

CAIB REGISTRATION POLICY

2017 IMPORTANT DATES (SELF-STUDY & ONLINE GROUP DISCUSSION)

SEMESTER	DATES	REGISTRATION DEADLINE	LATE REGISTRATION DEADLINE (+\$50 FEE)	EXAM DATE
Winter	Feb. 6—April 28	January 27	February 20	May 3
Summer	June 5—July 29	May 26	June 19	August 2
Fall	Sept. 11—Dec. 1	August 25	September 25	Dec. 6

CANCELLATIONS/REFUNDS

Written notice (emails are accepted) must be received in order to be eligible for a refund.

Refund requests received:

- Before shipment of textbooks – receive a full refund less a \$75 admin fee
- Within the first month of the semester (or a quarter through) – receive the amount paid less the cost of the textbook and a \$75 admin fee
- Within the second month of the semester (or halfway through) – receive the amount paid less the cost of the textbook and a \$100 admin fee. After two months, refunds will not be permitted.

TEXTBOOKS

Once registration has been processed and paid in full, please allow 3-5 business days to arrive via courier. Textbook fees are non-refundable once they've been shipped.

EXAM DATE TRANSFERS

Written notice (emails are accepted) must be received to be eligible for a transfer request.

Exam date transfers:

- Will not be permitted within one month of an exam
- Are subject to a transfer fee (\$75 for members; \$100 for non-members) to the next preferred exam sitting
- No more than two transfers per CAIB part are permitted; re-sit fees are non-refundable and payments will be processed after the exam when a change or transfer is received after the deadline.

NO SHOWS/EXAM RESITS

Registrants who fail to attend/cannot attend their scheduled exam must provide supporting documentation (medical or family emergency). Without valid documentation, registrants are subject to a no-show fee the next time they register for the exam (\$150 for members; \$190 for non-members).

Fees to rewrite an exam if scored below passing grade of 60%, is \$135 for members and \$175 for non members.

Note: It's the student's responsibility to become familiar with the Registration Policy prior to enrollment. Please keep a copy of registration information for your records. Mail, fax or email completed registration forms to:

CAIB REGISTRATION FORM

1. Applicant Information

Member ID: _____

First Name: _____ Last Name: _____

Brokerage (for shipping): _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Phone: _____

2. Select CAIB Module

CAIB 1
 CAIB 2
 CAIB 3
 CAIB 4

3. Select Study Option

Self-Study
 Online Group Discussion
 Immersion Date: _____
 Resit Exam _____
 Textbook only

4. Select Semester and Exam Location (if applicable)

Winter Semester
 Summer Semester
 Fall Semester
 Requested Exam Location:

5. Payment Options

Fee Enclosed (please refer to website for fees): \$ _____

Brokerage Cheque
 Certified Personal Cheque
 MasterCard
 VISA

Card #: _____ Card Expiry: _____

Check one:
 Personal card
 Brokerage card

Cardholder: _____ Signature: _____

6. Applicant Declaration

I _____ confirm that the above information is correct. I agree to participate in the above course and abide by the CAIB Registration Policy.

Signature

Date

Mail, fax, or email completed registration forms (with payment) to:

Robyn Campbell, Broker Designations Coordinator | designations@ibao.on.ca | fax: 416 488 7526
 Insurance Brokers Association of Ontario, 700-1 Eglinton Avenue East, Toronto, ON M4P 3A1