

UNIVERSITY STUDENT ORDER FORM/2023

U.S. Study Materials, Virtual Exam and Online Study Group



Customer Information (Please print clearly)

Source code CEUNIV

Individual ID# or CEBS® ID# _____
Full first name _____ M.I. _____ Last name _____
Address _____
(Street address only, no P.O. Box)
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Phone _____ ☐ Home ☐ Mobile
Email (required information) _____
Name of university _____

This form may only be used by university students. Please include documentation of full-time student status.

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	COURSE MATERIALS		VIRTUAL EXAM \$165 (each)					ONLINE STUDY GROUP \$240 (each) <i>Exam application required</i>				Subtotal per Course
	Online Study Guide Access	Textbook	Exam Window				Year	Session			Year	
GBA 1 Directing Benefits Programs Part 1	<input type="checkbox"/> \$60 ELUSGBA1SG	<input type="checkbox"/> \$158 USGBA1T22	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	_____	\$ _____
GBA 2 Directing Benefits Programs Part 2	<input type="checkbox"/> \$60 ELUSGBA2SG	<input type="checkbox"/> \$128 USGBA2T23	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	_____	\$ _____
GBA/ RPA 3 Strategic Benefits Management	<input type="checkbox"/> \$60 ELUSGBARPA3SG	<input type="checkbox"/> \$179 USGBARPA3T22	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	_____	\$ _____
RPA 1 Directing Retirement Plans Part 1 <i>*This textbook is required for RPA 1 and RPA 2.</i>	<input type="checkbox"/> \$60 ELCEUSRPA1	<input type="checkbox"/> \$264* USRPA1T17	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	_____	\$ _____
RPA 2 Directing Retirement Plans Part 2 <i>**RPA 2 requires this textbook and RPA 1 textbook.</i>	<input type="checkbox"/> \$60 ELCEUSRPA2	<input type="checkbox"/> \$141** USRPA2T17	<input type="checkbox"/> W1	<input type="checkbox"/> W2	<input type="checkbox"/> W3	<input type="checkbox"/> W4	_____	<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 printed course materials total.

WI Residents
Add 5.1% 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 \$125 Course _____
to W _____ Yr _____ \$ _____

Exam Retake \$75 Course _____
to W _____ Yr _____ \$ _____

Grand Total for Above \$ _____

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



CE225796



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.



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