

ORDER FORM/2025

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 _____

Source code **CE01**

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 |

CE Insurance License Number _____ **State** _____ **CEBS Course for CE Insurance License Credit** _____

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 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 \$565 (each)*			ONLINE STUDY GROUP \$260 (each)			Subtotal per Course
		Study Guide	Textbook	Exam Window	Year	CE	Session	Year		
GBA 1 Directing Benefits Programs Part 1	<input type="checkbox"/> \$1,032 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$270 USGBA1KIT22	<input type="checkbox"/> \$195 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	_____	\$ _____	
GBA 2 Directing Benefits Programs Part 2	<input type="checkbox"/> \$1,020 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$270 USGBA2KIT23	<input type="checkbox"/> \$180 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	_____	\$ _____	
GBA/RPA 3 Strategic Benefits Management	<input type="checkbox"/> \$1,056 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$270 USGBARPA3KIT22	<input type="checkbox"/> \$225 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	_____	\$ _____	
RPA 1 Directing Retirement Plans Part 1	<input type="checkbox"/> \$1,020 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$270 USRPA1KIT24	<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	_____	\$ _____	
RPA 2 Directing Retirement Plans Part 2	<input type="checkbox"/> \$1,020 Indicate desired exam window and Online Study Group session at right.	<input type="checkbox"/> \$270 USRPA2KIT25	<input type="checkbox"/> \$180 USRPA2T25	<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. \$ _____

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.

WI Residents Add 5% Sales Tax \$ _____

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 \$ _____



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

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

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

Optional ISCEBS Membership \$315
 Exam application required. (processed separately)
 For more information, see www.iscebs.org. \$ _____

