



Social Security Administration

# **Benefits Planning Query Handbook (BPQY)**

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## Table of Contents

Introduction.....	2
Sources of Data: SSA Electronic Records .....	2
Resolving Statement Discrepancies.....	2
Who Can Get A BPQY?.....	3
Requesting a BPQY.....	3
How to Reach Social Security.....	3
Red Book.....	4
Summary .....	4
Understanding the BPQY.....	5
Cash.....	5
Medical Reviews .....	7
Representation.....	7
Health Insurance .....	8
SSI Work Exclusions.....	9
SSDI Work Activity .....	9
Earnings Record .....	10
BPQY Cover	
Letter.....	12
Consent for Release of Social Security Information.....	13
Consent for Release of Internal Revenue Earnings Information.....	14
Medicaid State Listing Chart.....	15
Possible Medicaid Entries.....	16

## Introduction

The Benefits Planning Query (BPQY) has improved 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 the work incentives. A BPQY statement contains comprehensive information about an individual's disability benefits and work status. This includes the status of the beneficiary's disability cash benefits, health insurance, scheduled medical reviews, representative payee, 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.

A BPQY is a planning tool that can be used by Area Work Incentive Coordinators (AWIC), the Plan to Achieve Self-Support (PASS) Cadre members, advocates and other individuals such as Work Incentive Planning and Assistance (WIPA) counselors. The information in a BPQY is used to provide customized services and information on SSA's employment support programs to beneficiaries with disabilities who want to start or keep working. Analysis of an individual's disability and work status is the first step when planning a successful return to work initiative.

## Sources of Data: SSA Electronic Records

Multiple sources of data in SSA's electronic records are compiled in a BPQY. They include

- Master Beneficiary Record (MBR)
- Disability Control File (DCF)
- Supplemental Security Income Display (SSID)
- Summary Earnings Query (SEQY)
- Inquiry Response (QRSL)

## Resolving Statement Discrepancies

Every year the Social Security Statement is sent to 148 million workers. It lists a person's work earnings and provides valuable information for long range financial planning. Workers are asked to review their earnings statement carefully and to contact SSA if they identify problems with their record.

The BPQY similarly communicates information on SSA records specifically for beneficiaries with disabilities and encourages financial planning for a return to work. The information is generally accurate but if earnings were not reported by the beneficiary or if work reports were not processed by SSA, the data must be updated and corrected. A beneficiary, benefits counselor or advocate acting on behalf of a beneficiary should review the BPQY data and report any suspected discrepancies or errors to a representative of SSA immediately. Discrepancies or errors in any item on the BPQY must be reported and resolved through your local Social Security office as soon as possible to avoid future misunderstandings and/or overpayments. A subsequent BPQY should confirm that correction(s) were made.

### Who Can Get A BPQY?

The BPQY statement is given to beneficiaries and their representatives upon demand with proper authorization.

### Requesting a BPQY

A BPQY ([SSA-2459](#)) is given to beneficiaries upon request. The BPQY and its cover letter ([SSA-L634](#)) will be mailed directly to the beneficiary at the address shown on the current SSA record. If the individual has SSI eligibility only, the address is not propagated. SSI only addresses must be manually entered by overtyping the information on the BPQY Print Options screen.

Signed consents are required only if the BPQY will be sent to someone *other than* the beneficiary, his/her Representative Payee, or Authorized Representative. An advocate, benefits counselor, or an organization (e.g., a WIPA) must submit two signed Consent for Release of Information ([SSA-3288](#)) forms that have been appropriately signed by the beneficiary. The first Consent for Release of Information is needed to make Social Security records available and the second Consent for Release of Information is needed to authorize the release of Internal Revenue Service earnings records. Both releases must contain the beneficiary's Social Security Number or the Claim Number of the worker under whose work record the benefits are paid.

### How to Reach Social Security

Beneficiaries may request a BPQY by contacting their local SSA office or by calling SSA's toll free number 1-800-772-1213 from 7 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 7 a.m. and 7 p.m. on Monday through Friday.

