

# How to Get Your BPQY

## Benefits Planning Query (SSA-2459)

Prepared by the Disability Rights Network of Pennsylvania

The DRN Work Incentives Planning and Assistance Program is designed to help you plan for your future. If you receive disability benefits through the Social Security Administration and are employed or have an interest in employment, then our Community Work Incentive Coordinators can provide you with accurate information so that you can make decisions about your future. In order for the Community Work Incentive Coordinator to provide you with accurate information, a copy of your Benefits Planning Query (BPQY) will be needed. A BPQY provides information about a beneficiary's disability cash benefits, health insurance, scheduled continuing disability reviews, representative payee, and work history as stored in Social Security Administration's electronic records. Below are steps you can take to get a copy of your BPQY. Your Community Work Incentive Coordinator can make a request to the Social Security Administration on your behalf to obtain a BPQY as well.

**Step 1.** Gather one or two forms of identification that provide your date of birth and social security number (i.e. Driver's License, Photo ID, Social Security Card, etc.).

**Step 2.** Go to your local Social Security Administration office and ask for a BPQY, form number **SSA – 2459**. (See SAMPLE attached).

**OR**

Call the Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m. and ask them to mail your BPQY to you.

**Step 3.** Check to see that the information you are given says "Benefits Planning Query" and your name is at the top (See SAMPLE attached).

**Step 4.** Contact your Community Work Incentive Coordinator to begin your benefits counseling.

### **CONTACT INFORMATION**

Please call your Community Work Incentive Coordinator at any time with any questions. If you need more information or help, please contact the DRN WIPA Program at 1-800-692-7443, ext. 309 (voice) or 877-375-7139 (TTY). Our email address is: [wipa@drnpa.org](mailto:wipa@drnpa.org).

**The DRN WIPA Program serves only Bucks, Delaware, Montgomery, and Philadelphia counties in Pennsylvania.** To find other WIPA Programs, call 1-886-968-7842 or check the Social Security Administration website at: <https://secure.ssa.gov/apps10/oesp/providers.nsf/bystate>.

More information is available in Social Security's Red Book and the following website:  
<http://www.socialsecurity.gov/redbook/eng/resources-supports.htm>.

# Benefits Planning Query (BPQY)

Confidential Social Security Data

NAME: **REQUEST YOUR OWN BPQY FROM SSA** SSN:

This is only a SAMPLE

	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	Terminated
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		

Date Produced: \_\_\_\_\_

**THIS IS ONLY A SAMPLE. You need to contact Social Security to get your personal BPQY.**

NAME:

SSN:

**HEALTH INSURANCE**

**MEDICARE**

**MEDICAID**

Type

PART A    PART B    PART C/D

Referred to State for  
determination (1634 States)

Start

Stop

Buy-In or Subsidy

**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: \_\_\_\_ Months

Month of Cessation

Current SGA Level

**RECENT EARNINGS ON RECORD**

YEAR	EARNINGS	YEAR	EARNINGS	MONTHS	EARNINGS	MONTHS	EARNINGS
1981		1982					
1982		1984					
1985		1986					
1987		1988					
1989		1990					
1991		1992					
1993		1994					
1995		1996					
1997		1998					
1999		2000					
2001		2002					
2003							

Date Produced: \_\_\_\_\_

**THIS IS ONLY A SAMPLE. You need to contact Social Security to get your personal BPQY.**