

# **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 representative payee with proper authorization] upon request.

## 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/locator/>, 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 as well as other required data elements (See [Exhibit](#) for example). **THE CONSENT FORM REQUIRES A WET SIGNATURE FROM THE BENEFICIARY.**

NOTE: A parent, legal guardian, or a representative payee who is also the individual's parent or legal guardian may have access rights to the individual's BPQY. Refer to GN 03340.025 to determine if they are entitled to the information.

## 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/](http://www.socialsecurity.gov/redbook/). En Espanol at: [segurossocial.gov/espanol/librorojo/main-sp.html](http://segurossocial.gov/espanol/librorojo/main-sp.html). Alternative media is also available (Braille, audio CD, or enlarged print) at: <https://www.ssa.gov/pubs/ES-64-090.pdf>.

## 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 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.

## Social Security Benefit Information

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From: SOCIAL SECURITY ADMINISTRATION

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Refer To: XXX-XX-XXXX

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

Date: January 30, 2025

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

You requested the attached Benefits Planning Query (BPQY). The BPQY includes information about an individual's:

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

The BPQY can help plan a successful return to work. For information on how work may affect an individual's benefits and our work incentive programs, 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.ssa.gov/pubs/EN-05-10095.pdf](http://www.ssa.gov/pubs/EN-05-10095.pdf) or [www.ssa.gov/redbook](http://www.ssa.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.ssa.gov/work/](http://www.ssa.gov/work/).

### **Suspect Social Security Fraud?**

If you suspect Social Security fraud, please visit <https://oig.ssa.gov/report/> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101)

### **Need more help?**

1. Visit [www.ssa.gov](http://www.ssa.gov) for fast, simple, and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing call TTY 1-800-325-0778. Please mention this letter when you call.

Social Security Administration

EXAMPLE OF BPQY STATEMENT

## Benefits Planning Query (BPQY)

Confidential Social Security Data

Name:

SSN:

	Social Security Disability Insurance (SSDI)	Supplemental Security Income (SSI)
<b>RECORD</b>		
<b><u>CASH</u></b>		
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		
<b><u>MEDICAL REVIEWS</u></b>		
Next Medical Review		
Medical Re-exam Cycle		
<b><u>REPRESENTATION</u></b>		
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

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Name:

SSN:

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### HEALTH INSURANCE

### MEDICARE

### MEDICAID

Type

PART A

PART B

Start

Stop

Buy-In

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### 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

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### DEMONSTRATION PROJECT INFORMATION

None

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### SSI Recorded Earnings (Monthly).

Month	Earnings	Month	Earnings
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### Posted SSDI Monthly Earnings (Last Five Years).

## DEFINITIONS OF EACH FIELD

### SSN

BPQY gives the last four digits 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 IRS recorded earnings in a yearly total, and the SSI recorded earnings in monthly totals. If available, we also provide the posted SSDI monthly earnings for the last five years.

### CASH

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. If the individual is entitled on more than one record you should generate a BPQY for **each** record. Due to system limitations, the BPQY is unable to record multiple records on one BPQY statement.

### 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.



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#### 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.

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#### 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.

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#### 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.

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#### 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.

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#### OVERPAYMENT BALANCE

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

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#### MONTHLY AMOUNT WITHHELD

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

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#### MEDICAL REVIEWS

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##### NEXT MEDICAL REVIEW

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

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##### 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-D, H, and O-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.*

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## 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.

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## 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.*

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#### 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.

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#### SSDI WORK ACTIVITY

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

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#### 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.

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#### 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.

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#### CURRENT SGA LEVEL

The SGA amount appropriate for this beneficiary. The current SGA amounts 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 adjusted annually in January.

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#### LAST WORK ACTION

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

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#### DEMONSTRATION PROJECT INFORMATION

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

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#### EARNINGS RECORD

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

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#### 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.

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#### POSTED SSDI MONTHLY EARNINGS (LAST FIVE YEARS)

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

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#### GROSS WAGES

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

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#### GROSS VERIFICATIONS

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

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#### 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)

Form SSA-3288 (02-2023) UF

Page 2 of 3

**Consent for Release of Information**

You must complete all required fields. We will not honor your request unless all required fields are completed. (\*Signifies a required field. \*\*These are not mandatory fields for the consent form to be acceptable. Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

John Doe	##/##/####	###-##-####
*Full Name	*Date of Birth (MM/DD/YYYY)	*Full Social Security Number

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

\*NAME OF PERSON OR ORGANIZATION:

\*ADDRESS OF PERSON OR ORGANIZATION:

\*\* PHONE NUMBER OF PERSON OR ORGANIZATION:

Any Employment Network Company	1500 Alphabet Street
	Woodlawn, Maryland 21235

\*I want this information released because:

We may charge a fee to release information for non-program purposes.

