

Sample Letter – from TroyanLaw.com
“Draft” Domestic Relations Order – Meets Qualification Requirements

Note: Remove this box before sending the letter to the inquirer, participant, or alternate payee, if applicable.

[DATE]

[NAME OF INQUIRER]

[ADDRESS]

[ADDRESS]

[ADDRESS]

RE: Draft Domestic Relations Order – Meets Qualification Requirements

Plan ID: [ENTER YOUR MASSMUTUAL CONTRACT NUMBER]

Name of Plan: [ENTER PLAN NAME] (“Plan”)

Name of Participant: [ENTER PARTICIPANT NAME] (“Participant”)

Name of Alternate Payee: [ENTER ALTERNATE PAYEE NAME] (“Alternate Payee”)

Dear [NAME OF ENTITY THAT PROVIDED THE DRAFT DRO]:

The Plan received a request from you to review a draft domestic relations order (“Order”) to determine if it meets the qualification requirements as defined in Internal Revenue Code §414(p) and, if applicable, the Employee Retirement Income Security Act (ERISA) §206(d), and whether it is consistent with the Plan and its “*Procedure to Determine the Qualified Status of A Domestic Relations Order*” (“QDRO Procedure”). The plan administrator has reviewed the draft Order and found that it meets the requirements.

Once the Plan receives a valid Order, the plan administrator will advise the Participant and Alternate Payee of its receipt and whether that Order meets the requirements for a qualified domestic relations order (“QDRO”). Additionally, the “hold” placed on the Participant’s account will remain in place for no longer than 18 months from the date the Plan receives the valid Order. Generally, the hold will be lifted on the Participant’s account upon the earlier of: (1) the date the valid Order is qualified and the Alternate Payee’s assignment is transferred into his/her account, (2) the date the plan administrator is notified in writing that the parties no longer intend to pursue a QDRO, (3) the Plan receives a court executed order to vacate the Order or indicating the Participant’s account will not be divided, or (4) the end of the 18-month period.

Please send any written notifications or valid Order to the following address:

[PLAN ADMINISTRATOR NAME]

[ADDRESS]

[ADDRESS]

[ADDRESS]

If you need further assistance in this matter, please contact me at [PHONE NUMBER].

Sincerely,

[PLAN ADMINISTRATOR]

C: [Participant - IF SOMEONE OTHER THAN THE PARTICIPANT IS MAKING THE INQUIRY]

[Alternate Payee - IF SOMEONE OTHER THAN THE ALTERNATE PAYEE IS MAKING THE INQUIRY]

[ATTORNEY(S), IF APPLICABLE]