

How to Get Your BPQY

Benefits Planning Query (SSA-2459)

The Work Incentives Planning and Assistance Program is designed to help you, the beneficiary, plan for your future. If you are employed or have an interest in employment in the future, then our Community Work Incentive Coordinators (CWIC) can provide you with accurate information so that you can make a well informed decision about your future. In order for the CWIC to provide you with accurate information for your particular situation, it is much easier if you obtain a Benefits Planning Query (BPQY). This Social Security document contains your current benefits status and work history. A blank example of a BPQY is attached.

HOW TO GET YOUR BPQY

- Please go to your local Social Security Administration and ask for a BPQY, form number SSA – 2459.
- Please bring your date of birth, social security number, and one or two forms of identification – i.e. Driver's License, Photo ID, Social Security Card, etc...
- Make sure to write down the name of the Social Security Representative with whom you speak in case you need assistance at a later date.
- Once you receive the BPQY please contact your Community Work Incentive Coordinator so that your benefits counseling can begin.

For more information, a BPQY Handbook is available at:

<http://www.ssa.gov/chicago/BPQYHandbookSep04.doc>

<http://www.ssa.gov/chicago/BPQYHandbookSep04.pdf>

Please call your Community Work Incentives Coordinator at any time with any questions.
Thank you!

DRN WIPA Program

Work Incentives Planning and Assistance Program
Disability Rights Network of Pennsylvania (www.drnpa.org)
1414 N. Cameron Street, 2nd Floor, Harrisburg, PA 17103
1-800-692-7443 Ext. 309 or call your CWIC's direct number

HOW TO GET YOUR BPOY

- 1. Please go to your local Social Security Administration and ask for a BPOY form number SSA-2430.
- 2. Please bring your date of birth, social security number, and one of two forms of identification - i.e. Driver's License, Photo ID, Social Security Card, etc.
- 3. Make sure to write down the name of the Social Security representative with whom you speak in case you need assistance at a later date.
- 4. Once you receive the BPOY please contact your Community Work Incentive Coordinator so that your benefits counseling can begin.

For more information, a BPOY Handbook is available at:
<http://www.esa.gov/ncic/BPOYHandbook2004.doc>
<http://www.esa.gov/ncic/BPOYHandbook2004.pdf>

Benefits Planning Query (BPQY)

Confidential Social Security Data

NAME: _____

SSN: _____

	Social Security Disability Insurance (SSDI)	Supplemental Security Income (SSI)
RECORD	See Below	See Below
<u>CASH</u>		
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		
<u>MEDICAL REVIEWS</u>		
Next Medical Review		
Medical Re-Exam Cycle		
<u>REPRESENTATION</u>		
Representative Payee		
Authorized Representative		

Date Produced: _____

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: _____