

**INSTRUCTIONS**  
**Model Eligible (Post-retirement) Domestic Relations Order (EDRO)**  
**Kent County Employees' Retirement Plan**

If you have gone or are going through a divorce and either a portion of your benefit under the pension will be assigned to your spouse or former spouse OR they are waiving any interest, a Domestic Relations Order (DRO) is necessary. The property settlement, as outlined in a Judgment of Divorce, is not sufficient for the County to take action. This model Domestic Relations Order is available as a service to assist retirees and their attorneys pertaining to benefits under the Kent County Employees' Retirement Plan (Pension Plan). This model is compliant with both EDRO Law and the written terms of the Pension Plan document and can therefore save time and money. IF the model is used, without modification and in conjunction with a benefit calculation from Kent County's Retirement Services Division of the Human Resources Department, it can be reviewed, approved and implemented by Retirement Services staff very quickly, at no cost.

There are limitations on the options for Post-retirement assignment of benefits:

- No action is needed if the form of payment elected at the time of retirement will remain in place.
- Void the original form of payment and assign a percent of the single life annuity payable over the Participant's life.
- Divide the Participant's current elected form of payment. If the Participant predeceases the Alternate Payee, survivor benefits, if any, will be paid in the form elected prior to the EDRO.

If the Alternate Payee waives any interest in the benefits payable to the participant under the plan:

- The optional form of payment chosen at the time of retirement is void and the Participant's benefit is restored to the single life annuity.

Should you and your attorney deem it appropriate to modify the model or draft an entirely different Domestic Relations Order, review of these Domestic Relations Orders will be handled by the plan's attorney at a cost of \$500 per review. If this is the option that you choose, submit a check made payable to: Kent County Employees' Retirement Plan in the amount of \$500 with the Domestic Relations Order. Please know that modifications may be needed prior to implementation of the order which may incur additional legal fees and time for approval and implementation. **This process can be followed for a pre-approval prior to the Order being entered into court.**

Please send the Domestic Relations Order and/or check to:  
Kent County Human Resources  
Attn: Retirement Services  
300 Monroe Ave NW  
Grand Rapids, MI 49503

For questions or assistance, you may contact Kent County Retirement Services at:  
[kcretirement@kentcountymi.gov](mailto:kcretirement@kentcountymi.gov)

This model domestic relations order is provided to assist attorneys for participants and alternate payees in assigning benefits of the Kent County Employees' Retirement Plan in connection with a divorce. Kent County disclaims any responsibility for the appropriateness of its use or application in any particular matter. Participants, alternate payees and their attorneys are responsible for the use of this Model Order and application to their particular circumstance.

**Model Retiree (Post-retirement) Domestic Relations Order  
Kent County Employees' Retirement Plan**

STATE OF MICHIGAN

THE CIRCUIT COURT FOR THE COUNTY OF \_\_\_\_\_

\_\_\_\_\_,

Plaintiff,

Case No.

vs.

Hon.

\_\_\_\_\_,

Defendant.

\_\_\_\_\_/

\_\_\_\_\_(P )  
Attorney for Plaintiff

Telephone: \_\_\_\_\_/

\_\_\_\_\_(P )  
Attorney for Defendant

Telephone: \_\_\_\_\_/

At a session of this Court, held at the Courthouse in the City of  
\_\_\_\_\_, State of \_\_\_\_\_, County  
of \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_.

PRESENT: Hon. \_\_\_\_\_  
Circuit Judge

**[Choose one of the following:]** [This Order assigns a portion of the Participant's retirement benefits under the Kent County Employees' Retirement Plan (the "Plan") to the Alternate Payee;] [This Order returns the Alternate Payee's interest in the Participant's retirement benefits under the Kent County Employees' Retirement Plan (the "Plan") to the Participant;]

This Order follows a model form provided by the Board of Trustees for the Plan; and

It is intended that this Order be incorporated in the Judgment of Divorce entered  
\_\_\_\_\_, 20\_\_\_\_\_, and made a part thereof.

NOW, THEREFORE, IT IS ORDERED THAT:

1. The retirement benefit plan subject to this Order is:

Kent County Employees' Retirement Plan  
c/o The Kent County Human Resources Office  
300 Monroe Avenue N.W.  
Grand Rapids, Michigan, 49503  
Attention: Pension Administrator

2. The Participant in the Plan is \_\_\_\_\_, whose last known address and telephone number are:  
\_\_\_\_\_  
\_\_\_\_\_  
(\_\_\_\_)

The social security number and date of birth of the Participant are provided on an attachment to this Order which will not be filed with the Court.

3. The Alternate Payee in the Plan is \_\_\_\_\_, whose last known address and telephone number are:  
\_\_\_\_\_  
\_\_\_\_\_  
(\_\_\_\_)

The Alternate Payee will notify the Plan in writing of any change of address or telephone number.

The social security number and date of birth of the Alternate Payee are provided on an attachment to this Order which will not be filed with the Court.

**[Choose one of the following:]**

4. The Alternate Payee is awarded a portion of the benefits to which the Participant is entitled under the Plan as follows:

**[Choose one of the following:]**

- a. *[Use this method to assign a single life annuity over the life of the Participant. Use the first sentence if benefits are currently paid in a form other than a single life annuity]* The optional form of benefit payment chosen by the Participant at the time of retirement is void pursuant to MCLA Section 46.12a(32) and the Participant's benefit is restored to the single life annuity form. The Alternate Payee will be entitled to \_\_\_\_\_% of the single life annuity benefits payable to the Participant under the Plan beginning with the payment due for the month following the month in which the Plan Administrator determines this Order to be "qualified." The Alternate Payee's benefit will be payable over the life of the Participant and will terminate at the death of the Participant. If the Alternate Payee predeceases the Participant, the Alternate Payee's benefit will revert to the Participant.
- a. *[Use this method to divide the Participant's current elected form of payment if other than a single life annuity]* The Alternate Payee will be entitled to \_\_\_\_\_% of the benefits payable to the Participant under the Plan over the life of the Participant beginning with the payment due for the month following the month in which the Plan Administrator determines this Order to be "qualified." If the Participant predeceases the Alternate Payee, survivor benefits, if any, will be paid in the form and to the beneficiary elected prior to entry of this Order. If the Alternate Payee predeceases the Participant, the Alternate Payee's benefit will revert to the Participant.
- b. The monthly benefit payable to the Alternate Payee described in part 4(a) will commence as soon as administratively practical following the date the Plan Administrator notifies the Participant and Alternate Payee of its determination that the Order satisfies the terms of the Plan and benefits will be payable on the same schedule as payments are made to the Participant under the Plan.
- c. If the Plan pays any post-retirement cost of living increases on benefits being paid from the Plan, the Alternate Payee will [not] be entitled to a proportionate share of each increase that is declared and paid to or on behalf of the Participant after the date of this Order.

- d. The benefit to which the Participant is entitled under the Plan will be reduced by the amount of the benefit assigned to the Alternate Payee by this Order.
- e. The Alternate Payee will include in the Alternate Payee's gross income for the tax year of receipt all taxable retirement benefit distributions received pursuant to this Order. The Participant will not include these benefits in the Participant's gross income.]

/4. The Alternate Payee waives any interest he/she may have in the benefits payable to the Participant under the Plan. The optional form of benefit payment chosen by the Participant at the time of retirement is void pursuant to MCLA Section 46.12a(32) and the Participant's benefit is restored to the single life annuity form, effective with the payment due for the month following the month in which the Plan Administrator determines this Order to be "qualified." No survivor benefits will be payable to the Alternate Payee if the Participant predeceases the Alternate Payee, survivor benefits.]

5. This Order will not require the Plan to provide any type or form of benefit or any option that is not otherwise provided under the terms of the Plan. In the event of any dispute regarding the terms of this Order, such dispute will be resolved in a manner which does not require the Plan to provide an increased benefit determined on the basis of actuarial value.

6. The parties agree that their mutual intent is to provide Alternate Payee with a benefit that fairly represents [what they have agreed] **OR** [what the Court has ordered] to be the Alternate Payee's marital share of the Participant's accrued benefit under the Plan. If this Order is determined not to be "qualified" by the Plan, the parties agree that they will request a modification of the Order from this court that will reflect the parties' intent.

7. This Order will be served by the Alternate Payee on the Plan by certified mail, return receipt requested, and a copy of the proof of service will be filed with this court.

8. This Order will be attached to the Judgment of Divorce entered \_\_\_\_\_, 20\_\_\_\_, and made a part thereof.

Circuit Court Judge

Approved as to form and content:

\_\_\_\_\_  
Plaintiff

Dated:

\_\_\_\_\_  
Attorney for Plaintiff

Dated:

\_\_\_\_\_  
Defendant

Dated:

\_\_\_\_\_  
Attorney for Defendant

Dated:

TO BE OMITTED FROM THE PUBLIC RECORD

ATTACHMENT to THE DOMESTIC RELATIONS ORDER IN  
Case No.

[PARTICIPANT NAME]

Social Security Number:  
Date of Birth:

[ALTERNATE PAYEE NAME]

Social Security Number:  
Date of Birth: