



Benefits Planning Query Handbook (BPQY)

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INTRODUCTION

The Benefits Planning Query (BPQY) is part of the Social Security Administration's (SSA) efforts to inform Social Security Disability Insurance (SSDI) beneficiaries and Supplemental Security Income (SSI) recipients about their disability benefits and the use of work incentives. A BPQY statement contains detailed information about the status of a beneficiary's disability cash benefits, scheduled medical reviews, health insurance, and work history. In essence, the BPQY provides a snapshot of the beneficiary's benefits and work history as stored in SSA's electronic records.

The BPQY is a tool used by Area Work Incentive Coordinators (AWIC), the Plan to Achieve Self-Support (PASS) Cadre members, advocates, beneficiaries, and other individuals. The information contained in a BPQY provides customized information on SSA's employment support programs to beneficiaries with disabilities who want to start or keep working. Analysis of a beneficiary's disability and work status is the first step when planning a successful return to work.

HOW TO REQUEST A BPQY

We give the BPQY statement to beneficiaries and their representatives upon request with proper authorization.

BENEFICIARY REQUESTS

Beneficiaries can request a BPQY by contacting their local office, or calling 1-800-772-1213 from 8 a.m. to 7 p.m., Monday through Friday. People who are deaf or hard of hearing may call our toll-free TTY/TDD number, 1-800-325-0778, between 8 a.m. and 7 p.m., Monday through Friday. A telephone representative will either help you themselves, or put you in contact with your local office. Many local telephone directories list local offices under "Social Security."

If you have internet access, use the Social Security Office Locator on our home page, Social Security Online, at <https://www.ssa.gov>. Enter your postal ZIP code and we will give you the address, telephone number, and directions to your local office.

THIRD PARTY REQUESTS

A signed consent form is required when the BPQY will be sent to someone other than the beneficiary (for example, to the beneficiary's Representative Payee, Authorized Representative,

advocates, benefits counselors, or an organization). These individuals/organizations must submit a Consent for Release of Information form (SSA-3288) that has been appropriately signed by the beneficiary ([See Exhibit](#)). The Consent for Release of Information is needed to release information from Social Security records, and must contain the beneficiary's Social Security Number (SSN) or the Claim Number. **THE CONSENT FORM REQUIRES A WET SIGNATURE FROM THE BENEFICIARY.**

THE RED BOOK

The Red Book (Publication No. 64-030) is a general reference tool designed to provide a working knowledge of the employment support provisions for individuals with disabilities under the SSDI and SSI programs. The Red Book is primarily for educators, advocates, rehabilitation professionals, and counselors who serve persons with disabilities. We also expect that applicants and beneficiaries will use it as a self-help guide. Its purpose is to provide a working knowledge of our work incentives so that users can advise individuals with disabilities appropriately and recognize when to seek case-specific guidance from SSA.

The Red Book is available online at: www.socialsecurity.gov/redbook/. En Espanol at: [El Libro Rojo del 2020 \(ssa.gov\)](#). Alternative media is also available (Braille, audio CD, or enlarged print) at: [Request for Publications in Alternative Media | SSA](#).

UNDERSTANDING THE BPQY

The BPQY is designed to provide information based on SSA records to help a successful return to work effort. Any plan for returning to work should begin with knowing existing disability status and having an understanding of how work will impact disability benefits. A BPQY is an excellent starting point.

The following pages show an example of a BPQY Cover Letter and BPQY statement, with an explanation of the information contained in each section.

EXAMPLE OF BPQY COVER LETTER

Social Security Benefit Information

From: SOCIAL SECURITY ADMINISTRATION

Refer To:

[OFFICE NAME]
[OFFICE ADDRESS]
[OFFICE CITY, STATE ZIP]

Date: April 27, 2020

[BENEFICIARY NAME]
[BENEFICIARY ADDRESS]
[BENEFICIARY CITY, STATE ZIP]

You requested the attached Benefits Planning Query (BPQY). The BPQY includes Information about your

- Disability cash payment
- Health Insurance
- Scheduled medical reviews
- Work history

Please contact us if this information does not match your records.