To locate your local SSA office, call our toll free number 1-800-772-1213. A telephone representative will either help you 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 [www.socialsecurity.gov](http://www.socialsecurity.gov). Enter your postal ZIP code and we will give you the address, telephone number, and directions to your local office.

## Red Book

The Red Book (Publication No. 64-030) is a summary guide to employment supports for individuals with disabilities under the SSDI and SSI programs. It is a general reference source about employment-related provisions developed for educators, advocates, rehabilitation professionals and counselors who serve individuals with disabilities. Its purpose is to provide a working knowledge of the technical provisions involved so that they can advise individuals with disabilities to appropriately and recognize when to seek case-specific guidance from SSA.

The Red Book is available online at: <http://www.ssa.gov/redbook/eng/main.htm>.

En Español at: [segurosocial.gov/espanol/librorojo/main-sp.html](http://segurosocial.gov/espanol/librorojo/main-sp.html).

Alternative media is also available (Braille, audio cassette tape, disk, or enlarged print) at:

[http://mwww.ba.ssa.gov/work/ResourcesToolkit/pubsnformsorderform\\_cgicapable.html#content](http://mwww.ba.ssa.gov/work/ResourcesToolkit/pubsnformsorderform_cgicapable.html#content).

## Summary

The BPQY was designed to communicate relevant information to facilitate a successful return to work effort based on information in SSA records. Any plan for returning to work begins with knowledge of an individual's existing disability benefit status as well as an understanding of how work will impact an individual's disability benefits. A BPQY is an excellent starting point.

## Understanding the BPQY

The following sections define terms used in a BPQY statement.

**Cash:** This block details type and status of benefits and payment amounts.

### Benefits Planning Query (BPQY)

Confidential Social Security Data

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NAME: EMILY CLAIMANT SSN: 123-45-6789

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	Social Security Disability Insurance (SSDI)	Supplemental Security Income (SSI)
<b>RECORD</b>	See Below	See Below
<b><u>CASH</u></b>		
Type of Benefit	Disabled Worker	Disabled Individual
Current Status	Current Pay	Current Pay
Statutory Blindness	No	No
Date of Disability Onset	07/02	05/99
Date of Entitlement	12/02	05/99
Full Amount	\$292.70	\$331.00
Net Amount	\$292.70	\$331.00
Others Paid on this Record	No	No
Total Family Cash Benefit	\$292.70	Not Applicable
Overpayment Balance	\$0.00	\$0.00
Monthly Amount Withheld	\$0.00	\$0.00

Name: Name of the individual who is the subject of the BPQY.

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

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

- Possible SSDI entries are as follows:  
Disabled Worker, Disabled Adult Child, Disabled Widow, Disabled Widower, Disallowed Claim, Denied Claim-Medical Denial
- Possible SSI entries are as follows:  
Disabled Individual, Disabled Spouse, Disabled Child, Blind Individual, Blind Spouse, Blind Child, Disabled Student, Blind Student

Current Status: An individual may be in a "current pay" status (getting a check) or in a "deferred" status (suspended or terminated entitlement).

Statutory Blindness: "Yes" means that SSA has determined that the individual'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: \$\$\$\$00, 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 individual'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 This Record: Indicates if other people are entitled to benefits on this record. Other individuals' cash or medical benefits are 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 Benefit:** The full amount of cash benefits paid to the individual with a disability 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:** Shows data from any SSDI or SSI medical review diary.

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### **MEDICAL REVIEWS**

<b>Next Medical Review</b>	<b>09/08</b>	<b>07/01/06</b>
<b>Medical Re-exam Cycle</b>	<b>3+ years</b>	<b>3+ years</b>

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**Next Medical Review:** The date SSA has scheduled to review the individual's medical condition. If "Unknown" is displayed, no medical review is scheduled.

