

UNIVERSITY STUDENT ORDER FORM/2025

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 \$193 (each)*				ONLINE STUDY GROUP \$260 (each)				Subtotal per Course
	Digital Study Guide Access	Textbook	Exam Window				Exam application required				
			Year	CE	Session	Year					
GBA 1 Directing Benefits Programs Part 1	<input type="checkbox"/> \$70 ELUSGBA1SG	<input type="checkbox"/> \$166 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"/> \$70 ELUSGBA2SG	<input type="checkbox"/> \$153 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"/> \$70 ELUSGBARPA3SG	<input type="checkbox"/> \$192 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"/> \$70 ELCEUSRPA1	<input type="checkbox"/> \$153 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"/> \$70 ELCEUSRPA2	<input type="checkbox"/> \$153 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.

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 \$ _____

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

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.



www.cebs.org



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.

*See www.cebs.org/virtualexams for full details and more information on the two exam attempts.