You can use the BPQY to help you plan a successful return to work. For information on how work may affect your benefits and our work incentive programs you can request a copy of our free pamphlet, **Working While Disabled-How We Can Help** (SSA Publication Number 05-10095) or the **Red Book**, a summary guide to our employment support programs for persons with disabilities. Both of these publications are available online at www.socialsecurity.gov/pubs/10095.html or www.socialsecurity.gov/redbook. Also, these publications include information about the Ticket to Work program, which can help you work or increase your earnings. To learn more, call 1-866-968-7842 (TTY 1-866-833-2967) or visit www.socialsecurity.gov/work.

What to Report If You Work and Receive Disability

You must let us know right away if:

- You start or stop work;
- Your duties, hours, or paychanges; or
- You start paying for expenses for work due to your disability.

You can report changes in your work activity by phone, fax, mail, or in person. Call our toll-free number 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday, or visit your local Social Security office. You can find your local office by going to our website at www.socialsecurity.gov. We will give you a receipt to verify your report. Keep this receipt with all of your other important papers from Social Security.

Social Security Information

Form SSA-L634 (9-1986) EF (5-2000)

EXAMPLE OF BPQY STATEMENT

Benefits Planning Query (BPQY)
Confidential Social Security Data

Name:		SSN:	
	Social Security Disability Insurance (SSDI)	Supplemental Security Income (SSI)	
RECORD			
<u>CASH</u>			
Type of Benefit			
Current Status			
Statutory Blindness			
Date of Disability Onset			
Date of Entitlement			
Full Amount			
Net Amount			
Others Paid On This Record			
Total Family Cash Benefit			
Overpayment Balance			
Monthly Amount Withheld			
<u>MEDICAL REVIEWS</u>			
Next Medical Review			
Medical Re-exam Cycle			
<u>REPRESENTATION</u>			
Representative Payee			
Authorized Representative			

SSA-2459
July, 2001

Date Produced: 03/08/2021
version 6.0.0 06/01/2020

Benefits Planning Query (BPQY)

Confidential Social Security Data

Name:

SSN:

HEALTH INSURANCE

MEDICARE

MEDICAID

Type

PART A

PART B

Start

Stop

Buy-In

SSI WORK EXCLUSIONS

Blind Work Expenses

Impairment Related Work Experiences

Student Earned Income Exclusions

PASS Exclusion

SSDI WORK ACTIVITY

Trial Work Months

Start:

End:

Used:

Month of Cessation

Current SGA Level

Last Work Review Action

DEMONSTRATION PROJECT INFORMATION

None

SSI Recorded Earnings (Monthly)

Month	Earnings	Month	Earnings
-------	----------	-------	----------

Posted SSDI Monthly Earnings (Last Five Years)

SSA-2459
July, 2001

Date Produced: 03/08/2021
version 6.0.0 06/01/2020

DEFINITIONS OF EACH FIELD

SSN

BPQY gives the last four of the SSN of the individual who is the subject of the statement, even if benefits are being paid from a parent or spouse's record under a different SSN.

RECORD

The first column provides the categories broken into sections for Cash, Medical Reviews, Representation, Health Insurance, SSI work Exclusions, SSDI Work Activity, and Demonstration Project Information. We provide the SSI recorded earnings in monthly totals. If available, we also provide the posted SSDI monthly earnings for the last five years.

CASH

Under the cash category, this section details the type and status of benefits and payment amounts.

TYPE OF BENEFIT

Shows the type of benefit received. NOTE: In SSDI cases, a beneficiary may receive benefits on more than one record (SSN), but only the current benefit is reported on the BPQY.

POSSIBLE SSDI ENTRIES

Disabled Worker, Disabled Adult Child, Disabled Widow, Disabled Widower, Disallowed Claim, Denied Claim-Medical Denial

POSSIBLE SSI ENTRIES

Disabled Individual, Disabled Spouse, Disabled Child, Blind Individual, Blind Spouse, Blind Child, Disabled Student, Blind Student

CURRENT STATUS

A beneficiary may be in a current pay status (getting a check), suspended, or terminated entitlement.

STATUTORY BLINDNESS

Yes means that SSA has determined that the beneficiary's visual impairment meets the definition of Statutory Blindness, under the Social Security Act for SSDI/SSI benefit purposes. The substantial gainful activity (SGA) level is higher for statutory blindness than for other types of disabilities.

DATE OF DISABILITY ONSET

The most recent medical disability onset date established by SSA.

DATE OF ENTITLEMENT

The most recent date of entitlement to SSDI benefits and/or the most recent date of eligibility for SSI. Earlier periods of entitlement and/or eligibility are not displayed.

