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March 12, 2019

Keith Stephens, Chair  
Board of Trustees for the Fort Pierce Retirement System  
100 North U.S. Highway One  
Fort Pierce, FL 34950

**RE: Amendment of Board Rule 16 (Qualified Domestic Relations Orders)**

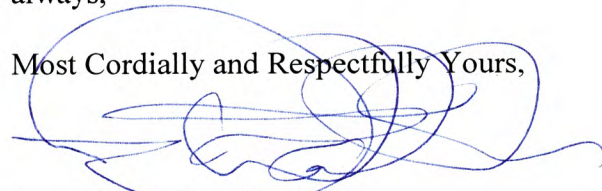
Dear Mr. Stephens,

This letter is addressed to you and, thru you, the remaining members of the Board of Trustees for our Fort Pierce Retirement System.

Please find enclosed the proposed draft of an Amendment to Board Rule 16, which deals with QDROs (Qualified Domestic Relations Orders). Please recall that such rule governs the manner in which our Board responds when in receipt of a QDRO from a family court on the subject of either child support or alimony, entered upon the divorce of a retiree. The suggested amendments do not substantially alter the substantive provisions of the order. They are intended to provide clarity regarding the form of these orders, and to expand the rule so as to additionally accommodate Income Deduction Orders. It was determined that these changes will align the views of counsel for both the City's Local Board as well as its Supplemental 185 Board regarding orders of this sort. It is desirable that both boards have a common understanding of these matters. Adoption of the proposed amendments is recommended.

As always, I am pleased to make myself available for any questions and with renewed thanks once again for this opportunity to serve our City, I am and shall ever continue to remain, as always,

Most Cordially and Respectfully Yours,



James T. Walker, Esquire  
JTW/dam  
Attachment

**Rule 16.**

**Qualified Domestic Relations Orders (QDROs) and  
Income Deduction Orders (IDOs).**

**Section (a). Prepayment of Cost.**

In the event there is received by the BOARD a QDRO or IDO issued by a court of competent jurisdiction designating the BOARD as a payor for purposes of Section 414(p) of the United States Internal Revenue Code, the BOARD shall determine whether actuarial calculation is necessary to determine the amount actually payable as provided by the QDRO or IDO. If such calculation is necessary, the payee shall be notified of the actuaries' reasonable fee and the QDRO or IDO shall be further considered upon receipt of the fee.

**Section (b). Alimony and Child Support.**

In the event the QDRO or IDO states that the obligation secured thereby is solely for payment of alimony or child support, and there has been prepayment of the actuarial fee above, the retirant shall be given notice of the QDRO or IDO and informed that payment thereon shall commence within 10 days thereafter in the event the retirant makes no written objection to payment as delivered to the office of the Board's secretary. In the event the retirant objects to payment, a hearing shall be set on the QDRO or IDO with notice given to both the obligor and obligee. A QDRO may not be honored under this subsection to the extent it affects benefits other than what are directly receivable by the retirant. Benefits paid or payable to any survivors, joint, contingent or other beneficiaries may not be effected by any QDRO otherwise applicable to the retirant. In the event the QDRO is not in a form satisfactory to the Board, payment thereon may be rejected. If necessary, the Board may resort to legal remedies to effect necessary modifications in such QDRO. IDOs should be in a standard form approved by the United States Dept. of Health & Human Services, Office of Child Support Enforcement, as adopted pursuant to 42 USC 666(b)(6)(A)(ii).

**Section (c). Other Obligation.**

In the event the QDRO or IDO states that the obligation secured thereby is for an obligation other than alimony or child support, such as for equitable distribution of marital assets, then, the party submitting said QDRO or IDO for payment shall be given notice that payment is denied based upon Code Section 13-56. The party shall be given notice of a right to request a hearing pursuant to Rule 9 on the denial.

## INCOME WITHHOLDING FOR SUPPORT

- 1a  INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)  
 1b  AMENDED IWO  
 1c  ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT  
 1d  TERMINATION OF IWO

Date: \_\_\_\_\_ 1e \_\_\_\_\_

1f  Child Support Enforcement (CSE) Agency  Court  Attorney  Private Individual/Entity (Check One)

**NOTE:** This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions [www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions](http://www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions)). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying support order must be attached.

State/Tribe/Territory \_\_\_\_\_ 1g \_\_\_\_\_ Remittance ID (include w/payment) \_\_\_\_\_ 1h \_\_\_\_\_  
 City/County/Dist./Tribe \_\_\_\_\_ 1i \_\_\_\_\_ Order ID \_\_\_\_\_ 1j \_\_\_\_\_  
 Private Individual/Entity \_\_\_\_\_ 1k \_\_\_\_\_ Case ID \_\_\_\_\_ 1l \_\_\_\_\_

<p style="text-align: center;"><b>2a</b></p> <p>Employer/Income Withholder's Name _____</p> <p style="text-align: center;"><b>2b</b></p> <p>Employer/Income Withholder's Address _____</p> <p>_____</p> <p>_____</p> <p>Employer/Income Withholder's FEIN _____ <b>2c</b> _____</p> <p>Child(ren)'s Name(s) (Last, First, Middle) _____</p> <p style="text-align: center;"><b>3e</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b>3a</b></p> <p>RE: Employee/Obligor's Name (Last, First, Middle) _____</p> <p style="text-align: center;"><b>3b</b></p> <p>Employee/Obligor's Social Security Number _____</p> <p style="text-align: center;"><b>3c</b></p> <p>Employee/Obligor's Date of Birth _____</p> <p style="text-align: center;"><b>3d</b></p> <p>Custodial Party/Obligee's Name (Last, First, Middle) _____</p>
<p>Child(ren)'s Birth Date(s) _____</p> <p style="text-align: center;"><b>3f</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p style="font-size: 2em; margin: 0;"><b>3g</b></p> </div>

**ORDER INFORMATION:** This document is based on the support order from \_\_\_\_\_ 4 \_\_\_\_\_ (State/Tribe).

You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ \_\_\_\_\_ 5a Per \_\_\_\_\_ 5b current child support  
 \$ \_\_\_\_\_ 6a Per \_\_\_\_\_ 6b past-due child support - **Arrears greater than 12 weeks?**  Yes  No **6c**  
 \$ \_\_\_\_\_ 7a Per \_\_\_\_\_ 7b current cash medical support  
 \$ \_\_\_\_\_ 8a Per \_\_\_\_\_ 8b past-due cash medical support  
 \$ \_\_\_\_\_ 9a Per \_\_\_\_\_ 9b current spousal support  
 \$ \_\_\_\_\_ 10a Per \_\_\_\_\_ 10b past-due spousal support  
 \$ \_\_\_\_\_ 11a Per \_\_\_\_\_ 11b other (must specify) \_\_\_\_\_ 11c  
 for a **Total Amount to Withhold** of \$ \_\_\_\_\_ 12a per \_\_\_\_\_ 12b .

**AMOUNTS TO WITHHOLD:** You do not have to vary your pay cycle to be in compliance with the *Order Information*. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ \_\_\_\_\_ 13a per weekly pay period \$ \_\_\_\_\_ 13b per semimonthly pay period (twice a month)  
 \$ \_\_\_\_\_ 13c per biweekly pay period (every two weeks) \$ \_\_\_\_\_ 13d per monthly pay period  
 \$ \_\_\_\_\_ 14 **Lump Sum Payment:** Do not stop any existing IWO unless you receive a termination order.

