

## Alternate Payee OPSRP Pension Program Separate Benefit Application

### General information

- This application is solely for alternate payees (AP) of an OPSRP member who received a Separate Benefit award from the member's OPSRP benefit, or received a Reduction award from the member's OPSRP benefit with the option of electing a Separate Benefit payment and are exercising that option.
- For you to be eligible to retire, your associated member (former spouse) must be eligible to retire.
- Your application is not effective until PERS accepts it. PERS will mail or email you a letter confirming receipt of your application and may request additional items required for application acceptance.
- Please keep a copy for your records.
- You can expect to receive your first payment 30 to 90 days after your effective benefit date. If your payment is delayed, you will receive a retroactive payment.
- Direct deposit is not available for Separate Benefit OPSRP APs. Benefit payment check(s) will be mailed to your address on file.
- If you move after submitting your benefit application, use PERS' Information Change Request form to update your address.
- If there is any support or IRS lien affecting your account, appropriate deductions will be made.
- If you are a PERS Tier One/Tier Two or OPSRP Pension Program member in your own right, you must complete a separate application to draw **that** benefit.
- If your AP OPSRP pension program separate benefit is determined to be less than \$200 a month before any early retirement reduction factor is applied, you will be due a one-time lump sum actuarial equivalent benefit payment known as a Small Benefit Cash Out; otherwise, you will receive a lifetime monthly payment.

### Forms and documents normally needed to receive benefits

- Alternate Payee OPSRP Pension Program Separate Benefit Application.
- Verification of your age.
- Verification of your associated member's age is also required if it is not already on file with PERS.
- Verification of legal name change if your current name differs from your name in the divorce decree (marriage certificate, court document, etc.).
- W-4P form for federal and state tax withholding if you are due a monthly benefit.
- If you are due a Small Benefit Cash Out the following additional forms may be required:
  - W-4R OPSRP Lump Sum Withholding form.
  - Acknowledgement of Receipt of Federal Tax Information Disclosure form.
  - OPSRP Pension Program – Rollover-Eligible Distribution form.
  - OPSRP Direct Transfer Rollover Acceptance form.

### Instructions

- Type or print clearly in dark ink. Illegible forms may be returned, which could delay your request.
- Do not change anything on the form; alterations may void the form.
- Include your name and social security number at the top of each page of the application where requested and on any documents submitted with your application.
- When you have completed your application deliver, fax or mail your application, accompanying forms, and required documents to PERS.

## Verification of Age or Identity

Photocopies of birth-date documents and, if applicable, beneficiary birth-date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or **are difficult to read**. If your documents are not accepted, you will need to submit new photocopies. Please include your PERS ID or Social Security number on all documents submitted, including beneficiary documents.

<p><b>Group 1</b> If one item in this group is furnished showing birth dates, no further evidence of age is needed. <b>Any ONE of these:</b></p> <ul style="list-style-type: none"> <li>• Copy of Oregon driver’s license or ID card <b>if issued on or after February 4, 2008</b> (current or expired)</li> <li>• Copy of REAL ID driver’s license, driver’s permit, or ID card issued by any state** (current or expired)</li> <li>• Birth verification issued by state, county, or country (documents issued by foreign governments in a language other than English need to include a translation into English certified by a notary public, public agency, or other public official)</li> <li>• American Indian Reservation Age Verification</li> <li>• Infant baptism certificate</li> <li>• Hospital birth certificate (if signed by attending physician or issued by state)</li> <li>• Passport (current or expired)</li> <li>• School-age record</li> <li>• Naturalization or citizenship papers</li> <li>• Family Bible record (if this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; when birth date was entered and by whom)</li> </ul>	<p><b>Group 2</b> Two items in this group from different sources are sufficient if age or birth date is shown. <b>Any TWO of these:</b> <b>Example:</b> One child’s birth certificate and one driver’s license</p> <ul style="list-style-type: none"> <li>• A notarized affidavit by an older, immediate family member in a position to know the birth date (e.g., father, mother, etc.)</li> <li>• Certificate of military record</li> <li>• Marriage record (record must show your age or date of birth at time of marriage)</li> <li>• Any other state’s driver’s license or ID card. (must be current)</li> <li>• County voter registration (must show your age or date of birth; do not send in your precinct card)</li> <li>• Copy of child’s birth certificate if it shows age of parents</li> <li>• Social Security record (record must be displayed on an estimate of benefits or screen print from the Social Security office; document must be dated within last 12 months)</li> <li>• Military ID (military record DD214)</li> <li>• Concealed weapons permit</li> </ul>
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- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- Since the documents submitted cannot be returned, we suggest using photocopies. If it is illegal to copy a document, bring it in, and PERS will verify the birth information.
- Be sure to put the PERS member’s Social Security number on all documents so they are properly recorded.

\*\*A compliant REAL ID will have a picture of a star, or a star cutout in the upper right-hand corner of the card. In lieu of REAL IDs, some states also have issued “enhanced” driver’s licenses, driver’s permits, or ID cards. Enhanced cards are REAL ID compliant and will bear an American flag emblem and the word “enhanced” on the front of the card.

## Section A: Applicant information

Fill in this section completely.

Provide your Social Security number (SSN) and your PERS ID. If you do not know your PERS ID, leave the PERS ID box blank; however, providing your SSN is mandatory. Your application will be delayed if SSN is missing.

Enter your date of birth in the area provided. You must also present document(s) to verify your age. You will find a list of acceptable verification of age documents on page 2 of these instructions.

Provide your personal email address. Confirmation and follow up letters are sent via email whenever possible.

PERS must know your citizenship for tax purposes. Check the appropriate box.

- Check **I am a U.S. citizen or resident noncitizen** if you are a U.S. citizen or a resident noncitizen.
  - If you are a United States citizen living outside of the United States, you will be required to complete form W-9 and are not allowed to claim exempt from United States federal income tax withholding. The W-9 is available in the Forms section of the PERS website.
- Check **I am a nonresident noncitizen** if you are a nonresident noncitizen, and complete IRS form W-8BEN: Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding. This form is available in the forms section of the PERS website.

## Section B: Effective benefit date

Fill in the month and year requested for your effective benefit date. Your OPSRP Alternate Payee benefit effective date will be the later of:

- The first of the month following the month in which your application is received by PERS
- The first of the month your former spouse is eligible to retire
- The date you provide in this section

## Section C: Former spouse information

Complete with the full name and Social Security number of your former spouse and date of divorce.

## Section D: Verification of age

Check the box to indicate you are submitting your age documentation with your application.

Check the box to indicate you are submitting age documentation for your former spouse with your application. PERS must verify your former spouse's age for your eligibility and in some cases calculation purposes. If you are unable to provide this age verification, do not check this box. PERS will attempt to obtain the documentation on your behalf however ultimately it is your responsibility.

You will find a list of acceptable verification of age documents on page 2 of these instructions. Illegible verification of age documents routinely delay benefits. Please make all efforts to provide legible documentation.

## Section E: Applicant notarized signature

Do not complete any part of this section until you are with the notary. Any corrections, alterations, or omissions in this section may require a new application be submitted which could cause a delay processing your benefits.

Your signature and date must be notarized.

Your signature date and the notary's signature date must be the same date.

**As of your effective benefit date, your former spouse will be irrevocably released from any OPSRP program option or beneficiary restrictions provided in your court order.**

The benefit you receive will be based on your former spouse's OPSRP eligibility and will be limited to a benefit paid out during your lifetime with no beneficiary.



11410 SW 68th Parkway, Tigard OR 97223  
 Mailing Address – PO Box 23700, Tigard OR 97281-3700  
 Toll free – 888-320-7377 Fax – 503-598-0561  
 Website – <https://oregon.gov/pers>



## Alternate Payee OPSRP Pension Program Separate Benefit Application

This form is strictly for the OPSRP Pension Program. Call PERS or visit our website if this is not the form you need.

### Section A: Applicant information

First name		MI	Last name		PERS ID (optional)
Mailing address (street or PO box)					Social Security number <b>(Required)*</b>
City		State	Zip code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Personal email	
Checking one box is <b>required</b> : <input type="checkbox"/> I am a U.S. citizen or resident noncitizen. <input type="checkbox"/> I am a nonresident noncitizen and have included a completed W-8BEN form with my application.					

### Section B: Effective benefit date

I understand my benefit is effective the later of the first of the month following the month in which my application is received, the first of the month in which my former spouse is eligible to retire, or the date entered below. **My requested effective benefit date is:**

1st day of month	Year
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### Section C: Former spouse information

First name		MI	Last name		Social Security number**
Effective date of divorce/annulment/separation					Date of decree amendments (if any)

### Section D: Verification of Age (Required) – see instructions for acceptable documentation

- I am submitting acceptable **verification of age to PERS** with my benefit application to verify my date of birth.
- I am also submitting acceptable **verification of age to PERS** to verify my former spouse’s date of birth.

\*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It could also be used for confirmation purposes or recovery of overpaid funds.

\*\*Providing your former spouse’s Social Security number (SSN) is voluntary. If you choose not to supply your former spouse’s SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.

First name (required)	MI	Last name (required)	Social Security number (required)
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**Section E: Applicant notarized signature (Required)**

Alterations or corrections are not allowed in this section and may delay your benefits.

**Do not complete any portion of this section until you are with the notary.**

- By my notarized signature below, I acknowledge that the information I have provided is correct.
- I understand that any benefit I receive will be based on the eligibility of my former spouse, and will be limited to a benefit paid out during my life with no beneficiary.
- I understand, as of my effective benefit date, my former spouse will be irrevocably released from any OPSRP program option or beneficiary restrictions provided in my court order.

Applicant's signature		Date
Notary Public		
State of	County of	
Applicant's name		
Signed before me on this date		
By (notary's signature)		