I am planning to go to work and need this information for benefits planning. Please send a Benefits Planning Query. (Please return the BPQY via fax to(###)###-####[if fax applicable]).

\*Please release the following information selected from the list below:

Check at least one box. If requesting medical records, do not check both boxes 7 and 8. We will not disclose records unless you include specific date ranges where applicable.

1. ☐ Verification of Social Security Number
2. ☒ Current monthly Social Security benefit amount
3. ☒ Current monthly Supplemental Security Income payment amount
4. ☐ Social Security benefit amounts from date \_\_\_\_\_ to date \_\_\_\_\_
5. ☐ Supplemental Security Income payment amounts from date \_\_\_\_\_ to date \_\_\_\_\_
6. ☒ Medicare entitlement from date ##/##/#### to date ##/##/####
7. ☐ Medical records from date \_\_\_\_\_ to date \_\_\_\_\_
8. ☐ Complete medical records
9. ☒ Other Social Security record(s) (We will not honor a request for "any and all records" or "the entire file." You must specify which records you are seeking. For example, award/denial notices, benefit applications, appeals)  
My cash benefits, health insurance, earnings. All employment support data on SSA records.

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 § 1746) 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 seeks or obtains access to records about another person under false pretenses is punishable by a fine of up to \$5,000.

*Signature:	<b>WET SIGNATURE REQUIRED</b>	*Date: ##/##/####
**Address: 6401 Security Boulevard 21207		**Daytime Phone:###-###-####
**Relationship (if not the subject of the record):	Complete if applicable	**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 signer must sign below and provide their full addresses. Please print the signer's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address (Number and street, City, State, and ZIP Code)	Address (Number and street, City, State, and ZIP Code)

## BPQY FREQUENTLY ASKED QUESTIONS

1. Where should I send the BPQY statement when the third-party requestor works for more than one return-to-work partner?

**Answer:** When presented with two separate addresses, **always** send the BPQY statement to the address provided on the SSA-3288, as it is the agency's preferred method for consent. See [GN 03305.001C](#) for more information about disclosure and consent.

2. Can we return a BPQY statement to a requester via fax?

**Answer:** We can return a BPQY to a third-party requester if the written authorization of the subject individual specifies that fax may be used to send the requested record; that is, the SSA-3288 must state that we can return the BPQY by fax. (See [GN 03360.020](#).)

The Office of Information Security's (OIS) [Secure Fax Use Policy](#) contains the agency's guidance for transmitting information via fax. Technicians should follow the Secure Fax Use Policy to release a BPQY statement by fax.

3. Can we return a BPQY statement to a requester via email?

**Answer:** We can only return a BPQY by email to recipients listed on the [Secure Email Partners list](#).

**Note: Do not return a BPQY to an unsecure email address.** We consider an email unsecure unless there are special steps taken to protect it. Email that leaves SSA is secure if it is sent to an organization listed in the Secure Email Partners List. **ALL email recipients (To, Copy (cc), and Blind Copy (bcc) address fields) must be secure for the message to be considered secure. The presence of one non-secure addressee renders the entire message not secure.**

The Office of Information Security's (OIS) [Secure Email Use Policy](#) contains the agency's guidance for transmitting PII via email. Technicians should follow the Secure Email Use Policy and use the [Secure Email Partners](#) list to release a BPQY statement by email. For guidance on the use of PII in email see [Agency PII Policy and Guidance](#) or contact your Component Security Officer/Center Directors for Security and Integrity.

4. Can we accept prior versions of the SSA-3288 when new versions are released?

**Answer:** Yes, we can accept prior versions of the SSA-3288 as long as all of the required fields are completed properly according to our policies for disclosure and consent (See [GN 03305.003](#) for consent form requirements). We recommend advising the individual that there is a newer version of the form, tell them where they can obtain it and inform them to use the newer version of the form when submitting future requests to prevent a delay.

5. There is a new SSA-3288-OP1 to electronically submit and electronically sign the consent form, can we accept the SSA-3288-OP1 for BPQY requests?

**Answer:** No, the SSA-3288-OP1 is not an acceptable form of consent to release a BPQY statement because consent for the BPQY still requires a wet signature. When the BPQY is approved for electronic consent we will release an advisory.

6. Who fills a BPQY third-party request, the field office whose zip code services the third-party or the field office whose zip code services the subject of the record?

**Answer:** The field office whose zip code services the individual who is the subject of the record should fill third-party requests. (See [GN 03305.020](#)). If a field office receives a third party request from outside of its servicing area, **DO NOT FORWARD THE REQUEST TO THE CORRECT FIELD OFFICE**, return the request to the requester with an explanation of why we cannot honor it.