Document Tracking ID \_\_\_\_\_ **15** \_\_\_\_\_

Employer's Name: 2a Employer FEIN: 2c  
 Employee/Obligor's Name: 3a SSN: 3b  
 Case Identifier: 1i Order Identifier: 1j

**REMITTANCE INFORMATION:** If the employee/obligor's principal place of employment is 16 (State/Tribe), you must begin withholding no later than the first pay period that occurs 17 days after the date of 18. Send payment within 19 business days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold 20 % of disposable income for all orders. If the obligor is a non-employee, obtain withholding limits from Supplemental Information. If the employee/obligor's principal place of employment is not 21 (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees from the jurisdiction of the employee/obligor's principal place of employment. State-specific withholding limit information is available at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements). For tribe-specific contacts, payment addresses, and withholding limitations, please contact the tribe at [www.acf.hhs.gov/sites/default/files/programs/css/tribal\\_agency\\_contacts\\_printable\\_pdf.pdf](http://www.acf.hhs.gov/sites/default/files/programs/css/tribal_agency_contacts_printable_pdf.pdf) or [https://www.bia.gov/tribalmap/DataDotGovSamples/tld\\_map.html](https://www.bia.gov/tribalmap/DataDotGovSamples/tld_map.html).

For electronic payment requirements and centralized payment collection and disbursement facility information [State Disbursement Unit (SDU)], see [www.acf.hhs.gov/css/employers/employer-responsibilities/payments](http://www.acf.hhs.gov/css/employers/employer-responsibilities/payments).

Include the Remittance ID with the payment and if necessary this locator code: 22.

Remit payment to <u>23</u> (SDU/Tribal Order Payee)
at <u>24</u> (SDU/Tribal Payee Address)

**25**  **Return to Sender (Completed by Employer/Income Withholder).** Payment must be directed to an SDU in accordance with sections 466(b)(5) and (6) of the Social Security Act or Tribal Payee (see Payments to SDU below). If payment is not directed to an SDU/Tribal Payee or this IWO is not regular on its face, you *must* check this box and return the IWO to the sender.

If Required by State or Tribal Law:	
Signature of Judge/Issuing Official:	<u>26</u>
Print Name of Judge/Issuing Official:	<u>27</u>
Title of Judge/Issuing Official:	<u>28</u>
Date of Signature:	<u>29</u>

If the employee/obligor works in a state or for a tribe that is different from the state or tribe that issued this order, a copy of this IWO must be provided to the employee/obligor.

**30**  If checked, the employer/income withholder must provide a copy of this form to the employee/obligor.

**ADDITIONAL INFORMATION FOR EMPLOYERS/INCOME WITHHOLDERS**

State-specific contact and withholding information can be found on the Federal Employer Services website located at [www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements](http://www.acf.hhs.gov/css/resource/state-income-withholding-contacts-and-program-requirements).

Employers/income withholders may use OCSE's Child Support Portal (<https://ocsp.acf.hhs.gov/csp/>) to provide information about employees who are eligible to receive a lump sum payment, have terminated employment, and to provide contacts, addresses, and other information about their company.

**Priority:** Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of the Social Security Act). If a federal tax levy is in effect, please notify the sender.

**Combining Payments:** When remitting payments to an SDU or tribal CSE agency, you may combine withheld amounts from more than one employee/obligor's income in a single payment. You must, however, separately identify each employee/obligor's portion of the payment.

**Payments To SDU:** You must send child support payments payable by income withholding to the appropriate SDU or to a tribal CSE agency. If this IWO instructs you to send a payment to an entity other than an SDU (e.g., payable to the custodial party, court, or attorney), you must check the box above and return this notice to the sender. Exception: If this IWO was sent by a court, attorney, or private individual/entity and the initial order was entered before January 1, 1994 or the order was issued by a tribal CSE agency, you must follow the "Remit payment to" instructions on this form.

Employer's Name: \_\_\_\_\_ **2a** \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ **2c** \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ **3a** \_\_\_\_\_ SSN: \_\_\_\_\_ **3b** \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ **1i** \_\_\_\_\_ Order Identifier: \_\_\_\_\_ **1j** \_\_\_\_\_

**Reporting the Pay Date:** You must report the pay date when sending the payment. The pay date is the date on which the amount was withheld from the employee/obligor's wages. You must comply with the law of the state (or tribal law if applicable) of the employee/obligor's principal place of employment regarding time periods within which you must implement the withholding and forward the support payments.