FULL AMOUNT

The full amount of the monthly cash benefit before any deductions or reductions for Medicare premiums, overpayment collections, etc.

Possible entries are: Monthly cash benefit amount, suspended, deferred, or terminated.

The SSI full amount includes any federally administered state supplement, but does not include any state administered state supplement payment.

NET AMOUNT

The amount of cash benefits paid by check or electronic funds transfer to the beneficiary's financial institution. This is the cash amount received after deducting any Medicare premium, overpayment recovery, garnishment, etc. from the Full Amount.

Others Paid on the Record

Indicates if other people are entitled to benefits on this record. Other beneficiary's cash or medical benefits may be affected when the disabled individual's work activity results in termination of cash benefits. If a disabled adult child/widow(er) benefit is listed as a "Type of Benefit," other beneficiaries on this record will not have their benefits reduced due to the work activity of the disabled adult child/widow(er), but others' benefits may increase.

TOTAL FAMILY CASH BENEFITS

The full amount of cash benefits paid to the disability beneficiary and other entitled family members on this record for SSDI. Not Applicable will print under the SSI column since SSI is an individual entitlement.

OVERPAYMENT BALANCE

The current balance of any outstanding monies owed to SSA for incorrect cash payments.

MONTHLY AMOUNT WITHHELD

The amount of cash benefits that SSA is withholding to apply towards a past overpayment of benefits.

MEDICAL REVIEWS

NEXT MEDICAL REVIEW

The date scheduled to review the beneficiary's medical condition. If unknown is displayed, no medical review is scheduled.

MEDICAL RE-EXAM CYCLE

There are three types of medical review diaries. The letter codes represent the reason for establishing a periodic review diary of less than 3 years, while the numeric codes represent periodic review diaries of 3 years or longer. Possible entries are:

Code	Description
A thru U+	Periodic review diary of less than 3 years (medical improvement is expected)
3+	3-year periodic review diary (non-permanent disability)
5+	5-year periodic review diary (permanent disability)
7+	7-year periodic review diary (permanent disability)

NOTE: There may be different periodic review diaries and scheduled dates for SSDI and SSI. The entries will show that the medical diary is deferred due to Ticket to Work.

REPRESENTATION

REPRESENTATIVE PAYEE

A no indicates that the disabled beneficiary receives cash benefits directly; a yes means that he/she has a Representative Payee.

AUTHORIZED REPRESENTATIVE

A no indicates that the disabled beneficiary does not have an authorized representative; a yes means that he/she has appointed an Authorized Representative.

HEALTH INSURANCE

TYPE

Shows the type of Medicare and/or Medicaid health insurance entitlement and/or eligibility on SSA's records. It includes Medicare Part A (hospital), Part B (medical), and Medicaid eligibility status under SSI.

START

Date current coverage began.

STOP

Date coverage ended.

NOTE: When an SSDI beneficiary reaches age 65, Medicare converts from Medicare based on disability to Medicare based on age. This occurs even though cash benefits will not convert to retirement benefits until full retirement age. In these situations, the BPQY incorrectly displays a MEDICARE stop date effective with the month of the 65th birthday.

BUY-IN

Shows yes or no for Parts A & B. A yes means the state of residency pays the premium for this beneficiary. No means the premium is either deducted from his or her monthly check or paid by premium billing.

Part A is premium free except for extended Medicare eligibility through Medicare for the Working Disabled.

CAUTION: There are sources of eligibility to Medicaid that are unknown to SSA. If an SSI recipient resides in a state that allows Medicaid eligibility with SSI eligibility (i.e., a 1634 state), the BPQY will show the Medicaid eligibility information. For all other situations (i.e., 209b states or SSI criteria states), verify Medicaid eligibility through the local or state Medicaid Agency.

SSI WORK EXCLUSIONS

Details SSI Work Incentives that exclude earned income from the calculation of the SSI payment amount.

Blind Work Expenses, Impairment-Related Work Expenses, Student Earned Income Exclusions, and PASS Exclusion. If a work exclusion does not apply, the entry will be blank. If a work exclusion applies, the dollar amount of the exclusion and the month when it was excluded will be provided.

NOTE: A Plan to Achieve Self-Support (PASS) can also result in an exclusion of unearned income.

SSDI WORK ACTIVITY

Details a beneficiary's work activity as recorded in SSDI electronic records.

