

# 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](http://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](http://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 <i>includes exam and Online Study Group (Package option is only available at the initial time of purchase.)</i>	VIRTUAL EXAM C\$650 (each)*			ONLINE STUDY GROUP C\$250 (each) <i>Exam application required</i>			Subtotal per Course				
	Order study materials online at <a href="http://www.booksforbusiness.com">www.booksforbusiness.com</a>			Exam Window	Year	CE	Session	Year						
<b>GBA 1 Managing Benefit Plans Part 1</b>	Study Guide CS315	Textbook CS130	<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\$ _____
<b>GBA 2 Managing Benefit Plans Part 2</b>	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\$ _____
<b>GBA/RPA 3 Navigating the Plan Environment</b>	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\$ _____
<b>RPA 1 Managing Retirement Plans Part 1</b>	Study Guide CS315	Textbook CS235	<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\$ _____
<b>RPA 2 Managing Retirement Plans Part 2</b>	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](http://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](mailto:cancebs@ifebp.org)  
or phone (833) 886-3749.

Special exam assistance?  
 Yes  No  
Visit [www.cebs.org](http://www.cebs.org) for special  
assistance guidelines.

**SHIPPING INFORMATION—Visit [www.booksforbusiness.com](http://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](http://www.cebs.org/virtualexams) for full details.