ORDER FORM/2026

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

Source code C E 0 1

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** _____

By completing this form, you agree to our policies regarding your registration/cancellation/refund/record retention/photo release and privacy at www.ifebp.org/cebs/home/earn-a-designation/frequently-asked-questions/precertifications-standards.

☐ 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.ifebp.org/cebs/home/earn-a-designation/frequently-asked-questions/principles-of-conduct. 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.

Contact/Customer Type

- ☐ Accountant/Auditor
- ☐ Actuary
- ☐ Attorney
- ☐ Benefits Prof.
- ☐ Compensation Prof.
- ☐ Consultant
- ☐ HR Professional
- ☐ Insurance Rep.
- ☐ Investment Mgt.
- ☐ Multiemployer Industry Rep.
- ☐ Public Admin./ Support Staff
- ☐ Public Employee Trustee–Appointed
- ☐ Public Employee Trustee–Elected
- ☐ Third-Party Administrator
- ☐ Other
- ☐ Multiemployer Labor Trustee
- ☐ Multiemployer Mgt.Trustee
- ☐ Salaried Administrator

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 Study Guide	COURSE MATERIALS Textbook	VIRTUAL EXAM $580 (each)* *Virtual exam purchases include two attempts. Access to the exam expires 120 days from the date your order is processed or from the start date of an Online Study Group, if enrolled.*	ONLINE STUDY GROUP $270 (each)** *Exam application required* Session / Year	Subtotal per Course
GBA 1 Directing Benefits Programs Part 1	☐ $1,064 *Indicate Online Study Group session at right.*	☐ $280 USGBA1KIT22	☐ $200 USGBA1T25	☐ Exam ☐ Continuing Education	☐ Spring ☐ Summer ☐ Fall _____	$ _____
GBA 2 Directing Benefits Programs Part 2	☐ $1,056 *Indicate Online Study Group session at right.*	☐ $280 USGBA2KIT23	☐ $190 USGBA2T23	☐ Exam ☐ Continuing Education	☐ Spring ☐ Summer ☐ Fall _____	$ _____
GBA/ RPA 3 Strategic Benefits Management	☐ $1,092 *Indicate Online Study Group session at right.*	☐ $280 USGBARPA3KIT22	☐ $235 USGBARPA3T25	☐ Exam ☐ Continuing Education	☐ Spring ☐ Summer ☐ Fall _____	$ _____
RPA 1 Directing Retirement Plans Part 1	☐ $1,056 *Indicate Online Study Group session at right.*	☐ $280 USRPA1KIT24	☐ $190 USRPA1T25	☐ Exam ☐ Continuing Education	☐ Spring ☐ Summer ☐ Fall _____	$ _____
RPA 2 Directing Retirement Plans Part 2	☐ $1,056 *Indicate Online Study Group session at right.*	☐ $280 USRPA2KIT25	☐ $190 USRPA2T25	☐ Exam ☐ Continuing Education	☐ Spring ☐ Summer ☐ 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.)

For more details about **Online Study Groups, including the schedule, please visit www.cebs.org/studygroup.

Payment Must Accompany Order

Make check payable to International Foundation of Employee Benefit Plans.

☐ Check # _____ $ _____

Credit card # _____ Exp. date _____

Cardholder's name (print) _____

Shipping/Handling Charges
Add 7% of course materials total. Minimum shipping fee $20. $ _____
For international shipping, contact the CEBS department.

WI Residents Add 5% Sales Tax $ _____

Exam Extension $150 Course _____ $ _____

Additional Attempt $100 Course _____ $ _____

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.

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
Email cebs@ifebp.org for special assistance guidelines.

*See www.cebs.org/virtualexams for full exam details.

CE2513267_1 V2

PDF-426