



**QDRO Pros, APC. DATA SHEET  
MILITARY**

**Plan Information**

What is participant's name?

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

DFAS – Defense Financing and Accounting Service  
P.O. Box 998002  
Cleveland, OH 44199  
Phone: (888) 332-7411

**Employment Information**

Branch of Service: \_\_\_\_\_

Date of enlistment: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Were the parties married for at least 10 years?

Yes **or**  No *If "NO" not qualified for benefits directly from DFAS*

Did the participant earn at least 10 years of creditable service during the Marriage?

Yes **or**  No *If "NO" not qualified for benefits directly from DFAS*

Is participant currently retired? Yes **or**  No

**If yes**, what was date of retirement? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If retired**, retirement claim number? \_\_\_\_\_

**If retired**, what form of benefit did participant select?

- Joint and Survivor annuity with former spouse **or**
- Joint and Survivor annuity with someone else **or**
- Single life annuity



**Division of Plan Information**

How should the former spouse’s share of benefits be determined?

time rule **or**  fixed % \_\_\_\_\_ **or**  fixed \$ \_\_\_\_\_

**If Time Rule Answer:**

Was participant Active duty **and/or**  Reserve

If **active duty**, how many months of creditable service did participant earn

During the marriage? \_\_\_\_\_

If **reservist**, how many points did participant accumulate during marriage? \_\_\_\_\_

Should reserve time during the marriage be included? Yes **or**  No

Must participant elect to make former spouse a beneficiary for survivor benefits?

Yes **or**  No

If Yes, did Former Spouse or does Former Spouse intend to remarry prior to age 55?

Yes, if yes, than Former Spouse is not eligible for SBP

No

If participant becomes disabled, is former spouse to receive share of disability benefits that replace retirement? Yes **or**  No

If Former Spouse dies first, Former Spouse’s benefit shall:

- Revert to Participant
- Benefit to minor children of the marriage
- Benefit to estate of Former Spouse

**General Information**

Have any prior QDROs been filed on this plan? Yes **or**  No

If **yes**, please mail copies of prior QDROs to QDRO Pros, Inc.

Are there any special Arrangements between you and your former spouse that are not included in the MSA, Judgment for Dissolution, or in the questions above?

If **yes**, please describe special arrangements

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