**Medical Re-Exam Cycle:** There are 3 types of medical review diaries. The letter codes represent the reason for establishing a medical re-examination diary, while the numeric codes represent the type of periodic review diary. Possible entries are:

<b>Code</b>	<b>Description</b>
A thru U+	Reason for a 1 year medical re-examination diary
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 medical re-exam cycles for SSDI and SSI. The entries will show that the medical diary is deferred due to Ticket to Work.

### **Representation:**

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**REPRESENTATION**

<b>Representative Payee</b>	<b>Yes</b>	<b>Yes</b>
<b>Authorized Representative</b>	<b>No</b>	<b>No</b>

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**Representative Payee:** A “No” indicates that the disabled individual receives cash benefits directly; a “Yes” means that he/she has a Representative Payee. There are separate lines for SSDI and SSI because it is possible that a person has a Representative Payee for SSDI and not for SSI or the converse can be true.

**Authorized Representative:** A “No” indicates that the disabled individual does not have an authorized representative; a “Yes” means that he/she has appointed an Authorized Representative.

**Health Insurance:**


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<b><u>HEALTH INSURANCE</u></b>	<b><u>MEDICARE</u></b>		<b><u>MEDICAID</u></b>
<b>Type</b>	<b>PART A</b>	<b>PART B</b>	<b>Eligible for Medicaid (SSI)(1634 States only)</b>
<b>Start</b>	<b>12/2004</b>	<b>12/2002</b>	
<b>Stop</b>			
<b>Buy-In</b>	<b>No</b>	<b>Yes</b>	

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**CAUTION:** With the Medicaid program, there are sources of eligibility 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 and not SSA. Click [here](#) for a list of possible Medicaid entries (pg. 16).

**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) and Part B (medical) and Medicaid eligibility status under SSI.

**Start:** Date current coverage began.

Stop: Date coverage ended.

Buy-In or Subsidy: Shows “Yes” or “No” for Parts A & B. A “Yes” means the state of residency is paying the premium for this beneficiary and “No” means the premium is either deducted from their monthly check or paid by premium billing.

Part A is premium free except for extended Medicare eligibility.

the drug benefit premium can be paid from the limited-income subsidy or one of the state’s Medicare Buy-in programs.

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

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**SSI WORK EXCLUSIONS**

**Blind Work Expenses**

**Impairment-Related Work Expenses**

**Student Earned Income Exclusions**

**PASS Exclusion**

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If a work exclusion does not apply or is not being used, 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 an individual’s work activity pulled from SSA’s SSDI electronic records.



YEAR	EARNINGS	YEAR	EARNINGS	MONTHS	EARNINGS	MONTHS	EARNINGS
1997	\$ 617.91	1998	\$ 827.65	01/05-01/05	\$ 230.27 (V)	02/05-02/05	\$ 250.98 (V)
1999	\$ 872.46	2000	\$ 722.58	03/05-03/05	\$ 317.73 (V)	04/05-04/05	\$ 170.97 (V)
2001	\$1,813.50	2002	\$3,215.55	05/05-05/05	\$ 176.53 (V)	06/05-06/05	\$ 264.81 (V)
2003	\$3,027.95	2004	\$3,843.10	10/05-10/05	\$ 73.67 (V)	11/05-11/05	\$ 36.00 (V)
2005	\$2,072.73	2006	\$1,018.00	12/05-12/05	\$ 54.00 (V)	01/06-01/06	\$ 33.50 (V)
				05/06-05/06	\$ 36.00 (E)	06/06-06/06	\$ 54.00 (E)
				07/06-07/06	\$ 36.00 (E)	12/06-12/06	\$ 54.00 (E)

This section provides a breakdown of annual and monthly earnings. The source of the annual earnings is the Internal Revenue Service (IRS) based on employer reports to the IRS and reported to SSA. If the individual is self-employed, those earnings will be detailed separately.

The right columns display **monthly** earnings for the most recent two years as reported by the individual and posted on the SSI record, if one exists. Verified earnings have a "V" code and estimated earnings are "E".

