

NAHU Members

CEBS Registration Form—First-Time Candidate



CUSTOMER INFORMATION (Please type or print)

Priority code **C P P D F** Individual ID# or CEBS® ID# _____

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 _____ Fax _____

E-mail _____ Last 4/3 digits of SSN/SIN _____ Date of birth (mm/dd/yyyy) _____

See our policies regarding your registration/cancellation/refund/record retention and privacy at www.ifebp.org/policies.

CEBS INFORMATION

Optional address: _____ City _____ State/Province _____ ZIP/Postal code _____
 Business Home

Optional phone: _____

- I certify that I have met the Precertification Standards and agree to abide by the Principles of Conduct as outlined in the CEBS Catalog of Information.
- 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. In no event will information be communicated on any examination a candidate has failed.

*Signed _____ *Date _____

- Your registration will be accepted only if this information is complete.

CEBS REGISTRATION PROCEDURES

An individual must register in the CEBS program prior to or concurrent with the first CEBS examination application. Only CEBS registrants may apply for examinations.

The registration will be accepted only upon receipt of the signed CEBS Registration Form and the \$125 nonrefundable registration fee.

If you are registering in the CEBS program, applying for your first CEBS examination and paying by check, make one check payable to cover all CEBS fees.

Important: Candidates attending CEBS part-time classes pay tuition fees to the coordinating university. Such fees are separate from, and in addition to, the registration and examination fees payable to the CEBS program.

- Forms received without payment will be returned to sender.

BUSINESS CATEGORY

- | | | | |
|--|----|---|----|
| <input type="checkbox"/> Accounting | AC | <input type="checkbox"/> Insurance Company | IN |
| <input type="checkbox"/> Third-Party Administrator | AD | <input type="checkbox"/> Investments | IV |
| <input type="checkbox"/> Law Firm | AT | <input type="checkbox"/> Labor Union | LU |
| <input type="checkbox"/> Bank/Trust Company | BK | <input type="checkbox"/> Multiemployer Trust Fund | MT |
| <input type="checkbox"/> Corporation | CP | <input type="checkbox"/> Other | OT |
| <input type="checkbox"/> Consulting/Actuarial | CS | <input type="checkbox"/> Professional Association | PA |
| <input type="checkbox"/> Employer | EA | <input type="checkbox"/> Public Employee/Other | PE |
| <input type="checkbox"/> Hospital/HMO/Medical Center | HC | <input type="checkbox"/> Public Employee Trust Fund | PT |

PAYMENT INFORMATION

Full payment in U.S. funds must accompany order. Make check payable to CEBS Program.

Check # _____ \$ _____

VISA MasterCard American Express (U.S. only)

Credit card # _____ Exp. date _____

Cardholder's name (print) _____

REGISTRATION SUMMARY

Registration fee \$ _____

Total (U.S. funds) \$ _____

For CEBS updates, visit www.cebs.org.

Order online at www.cebs.org

Fax your order form with credit card number: (262) 786-8650

Mail the order form with check or credit card number to: CEBS Program, International Foundation—Certification P.O. Box 68-9955, Milwaukee, WI 53268-9955

For information, e-mail cebs@ifebp.org, or phone toll free (800) 449-2327, option 3 **OR** (262) 786-6710, option 3

Candidate Profile

The International Foundation and the Wharton School seek your participation in the Candidate Profile. This information will assist us in evaluating and planning for the future of the CEBS program and its participants. All responses will be kept confidential.

1. What is your primary role/position in the employee benefits field? (Please check all that apply.)

- Accountant/Auditor
- Actuary
- Attorney
- Benefits Professional
- Compensation Professional
- Consultant
- Human Resources Professional
- Insurance Representative
- Investment Management
- Labor Trustee
- Management Trustee
- Public Employer Representative
- Public Employer Trustee
- Salaried Administrator
- Third-Party Administrator
- Other _____

2. For which of the following areas are you responsible? (Please check all that apply.)

- Communication
- Compensation
- Employment/Staffing and Labor Relations
- Financial Planning
- Flexible Benefits
- Health and Welfare Benefits
- Human Resources
- Information Services/Technology/Software
- International
- Legal Issues
- Pension/Retirement Benefits
- Risk Management
- Training and Development
- Other _____

3. Are you a: (check one)

- Plan Sponsor (works with plans)
- Service Provider (provides services to plans)

4. Which type of plans do you work with? (Check all that apply.)

- Association Plan
- Multiemployer Plan
- Public Employee Plan
- Single Employer Plan

5. Approximately what year did you begin working in employee benefits? _____

6. Professional designations (Check all that you have or are pursuing.)

- ASA Associate, Society of Actuaries
- CBP Certified Benefit Professional
- CCP Certified Compensation Professional
- CFP Certified Financial Planner
- CPC Certified Pension Consultant
- CPA Certified Public Accountant
- CFA Chartered Financial Analyst
- ChFC Chartered Financial Consultant
- CLU Chartered Life Underwriter
- CPCU Chartered Property/Casualty Underwriter
- EA Enrolled Actuary
- FLMI Fellow, Life Management Institute
- FSA Fellow, Society of Actuaries
- HIA Health Insurance Associate
- IIA Insurance Institute of America Programs
- PHR Professional in Human Resources
- REBC Registered Employee Benefit Consultant
- RHU Registered Health Underwriter
- SPHR Senior Professional in Human Resources
- Other _____

7. Highest level of education

- High School
- Some College/University
- Associate Degree/College Diploma
- Bachelor's Degree
- Master's Degree
- Ph.D.
- Law Degree
- Other _____

8. Ethnic background

- American Indian or Alaskan Native
- Asian, Asian American or Pacific Islander
- Black or African American, not of Hispanic origin
- Hispanic or Latin American
- White, not of Hispanic origin
- Other _____

9. How did you learn about the CEBS program?

- College/University
- Company Newsletter
- Direct Mail
- E-Mail
- International Foundation
- Internet/Web site
- Magazine Advertisement
- Media Coverage
- Meeting/Conference
- Referral/Recommendation
- Other _____