**Multiple IWOs:** If there is more than one IWO against this employee/obligor and you are unable to fully honor all IWOs due to federal, state, or tribal withholding limits, you must honor all IWOs to the greatest extent possible, giving priority to current support before payment of any past-due support. Follow the state or tribal law/procedure of the employee/obligor's principal place of employment to determine the appropriate allocation method.

**Lump Sum Payments:** You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments.

**Liability:** If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure.

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**Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO.

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**Withholding Limits:** You may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (CCPA) [15 USC §1673 (b)]; or 2) the amounts allowed by the law of the state of the employee/obligor's principal place of employment, if the place of employment is in a state; or the tribal law of the employee/obligor's principal place of employment if the place of employment is under tribal jurisdiction. Disposable income is the net income after mandatory deductions such as: state, federal, local taxes; Social Security taxes; statutory pension contributions; and Medicare taxes. The federal limit is 50% of the disposable income if the obligor is supporting another family and 60% of the disposable income if the obligor is not supporting another family. However, those limits increase 5% --to 55% and 65% --if the arrears are greater than 12 weeks. If permitted by the state or tribe, you may deduct a fee for administrative costs. The combined support amount and fee may not exceed the limit indicated in this section.

Depending upon applicable state or tribal law, you may need to consider amounts paid for health care premiums in determining disposable income and applying appropriate withholding limits.

**Arrears Greater Than 12 Weeks?** If the **Order Information** section does not indicate that the arrears are greater than 12 weeks, then the employer should calculate the CCPA limit using the lower percentage.

**Supplemental Information:**

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Employer's Name: \_\_\_\_\_ **2a** \_\_\_\_\_ Employer FEIN: \_\_\_\_\_ **2c** \_\_\_\_\_  
Employee/Obligor's Name: \_\_\_\_\_ **3a** \_\_\_\_\_ SSN: \_\_\_\_\_ **3b** \_\_\_\_\_  
Case Identifier: \_\_\_\_\_ **1i** \_\_\_\_\_ Order Identifier: \_\_\_\_\_ **1j** \_\_\_\_\_

**NOTIFICATION OF EMPLOYMENT TERMINATION OR INCOME STATUS:** If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the contact information below:

**34a**  This person has never worked for this employer nor received periodic income.

**34b**  This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: \_\_\_\_\_ **35** \_\_\_\_\_ Last known telephone number: \_\_\_\_\_ **36** \_\_\_\_\_

Last known address: \_\_\_\_\_ **37** \_\_\_\_\_  
\_\_\_\_\_

Final payment date to SDU/Tribal Payee: \_\_\_\_\_ **38** \_\_\_\_\_ Final payment amount: \_\_\_\_\_ **39** \_\_\_\_\_

New employer's name: \_\_\_\_\_ **40** \_\_\_\_\_

New employer's address: \_\_\_\_\_ **41** \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION:**

**To Employer/Income Withholder:** If you have questions, contact \_\_\_\_\_ **42** \_\_\_\_\_ (issuer name)

by telephone: \_\_\_\_\_ **43** \_\_\_\_\_, by fax: \_\_\_\_\_ **44** \_\_\_\_\_, by email or website: \_\_\_\_\_ **45** \_\_\_\_\_.

Send termination/income status notice and other correspondence to:  
\_\_\_\_\_ **46** \_\_\_\_\_ (issuer address).

**To Employee/Obligor:** If the employee/obligor has questions, contact \_\_\_\_\_ **47** \_\_\_\_\_ (issuer name)

by telephone: \_\_\_\_\_ **48** \_\_\_\_\_, by fax: \_\_\_\_\_ **49** \_\_\_\_\_, by email or website: \_\_\_\_\_ **50** \_\_\_\_\_.

**IMPORTANT:** The person completing this form is advised that the information may be shared with the employee/obligor.

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

**The Paperwork Reduction Act of 1995**

This information collection and associated responses are conducted in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. This form is designed to provide uniformity and standardization. Public reporting for this collection of information is estimated to average two to five minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.