

Canadian CEBS Registration Form—First-Time Candidate

CUSTOMER INFORMATION (Please print clearly)

Priority code **CC01** Individual ID# or CEBS® ID# _____
 First name _____ M.I. _____ Last name _____
 Employer _____
 Title _____
 Address _____ Business Home
 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/photo release and privacy at www.ifebp.org/policies.

CEBS INFORMATION

Preferred for mail: Business Home
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 Academic Catalog.
- I understand that the International Foundation of Employee Benefit Plans and Dalhousie University 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 cheque, make one cheque 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	
<input type="checkbox"/> Third-Party Administrator	AD	<input type="checkbox"/> Company	IN
<input type="checkbox"/> Law Firm	AT	<input type="checkbox"/> Investments	IV
<input type="checkbox"/> Bank/Trust	BK	<input type="checkbox"/> Labor Union	LU
<input type="checkbox"/> Corporation	CP	<input type="checkbox"/> Multiemployer	
<input type="checkbox"/> Consulting/Actuarial	CS	<input type="checkbox"/> Trust Fund	MT
<input type="checkbox"/> Employer	EA	<input type="checkbox"/> Other	OT
<input type="checkbox"/> Association	EA	<input type="checkbox"/> Professional	PA
<input type="checkbox"/> Hospital/HMO/Medical Center	HC	<input type="checkbox"/> Association	PA
		<input type="checkbox"/> Public Employee/Other	PE
		<input type="checkbox"/> Public Employee	PT
		<input type="checkbox"/> Trust Fund	PT

PAYMENT INFORMATION

Full payment in Canadian funds must accompany order. Make cheque payable to CEBS Program.


Cheque # _____ \$ _____
 VISA MasterCard
 Credit card # _____ Exp. date _____
 Cardholder's name _____


REGISTRATION SUMMARY


Registration fee \$ _____
Total (Canadian funds) \$ _____

**For CEBS updates,
visit www.cebs.org.**

 Register online at www.cebs.org

 Fax your registration with credit card number: (262) 364-1818

 Mail the order form with cheque or credit card number to:
 CEBS Program—International Foundation
 P.O. 2406, Postal Station A
 Toronto, Ontario M5W 2K6
 Canada

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

Candidate Profile

The International Foundation and Dalhousie University 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
- Labour 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 Labour 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
- Multi-Employer Plan
- Public Employer 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.)

- CBP Certified Benefit Professional
- CCP Certified Compensation Professional
- CFP Certified Financial Planner
- CHRP Certified Human Resource Professional
- CA Chartered Accountant
- CLU Chartered Life Underwriter
- CPCU Chartered Property/Casual Underwriter
- FCIA Fellow, Canadian Institute of Actuaries
- FLMI Fellow, Life Management Institute
- REBC Registered Employee Benefit Consultant
- 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. 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 _____