# Social Security Benefit Information

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From: SOCIAL SECURITY ADMINISTRATION

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Date:

Telephone No.:

Information about a person's Social Security benefits is confidential by law. Except under certain circumstances specified by law and regulations, the Social Security Administration does not reveal such information to any person except the beneficiary involved, or his or her authorized representative.

Attached is the information you requested about your benefits. The attachment is an official record of your Social Security and/or supplemental security income benefits as of the date of this letter. You may use the attached information for proof of benefits.

If you have any questions concerning this official record, please contact your local Social Security Office.

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SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL

TITLE

SIGNATURE

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SOCIAL SECURITY OFFICE ADDRESS





Consent for Release of Internal Revenue Earnings Information

Form Approved  
OMB No. 0960-0566

Social Security Administration  
Consent for Release of Information

TO: Social Security Administration

Name Date of Birth Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME ADDRESS

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- \_\_\_ Social Security Number
\_\_\_ Identifying information (includes date and place of birth, parents' names)
\_\_\_ Monthly Social Security benefit amount
\_\_\_ Monthly Supplemental Security Income payment amount
\_\_\_ Information about benefits/payments I received from \_\_\_ to \_\_\_
\_\_\_ Information about my Medicare claim/coverage from \_\_\_ to \_\_\_ (specify)
\_\_\_ Medical records
\_\_\_ Record(s) from my file (specify)
\_\_\_ Other (specify) Non-certified yearly totals of earnings

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury 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 gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature:
(Show signatures, names, and addresses of two people if signed by mark.)
Date: Relationship:

## Medicaid State Listings Chart

STATE	CATEGORY	STATE	CATEGORY
Alabama	1634*	Montana	1634
Alaska	SSI**	N. Carolina	1634
Arizona	1634	N. Dakota	209(b)
Arkansas	1634	N. Mariana Islands	SSI
California	1634	Nebraska	SSI
Colorado	1634	Nevada	SSI
Connecticut	209(b)***	New Hampshire	209(b)
Delaware	1634	New Jersey	1634
Dist. of Columbia	1634	New Mexico	1634
Florida	1634	New York	1634
Georgia	1634	Ohio	209(b)
Hawaii	209(b)	Oklahoma	209(b)
Idaho	SSI	Oregon	SSI
Illinois	209(b)	Pennsylvania	1634
Indiana	209(b)	Rhode Island	1634
Iowa	1634	S. Carolina	1634
Kansas	SSI	S. Dakota	1634
Kentucky	1634	Tennessee	1634
Louisiana	1634	Texas	1634
Maine	1634	Utah	SSI
Maryland	1634	Vermont	1634
Massachusetts	1634	Virginia	209(b)
Michigan	1634	W. Virginia	1634
Minnesota	209(b)	Washington	1634
Mississippi	1634	Wisconsin	1634
Missouri	209(b)	Wyoming	1634

Source: TC 23001.020 Medicaid State Categories

\* **1634** - State uses Federal SSI eligibility for automatic Medicaid

\*\* **SSI** - State may use its own criteria or it may ask SSA to make the Medicaid determinations

\*\*\***209(b)** - State uses at least one criterion that is more restrictive than the SSI program

**Possible Medicaid Entries**

- Disabled adult child
- Widower
- Eligible for Medicaid (SSI)
- Referred to State for determination, Federal determination not possible
- Federally administered Medicaid coverage should be continued regardless of payment status, e.g., 1619(b) participants
- Eligible for Medicaid (N24 Payment Status Only)
- Refused to assign rights to third party medical payments, or individual refused to provide third party liability information - referred to State, Federal determination not possible.
- Medicaid qualifying trust may exist
- Goldberg-Kelly payment continuation
- Title VIII recipient
- Medicaid qualifying trust may exist
- Title VIII recipient
- Goldberg-Kelly payment continuation
- Deeming waived; child under a State home care plan
- State determination, not SSA responsibility

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