



Qualified Domestic Relations Order for Child Support by an Administrative Agency

Instructions for Completion

GENERAL INFORMATION

- The printed language on the Form 6437, “Qualified Domestic Relations Order for Child Support by an Administrative Agency” (QDRO) cannot be altered. The QDRO will be rejected by Kentucky Public Pensions Authority (KPPA) if the printed language is altered in any manner. (See KRS 16.645, 61.690, 78.545, and 105 KAR 1:190).
- Participants are active, inactive, and retired members.
- All participants are strongly advised to seek financial, legal, or other expert advice. KPPA is not rendering legal, financial, or any other type of professional advice in these instructions and nothing in these instructions should be construed as providing legal, financial, or any other type of professional advice.
- This form can only be used if the participant is retired and is receiving a monthly retirement benefit.

SECTION BY SECTION INSTRUCTIONS

These instructions will only cover sections that require completion by the Agency.

Section 2. The Agency shall enter the Participant’s name, the Participant’s KPPA member identification number (or social security number), and current mailing address.

Section 3. The Agency shall enter the Alternate Payee’s name.

Section 4. The Agency shall mark all retirement systems to which this order applies. If a Participant has service credit in multiple retirement systems, the Agency should mark only the systems affected by the QDRO.

NOTE: If the participant is not certain which retirement system the service credit is in, it is vital that the participant contact KPPA or access his/her Retiree Self-Service Portal to obtain the accurate retirement system information to provide to the Agency.

Section 6. The Agency shall list the child(ren) for which the child support has been ordered. If there are more than three children, please attach an additional page.

Section 7. The Agency shall enter the monthly dollar amount child support payment to be withheld from the Participant’s monthly retirement benefit.

Section 8. The Agency shall decide how the cost-of-living increase provided in KRS 61.691 and 78.5518 is to be divided. The Agency may order that all of the cost-of-living adjustment be made to the Participant’s monthly payment or that it be divided as provided in KRS 16.645, 61.690(9), and 78.545.

Kentucky Public Pensions Authority

Form 6437

Revised 07/2024



This Order is: New Corrected Amended Corrected Amended

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
ADMINISTRATIVE ACTION NUMBER/IV-D NUMBER

PETITIONER

Name

vs.

RESPONDENT

Name

**QUALIFIED DOMESTIC RELATIONS ORDER FOR PAYMENT OF CHILD SUPPORT
BY AN ADMINISTRATIVE AGENCY**

The Cabinet for Health and Family Services finds the following facts and issues the following Order pursuant to KRS 16.645, KRS 61.690, KRS 78.545, KRS 403.212, KRS 403.213, KRS 405.430, KRS 405.465, 105 KAR 1:190, and 921 KAR 1:400:

1. This Order is intended to comply with and be administered and interpreted in conformity with 26 U.S.C. Sections 401(a) and 414(p), KRS 16.645, KRS 61.690, KRS 78.545, and KRS Chapter 403. For child support purposes, Alternate Payee, as defined at 26 U.S.C. Section 414(p), may be a spouse, former spouse, child, or other dependent of a Participant.

2. The following information is provided for the Participant:

Name: _____

Kentucky Public Pensions Authority Member ID: _____

Current Mailing Address: _____

City, State, Zip Code

3. The following information is provided for the Alternate Payee/Custodial Parent:

Name: _____

Current Mailing Address: Centralized Collection Unit
P.O. Box 14059
Lexington, KY 40512-4059

4. The "Retirement System(s)" affected by the Order are (check the box below for each retirement system to which this Order applies):

State Police Retirement System
(Kentucky State Police troopers)

County Employees Retirement System
(City/county local governments, eligible local agencies, school boards)

Kentucky Employees Retirement System
(State departments, boards, state colleges and universities, employers directed by Executive Order of the Governor to participate in KERS, and quasi-governmental agencies)

This Order shall be processed only using the System indicated, and shall not be valid or processed if the participant does not have service credit in the System indicated.

5. **Obligation of Participant and Alternate Payee:** The Participant and the Alternate Payee are ordered to notify the Kentucky Public Pensions Authority (KPPA) in writing of any change in circumstance regarding this Order. KPPA shall not be responsible for any failure of communication or receipt of payment caused by the failure of the Participant or the Alternate Payee to provide necessary information. KPPA is under no statutory or regulatory duty to attempt to find any party who does not inform KPPA of his/her current address and shall not attempt to locate any party who does not inform KPPA of his/her current address.

6. The Cabinet for Health and Family Services has ordered the Participant to pay child support to support the following child(ren):

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

7. Pursuant to the laws governing the calculation of child support, KPPA shall withhold \$ _____ per month from the Participant's monthly retirement allowance and pay that amount as child support by check paid to "Kentucky Child Support Enforcement". KPPA is ordered to include the Participant's name and Social Security Number on the payment.

8. Any cost-of-living increase provided in KRS 61.691 and 78.5518 shall be administered as follows:

All to the Participant.

OR

Divided between the Participant and the Alternate Payee pursuant to KRS 16.645, 61.690(9), and 78.545.

9. Payments under this Order shall continue until the Order is amended or terminated as provided in 105 KAR 1:190.

10. This Order applies to payments to be made after the approval of the Order for enforcement by KPPA under KRS 16.645, 61.690, 78.545, and 105 KAR 1:190.

11. The Participant is ordered to notify KPPA of any event which terminates his or her obligations under this Order as provided in 105 KAR 1:190 Section 18.

12. KPPA shall not be liable to the Participant for payments made to the Alternate Payee after an event which terminates his or her obligations under this Order as provided in 105 KAR 1:190, or for other payments made to the Alternate Payee to which the Alternate Payee was not entitled.

13. The Alternate Payee is ordered to immediately return any payments made pursuant to this Order that are received by the Alternate Payee after the death of the Participant.

14. If the Participant's monthly retirement benefit payment is subject to more than one Order under KRS 16.645, 61.690, and 78.545, the amount paid to the Alternate Payee under this Order may be reduced based on the priority of the other Orders.

15. The Alternate Payee's right to receive an amount from the Participant's monthly retirement benefit payment shall terminate upon:

- a. The death of the Participant, the Alternate Payee, or all the children named in this Order; or
- b. The termination of a benefit paid to the Participant; or
- c. Subsequent QDRO from the Cabinet for Health and Family Services or Order from a court of competent jurisdiction.

16. Payments under this Order shall commence as provided by KRS 16.645, 61.690, and 78.545.

17. As provided in KRS 16.645, 61.690(4)(a), and 78.545, this Order does not and shall not be construed to require KPPA to take any action not authorized under state or federal law.

18. As provided in KRS 16.645, 61.690(4)(b), and 78.545, this Order does not and shall not be construed to require KPPA to provide any benefit, allowance, or other payment not authorized under state or federal law.

19. As provided in KRS 16.645, 61.690(4)(c) and (d), and 78.545, this Order does not and shall not be construed to grant the Alternate Payee any separate right, title, interest, or to any retirement benefit other than to the payment from the Participant's account provided under this Order.

SO ORDERED this ____ day of _____, 20 ____.

Agency Head, Cabinet for Health and Family Services

HAVE SEEN AND AGREED: (Not Required)

Signature of the Participant

Signature of the Alternate Payee

Signature of Attorney for Participant

Signature of Attorney for Alternate Payee

Printed Name
of Participant: _____

Printed Name
of Alternate Payee: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____