

BPQY Handbook for Beneficiaries & Counselors
Example

Benefits Planning Query (BPQY)
Confidential Social Security Data

NAME: EMILY CLAIMANT

SSN: 123-45-6789

	Social Security Disability Insurance	Supplemental Security Income (SSI)
RECORD	See Below	See Below

CASH

Type of Benefit	Disabled Worker	Disabled Individual
Current Status	Current Pay	Current Pay
Statutory Blindness	No	No
Date of Disability Onset	7/1/02	05/01/99
Date of Entitlement	12/02	05/99
Full Amount	\$292.70	\$331.00
Net Amount	\$292.00	\$331.00
Others Paid On This Record	No	No
Total Family Cash Benefit	\$292.70	\$331.00
Overpayment Balance	\$0.00	\$0.00
Monthly Amount Withheld	\$0.00	\$0.00

MEDICAL REVIEWS

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

REPRESENTATION

Representative Payee	Yes	Yes
Authorized Representative	No	No

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HEALTH INSURANCE

MEDICARE

MEDICAID

Type	PART A	PART B	PART C/D	Eligible for Medicaid (SSI) (1634 States only)
Start	12/2004	12/2002	01/2006	
Stop				
Buy-In or Subsidy	No	Yes	100%	

SSI WORK EXCLUSIONS

Blind Work Expenses
 Impairment Related Work Expenses
 Student Earned Income Exclusions
 PASS Exclusion

SSDI WORK ACTIVITY

Trial Work Months **Start:** **End:** **Used:0 Months**
 Month of Cessation **N/A**
 Current SGA Level **\$860.00**

RECENT EARNINGS ON RECORD

YEAR	EARNINGS	YEAR	EARNINGS	MONTHS	EARNINGS	MONTHS	EARNINGS	
1997	\$617.91	1998	\$827.65	10/03-12/03	\$305.41 (V)	01/04-03/04	\$282.27	(V)
1999	\$872.46	2000	\$722.58	04/04-06/04	\$408.99 (V)	07/04-09/04	\$386.69	(V)
2001	\$1,813.50	2002	\$3,215.55	10/04-12/04	\$203.08 (V)	01/05-02/05	\$230.27	(V)
2003	\$3,072.95	2004	\$3,843.10	03/05-03/05	\$317.73 (V)	04/05-06/05	\$170.97	(V)
2005	\$2,072.73			07/05-08/05	\$176.53 (V)	09/05-09/05	\$264.81	(V)
				10/05-10/05	\$73.67 (V)	11/05-11/05	\$36.00	(V)
				12/05-12/05	\$54.00 (V)	01/06-03/06	\$33.50	(V)
				04/06-05/06	\$36.00 (E)	06/06-06/06	\$54.00	(E)
				07/06-11/06	\$36.00 (E)	12/06-12/06	\$54.00	(E)
				01/07-05/07	\$36.00 (E)	06/07-Cont.	\$54.00	(E)

SSA-2459
 July 2001

Date Produced: 9/5/06

Signed Consent Form for Release of BPQY to an Authorized Third Party

Form Approved
OMB No. 0960-0566

Social Security Administration Consent for Release of Information

Please read these instructions carefully before completing this form.

When to Use This Form

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- **nonmedical** records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F3. You can get this form at any Social Security office.

How to Complete This Form

This consent form must be completed and signed only by:

- the person to whom the information or record applies, or
- the parent or legal guardian of a minor to whom the **nonmedical** information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

PAPERWORK REDUCTION ACT: This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 3 minutes to read the instructions, gather the necessary facts, and answer the questions.

Form SSA-3288 (2-1991) EF (1-2001)

Signed Consent Form for Release of BPQY to an Authorized Third Party

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: _____

Form SSA-3288 (3-2005) EF (3-2005)