

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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**ATTACHMENT TO  
 QUALIFIED DOMESTIC RELATIONS ORDER FOR SUPPORT (form FL-460)**

**STATEMENT OF CONFIDENTIAL INFORMATION**

**DO NOT FILE WITH COURT**

This separate statement of confidential information sets forth the social security number of the Employee and any alternate participant for whose benefit **spousal or family support** is being withheld under the *Qualified Domestic Relations Order for Support* (form FL-460). The Plan will require this information for tax reporting purposes. Do not include social security numbers for persons receiving child support or for a child alternate payee. **This form must be completed and served on the Plan with a copy of the order.**

1. EMPLOYEE INFORMATION

- a. Employee name:
- b. Employee social security number:

2. SPOUSAL OR FAMILY ALTERNATE PAYEE INFORMATION *(for spousal or family support only):*

- a. Spousal or family alternate payee's name:
- b. Spousal or family alternate payee's social security number: