

ORDER FORM/2024

Canadian Virtual Exam and Online Study Group



Customer Information (Please print clearly)

Individual ID# or CEBS® ID# _____

Full first name _____ M.I. _____ Last name _____

Employer _____ Title _____

Address _____ Business Home
(Street address only, no P.O. Box)

City _____ State/Province _____ Country _____ ZIP/Postal code _____

Phone _____ Business Home Mobile

Email *(required information)* _____ Year started in the benefits industry _____

CE Insurance License Number _____ Province _____ CEBS Course for CE Insurance License Credit _____

Source code **CE 02**

Contact/Customer Type

- | | |
|---|--|
| <input type="checkbox"/> Accountant/Auditor | <input type="checkbox"/> Public Employee |
| <input type="checkbox"/> Actuary | <input type="checkbox"/> Trustee–Appointed |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Public Employee |
| <input type="checkbox"/> Benefits Prof. | <input type="checkbox"/> Trustee–Elected |
| <input type="checkbox"/> Compensation Prof. | <input type="checkbox"/> Third-Party |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Administrator |
| <input type="checkbox"/> HR Professional | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insurance Rep. | <input type="checkbox"/> Multi-Employer |
| <input type="checkbox"/> Investment Mgt. | <input type="checkbox"/> Labour Trustee |
| <input type="checkbox"/> Multi-Employer | <input type="checkbox"/> Multi-Employer |
| <input type="checkbox"/> Industry Rep. | <input type="checkbox"/> Mgt. Trustee |
| <input type="checkbox"/> Public Admin./ | <input type="checkbox"/> Salaried |
| Support Staff | <input type="checkbox"/> Administrator |

By completing this form, you agree to our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at www.ifebp.org/policies.

By checking this box I certify that I have met the Precertification Standards and agree to abide by the Principles of Conduct as outlined at www.cebs.org/policies. I understand that the International Foundation of Employee Benefit Plans and Dalhousie University reserve the right to provide the following information upon inquiry from the instructor, university or employer of the respective candidate: name and address, examinations successfully completed and examination applications for courses.

CEBS Order Summary

Course	COURSE MATERIALS		PACKAGE	VIRTUAL EXAM			ONLINE STUDY GROUP C\$250 (each)			Subtotal per Course				
	Order study materials online at www.booksforbusiness.com	Textbook		Exam Window	Year	CE	Exam application required							
GBA 1 Managing Benefit Plans Part 1	Study Guide CS315	Textbook CS85	<input type="checkbox"/> C\$720 <i>indicate desired exam window and Online Study Group session at right</i>	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<input type="checkbox"/>	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	_____	C\$ _____
GBA 2 Managing Benefit Plans Part 2	Study Guide CS315	Same text as GBA 1	<input type="checkbox"/> C\$720 <i>indicate desired exam window and Online Study Group session at right</i>	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<input type="checkbox"/>	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	_____	C\$ _____
GBA/RPA 3 Navigating the Plan Environment	Study Guide CS435	Required readings in Study Guide	<input type="checkbox"/> C\$720 <i>indicate desired exam window and Online Study Group session at right</i>	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<input type="checkbox"/>	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	_____	C\$ _____
RPA 1 Managing Retirement Plans Part 1	Study Guide CS315	Textbook CS180	<input type="checkbox"/> C\$720 <i>indicate desired exam window and Online Study Group session at right</i>	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<input type="checkbox"/>	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	_____	C\$ _____
RPA 2 Managing Retirement Plans Part 2	Study Guide CS315	Textbook CS58	<input type="checkbox"/> C\$720 <i>indicate desired exam window and Online Study Group session at right</i>	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<input type="checkbox"/>	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	_____	C\$ _____

Exams, Online Study Group and course materials are not returnable, and no refunds will be made. Prices subject to change without notice. Please allow 3-5 business days for processing all orders. (Processing times may be longer during high-volume periods of the year.)

W1 = Jan 15-Mar 15 W3 = Jul 15-Sep 15
W2 = Apr 15-Jun 15 W4 = Oct 15-Dec 15

Exam Transfer C\$170 Course _____ to _____
W ____ Yr ____ C\$ _____

Exam Retake C\$120 Course _____ to _____
W ____ Yr ____ C\$ _____

Late CE Request C\$125 (if after exam pass date) C\$ _____

Grand Total for Above C\$ _____

Optional ISCEBS Membership US\$285
Exam application required. (processed separately) US\$ _____
For more information, see www.iscebs.org.

Payment Must Accompany Order (Canadian funds for CEBS/US funds for ISCEBS)

Make cheque payable to International Foundation of Employee Benefit Plans.

Cheque # _____ C\$ _____

Credit card # _____ Exp. date _____

Cardholder's name (print) _____



CEBS Program
International Foundation
P.O. Box 2406, Postal Station A
Toronto, ON M5W 2K6 CANADA

Questions? Email cancebs@ifebp.org or phone (833) 886-3749.

Special exam assistance?
 Yes No
Visit www.cebs.org for special assistance guidelines.

SHIPPING INFORMATION—Visit www.booksforbusiness.com to order study materials.
Shipping charges will be based on the weight of the order and the final destination. Orders will be shipped by a delivery service. (Allow two weeks for delivery.) Home address orders will be sent parcel post. Courier requires a signature for deliveries. Books for Business will not accept responsibility for parcels left at the door. Back-ordered items will be shipped as soon as stock is available. Shipping and handling charges apply to ground shipments within Canada only.

*See www.cebs.org/virtualexams for full details.