

Referred By: _____

FERS/CSRS (COAP) QUESTIONNAIRE

1. Your Full Name: Mr. ___ Ms. ___ _____
2. Your Spouse/Ex Spouse's Name: Mr. ___ Ms. ___ _____
3. Who is the Plaintiff? _____
4. Who owns the Pension? _____
5. Your Date of Birth: _____
6. Your Social Security Number: _____
7. Your Spouse/Ex Spouse's Date of Birth: _____
8. Your Spouse/Ex Spouse's Social Security Number: _____
9. Your Full Mailing Address:

10. Your Spouse/Ex Spouse's Full Mailing Address:

11. Date of Marriage: _____
12. Date of Divorce: _____
13. In what state were/are you divorced/divorcing? _____
14. Date of Separation (or the date the benefit is to be computed): _____
15. **PLEASE ATTACH** a copy of the underlying Order or Decree permitting the division of the account by Court Order Acceptable for Processing (COAP).
16. Type of Service CSRS ___ FERS ___
17. Date member entered the plan: _____
18. Provide all dates of service and/or credits for service: _____
19. Member's current or retired rank and service (i.e. GS4 Step 4, Forest Service, Fireman, FBI Agent, FAA Air Traffic Controller, etc..)

20. Date member retired: _____
21. Date member is first eligible to retire: _____

22. Is there a survivor annuity? YES ___ NO ___
If YES, will Spouse/Ex Spouse receive the survivor annuity? YES ___ NO ___
23. If Spouse/Ex spouse dies before member, does the Spouse/Ex spouse want the annuity to go to his/her estate? YES ___ NO ___
24. Was there any military time converted to FERS/CSRS? YES ___ NO ___
25. Is former spouse to receive any Retiree Annuity Supplement in addition to basic retired annuity? YES ___ NO ___
26. If the member has retired, are there any benefit arrears due to former spouse? YES ___ NO ___
27. Is OPM withholding any retroactive apportionment payment? YES ___ NO ___

Your Contact Information:

E-mail address: _____

Cell Phone: _____ Home Phone: _____

Please scan and email this form along with any other pertinent information to:
qdro@qdromasters.com, Fax to: (702) 438-5311, or Mail to:

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