

# UNIVERSITY STUDENT ORDER FORM/2024

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](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	COURSE MATERIALS		VIRTUAL EXAM \$187 (each)*				ONLINE STUDY GROUP \$250 (each) <i>Exam application required</i>				Subtotal per Course	
	Online Study Guide Access	Textbook	Exam Window		Year	Session			Year			
<b>GBA 1 Directing Benefits Programs Part 1</b>	<input type="checkbox"/> \$65 ELUSGBA1SG	<input type="checkbox"/> \$162 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	_____	\$ _____
<b>GBA 2 Directing Benefits Programs Part 2</b>	<input type="checkbox"/> \$65 ELUSGBA2SG	<input type="checkbox"/> \$141 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	_____	\$ _____
<b>GBA/RPA 3 Strategic Benefits Management</b>	<input type="checkbox"/> \$65 ELUSGBARPA3SG	<input type="checkbox"/> \$187 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	_____	\$ _____
<b>RPA 1 Directing Retirement Plans Part 1</b> <i>*This textbook is required for RPA 1 and RPA 2.</i>	<input type="checkbox"/> \$65 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	_____	\$ _____
<b>RPA 2 Directing Retirement Plans Part 2</b> <i>**RPA 2 requires this textbook and RPA 1 textbook.</i>	<input type="checkbox"/> \$65 ELCEUSRPA2	<input type="checkbox"/> \$145** 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.  
 Minimum shipping fee \$20.00.

## 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 5.1% Sales Tax

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

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

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



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.

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

