QUALIFIED DOMESTIC RELATIONS ORDER

NOW ON THIS \_\_\_\_\_ [date], the above-entitled matter came on upon the application of the parties for a Qualified Domestic Relations Order under the Internal Revenue Code and the Kansas Public Employees Retirement System Act. The Court, having examined and considered the pleading filed herein, and being well and fully advised in the premises, find the following facts and issues the following Orders:

1. Plan Participant / Alternate Payee. The Court finds:
  - a. that \_\_\_\_\_ is a "Plan Participant" or "Participant" of the \_\_\_\_\_ [Kansas Public Employees Retirement System / or the Kansas Police and Firemen's Retirement System / or the Retirement System for Judges] ("the Plan"),
  - b. that pursuant to K.S.A. 74-4923(b) [or K.S.A. 20-2618 for Judges], the Plan Participant's accrued benefits under the Plan are subject to this Qualified Domestic Relations Order,
  - c. that \_\_\_\_\_ is an "Alternate Payee" under this Order, and
  - d. that \_\_\_\_\_ shall be the Date of Division, from and after which the Alternate Payee's award under this Order shall accrue interest in the same manner and at the same rate as interest is credited to the Plan Participant's Accumulated Contributions Account ("Account").
  
2. Marital Period / Marital Share / Amount Awarded to Alternate Payee. The Alternate Payee shall receive from the Plan \_\_\_\_\_ [state either a specific dollar amount or a specific percentage] of the Plan Participant's monthly benefits from the Plan.

3. Plan Participant's Name and Mailing Address. The name and last known mailing address of the Plan Participant is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Plan Participant's full social security number must be provided under separate cover.

4. Alternate Payee's Name and Mailing Address. The name and last known mailing address of the Alternate Payee is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Alternate Payee's full social security number must be provided under separate cover.

5. Obligation of the Parties. It is the obligation of the parties to keep the Plan apprised of their respective current mailing addresses and current instructions as to automatic deposit of funds. The parties are directed to timely submit to the administrator of the Plan all documents that are required to implement this order. The Plan Administrator is the Kansas Public Employees Retirement System, 611 S. Kansas Ave., Suite 100, Topeka, KS 66603-3803.
6. Order. On the next benefit payment date after receipt and acceptance of this Order (unless received too late in the month, in which case on the next benefit payment date possible), the Plan shall set aside and pay to the Alternate Payee the percentage or dollar amount set forth in paragraph 2 above, of the Plan Participant's monthly benefits. Benefit payments pursuant to this QDRO cease in the event of the death of either the Plan Participant or Alternate Payee.
7. Limitations on Order. Nothing in this Order shall require, and this Order shall not be construed to require: (a) the Plan to provide any type or form of benefit or any option not otherwise provided under the Plan, or (b) the Plan to provide increased benefits (determined on the basis of actuarial value) to the Alternate Payee, or (c) the Plan to pay benefits to the Alternate Payee which are required to be paid to another Alternate Payee under another Order previously determined to be a Qualified Domestic Relations Order.
8. Retention of Jurisdiction. The Court shall retain jurisdiction over the allocation and transfer to the Alternate Payee of the marital portion of Participant's benefits or Account balance as the case may be, and to issue further Orders as needed to enforce this Order.

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Judge of the District Court

(Must be certified by the Clerk of Court)

Prepared by:

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Name, address, phone  
Attorney for Alternate Payee

Approved by:

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Name, address, phone  
Attorney for Plan Participant