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HOW TO GET YOUR BPQY

A Benefits Planning Query (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.

Step 1

Gather one or two forms of identification that provide your date of birth and social security number (Driver's License, Photo ID, Social Security Card, et cetera).

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).

You may access benefits planning and work incentive information at <http://www.socialsecurity.gov/disabilityresearch/workincentives.htm>, or by contacting the Social Security Administration at 1-800-772-1213 or the Ticket to Work Call Center at 1-866-968-7842.

CONTACT INFORMATION

If you need more information or need help, please contact the intake unit of the The Law Offices of John T. Orcutt, P.C. at (919) 286-1695 or email to eboltz@johnorcutt.com

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Nothing in this publication should be considered to be legal advice.

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)
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: _____

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: _____

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