TRIAL WORK MONTHS

- Start: Month and year of the first month of Trial Work Period (TWP)
- End: Month and year of last month of TWP
- Used: Total number of months of the TWP completed

This information is based on the most recent work continuing disability review (CDR) determination. In some cases, a work CDR may be pending or overdue, so the information provided may not be current. If you suspect that this information is outdated or incorrect, contact a Social Security representative as soon as possible.

MONTH OF CESSATION

The first month after the TWP that, based on SSA records, the beneficiary performed SGA. Payment of cash benefits after the cessation month depends on the beneficiary's work activity. The beneficiary is entitled to benefits for that month, and the next two months (grace period). It is possible for a beneficiary to have a cessation date but continue receiving benefits if the gross monthly earnings during the extended period of eligibility are not SGA.

CURRENT SGA LEVEL

The SGA amount appropriate for this beneficiary. The current SGA amount for beneficiaries with disabilities other than blindness and for individuals with blindness may be found in The Red Book at <http://www.ssa.gov/redbook/eng/main.htm>. SGA amounts are annually in January.

LAST WORK ACTION

The last work action review represents either the last work review decision date or the date we started a current review.

DEMONSTRATION PROJECT INFORMATION

Provides information about any applicable demonstration project such as a Benefit Offset National Demonstration.

EARNINGS RECORD

Provides a synopsis of work-related earnings as shown in our records.

SSI RECORDED EARNINGS (MONTHLY)

The right columns display monthly earnings for the most recent 2 years posted on the SSI record. Verified earnings have a V code and estimated earnings have an E code.

POSTED SSDI MONTHLY EARNINGS (LAST FIVE YEARS)

Provides a listing of the last five years of monthly SSDI earnings.

GROSS WAGES

The monthly earnings for the five most recent years as posted on the SSDI record.

GROSS VERIFICATIONS

Y indicates earnings have been verified. If gross earnings are unverified, they are coded with an N.

TOTAL COUNTABLE EARNINGS

The total amount of earnings after deductions for subsidies, special conditions, unincurred business expenses, and impairment-related work expenses.

EXHIBIT – CONSENT FOR RELEASE OF INFORMATION FORM (SSA-3288)

Social Security Administration Consent for Release of Information		Form Approved OMB No. 0960-0568
You must complete all required fields. We will not honor your request unless all required fields are completed. (*Signifies a required field. **Please complete these fields in case we need to contact you about the consent form).		
TO: Social Security Administration		
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> *My Full Name	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> *My Date of Birth (MM/DD/YYYY)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> *My Social Security Number
I authorize the Social Security Administration to release information or records about me to:		
*NAME OF PERSON OR ORGANIZATION: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	*ADDRESS OF PERSON OR ORGANIZATION: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
*I want this information released because: <u>I am planning to go to work and need this information for</u> We may charge a fee to release information for non-program purposes. <u>benefits planning. Please send a Benefits Planning Query.</u>		
*Please release the following information selected from the list below: Check at least one box. We will not disclose records unless you include date ranges where applicable.		
1. <input type="checkbox"/> Verification of Social Security Number 2. <input checked="" type="checkbox"/> Current monthly Social Security benefit amount 3. <input checked="" type="checkbox"/> Current monthly Supplemental Security Income payment amount 4. <input type="checkbox"/> My benefit or payment amounts from date _____ to date _____ 5. <input type="checkbox"/> My Medicare entitlement from date _____ to date _____ 6. <input type="checkbox"/> Medical records from my claims folder(s) from date _____ to date _____ If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office. 7. <input type="checkbox"/> Complete medical records from my claims folder(s) 8. <input checked="" type="checkbox"/> Other record(s) from my file (We will not honor a request for "any and all records" or "the entire file." You must specify other records; e.g., consultative exams, award/denial notices, benefit applications, appeals, questionnaires, doctor reports, determinations.) <u>My cash benefits, health insurance, medical earnings. All employment support data on</u> <u>SSA's records.</u>		
I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.		
*Signature: _____		*Date: _____
**Address: _____		**Daytime Phone: _____
Relationship (if not the subject of the record): _____		**Daytime Phone: _____
Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.		
1. Signature of witness <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. Signature of witness <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Address(Number and street, City, State, and Zip Code) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Address(Number and street, City, State, and Zip Code) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Form SSA-3288 (11-2016) of		