{stdlongdate} Alternate Payee ID: {AlternatePayeePERSLinkID}

{AlternatePayeeName}

{qu ContactAdrCorStreet1}

{x qu ContactAdrCorStreet2}

{qu ContactAdrCorCity} {qu ContactAdrCorState} {qu ContactAdrCorZip}

**RE: QUALIFIED DOMESTIC RELATIONS ORDER** **{DRO\_APPLICATION\_ID}**

**MEMBER:** **{stdMbrFullName}**

Dear {AlternatePayee}:

This is to advise you that based upon the Qualified Domestic Relations Order (QDRO) approved by this office {Approved\_Date\_MonthYear}, you are eligible to receive monthly payments effective {qu BENEFIT\_RECEIPT\_DATE}.

According to the QDRO, you are awarded {MONTHLY\_BENEFIT\_PERCENTAGE}% or {MONTHLY\_BENEFIT\_AMOUNT} of {stdMbrSalutation}’s monthly benefit of {COMPUTED\_MEMBER\_GROSS\_MONTHLY\_AMOUNT} as of {date\_of\_divorce}. The payments shall be made {BenefitOptionDuration}.

Your payment option will be actuarially adjusted based upon our plan’s assumptions to reflect {BenefitOptionDuration}. Therefore, NDPERS’ actuaries must calculate your actual monthly payment. Upon notice from NDPERS actuaries, we will notify you of your adjusted monthly payment.

Enclosed are miscellaneous retirement forms we need you to complete. In addition, we require a photocopy of your birth certificate. Please return the requested documents in the enclosed envelope.

If you have any questions, please call NDPERS at {stdNDPERSPhoneNumber} or {stdNDPERSTollFreePhoneNumber}.

Sincerely,

NDPERS Benefits Division

Enclosure – Retirement Forms

Envelope

{tmp SFN-02560}

{tmp SFN-51506}

{tmp SFN-18379}