

# ORDER FORM/2024

U.S. Study Materials, 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** \_\_\_\_\_ **State** \_\_\_\_\_ **CEBS Course for CE Insurance License Credit** \_\_\_\_\_

Source code **CE 01**

**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"/> Multiemployer     |
| <input type="checkbox"/> Investment Mgt.    | <input type="checkbox"/> Labor Trustee     |
| <input type="checkbox"/> Multiemployer      | <input type="checkbox"/> Multiemployer     |
| <input type="checkbox"/> Industry Rep.      | <input type="checkbox"/> Mgt.Trustee       |
| <input type="checkbox"/> Public Admin./     | <input type="checkbox"/> Salaried          |
| Support Staff                               | 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 the Wharton School of the University of Pennsylvania 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	PACKAGE includes Study Guide, textbook, exam and Online Study Group. (Package option is only available at the initial time of purchase.)	COURSE MATERIALS		VIRTUAL EXAM \$550 (each)*				ONLINE STUDY GROUP \$250 (each) <i>Exam application required</i>			Subtotal per Course			
		Study Guide	Textbook	Exam Window	Year	CE	Session	Year						
<b>GBA 1 Directing Benefits Programs Part 1</b>	<input type="checkbox"/> \$1,000 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$260 USGBA1KIT22	<input type="checkbox"/> \$190 USGBA1T22	<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	_____	\$ _____
<b>GBA 2 Directing Benefits Programs Part 2</b>	<input type="checkbox"/> \$980 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$260 USGBA2KIT23	<input type="checkbox"/> \$165 USGBA2T23	<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	_____	\$ _____
<b>GBA/RPA 3 Strategic Benefits Management</b>	<input type="checkbox"/> \$1,024 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$260 USGBARPA3KIT22	<input type="checkbox"/> \$220 USGBARPA3T22	<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	_____	\$ _____
<b>RPA 1 Directing Retirement Plans Part 1</b>	<input type="checkbox"/> \$992 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$260 USRPA1KIT	<input type="checkbox"/> \$180 USRPA1T24	<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	_____	\$ _____
<b>RPA 2 Directing Retirement Plans Part 2</b>	<input type="checkbox"/> \$1,232 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$260 USRPA2KIT	<input type="checkbox"/> \$310 USRPA2T17 <input type="checkbox"/> \$170 USRPA2T17	<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	_____	\$ _____

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 in addition to the delivery time. (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

**Shipping/Handling Charges**  
 Add 7% of course materials total. Minimum shipping fee \$20. \$ \_\_\_\_\_

**WI Residents Add 5% Sales Tax** \$ \_\_\_\_\_

**Payment Must Accompany Order**

Make check payable to International Foundation of Employee Benefit Plans.

Check # \_\_\_\_\_ \$ \_\_\_\_\_

Credit card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Cardholder's name (print) \_\_\_\_\_

**Expedited and International Shipments—**  
 Contact the CEBS Department for more information.

**Exam Transfer \$150** Course \_\_\_\_\_ to W \_\_\_\_\_ Yr \_\_\_\_\_ \$ \_\_\_\_\_

**Exam Retake \$100** Course \_\_\_\_\_ to W \_\_\_\_\_ Yr \_\_\_\_\_ \$ \_\_\_\_\_

**Late CE Request \$100** (if after exam pass date) \$ \_\_\_\_\_

**Grand Total for Above** \$ \_\_\_\_\_

**Optional ISCEBS Membership \$285**  
 Exam application required. (processed separately) \$ \_\_\_\_\_  
 For more information, see [www.iscebs.org](http://www.iscebs.org).



CEBS Program  
 International Foundation–Certification  
 P.O. Box 689954  
 Chicago, IL 60695-9954

Questions? Email [cebs@ifebp.org](mailto:cebs@ifebp.org) or phone (800) 449-2327, option 3.

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

\*See [www.cebs.org/virtualexams](http://www.cebs.org/virtualexams) for full details.