

Certified Health Insurance Specialist (CHSTM) Reinstatement Application Form

Personal Information

Mr. Ms. Miss Mrs. Advocis ID no. _____

First Name _____ Initial _____ Last Name _____

Mailing Address This address is: Business Home

Company Name _____

Street Address _____ City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Email Address _____

CHS Designation Reinstatement Affirmation

- I hereby apply for reinstatement of authorization to use the CHS designation and have read the reinstatement policy (below).
- I understand that The Institute Trustees may reinstate a CHS practitioner's right to use the CHS designation either on a conditional or unconditional basis.
- I understand that only those practitioners reinstated and, therefore, authorized by The Institute, may hold themselves out as a CHS designation holder.
- I have attached a written summary outlining my practice during my absence, including other useful information I feel pertinent, including reasons as to why my CHS Designation lapsed and/or why I cancelled my CHS Designation.
- I hereby attest that I have maintained Continuing Education (CE) during my absence from The Institute. I have enclosed written proof of all CE hours completed during this time and attest that the enclosed documents are accurate and true.
- I have read and agree to abide by The Institute's [Code of Professional Conduct](#) & [Disciplinary Procedures](#).
- Signature _____ Date _____

CHS Designation Reinstatement Policy

Reinstatement Policy

For lapsed designation holders applying for reinstatement, continuing education must be completed during the period of a lapsed designation and proof of completed CE must be provided before reinstatement will occur.

If a lapsed designation holder applies for re-instatement after having left The Institute, the following applies:

For all who apply for reinstatement and who have been absent for **three years or less**:

- Proof of the required continuing education credits taken during that period must be submitted with the application for reinstatement.
- Those applying for reinstatement will be required to pay the appropriate administration fees.

For all who apply for reinstatement and who have been absent for **more than four years**:

- All CHS core courses must be retaken and passed.
- Those applying for reinstatement will be required to pay the appropriate administration fees.

2021 Annual maintenance of the CHS designation includes:

- an annual fee of \$201 plus applicable taxes
- adherence to The Institute [Code of Professional Conduct](#) & [Disciplinary Procedures](#), and
- a minimum of 10 continuing education (CE) credits each calendar year. Each hour of CE credit must be approved by The Institute in order to qualify as a CE credit. Any deficiency in one year must be made up by the end of the next calendar year, in addition to the full year's necessary requirement of CE credits. For more information, please visit www.iafe.ca.

Reinstatement Application

All questions contained in this form must be answered in order for the CHS designation to be reinstated for the 2021 year. Failure to properly and fully complete this document, including the submission of payment for the required fees, will result in an incomplete submission. This will in turn delay the reinstatement of the CHS marks and usage rights.

The term for the CHS marks and usage rights are granted for a one-year basis and expires by the end of the day December 31 of each calendar cycle. A CHS designation holder who fails to meet all continuing obligation requirements risks having his or her designation revoked due to non-compliance.

CHS Designation Holder's Agreement for 2021

Bankruptcy, Disciplinary and Criminal Declarations

Have you, during the period of your designation being lapsed:

been declared bankrupt or made a voluntary assignment into bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
been convicted or found liable in a criminal or civil proceeding involving the misappropriation of funds, fraud or misrepresentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
had any unresolved criminal charges or civil actions filed against you, involving the misappropriation of funds, fraud, or misrepresentation which may have been initiated during the 2020 calendar year or earlier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
made an offer to settle or have settled a civil dispute during the 2020 calendar year involving the misappropriation of funds, fraud, or misrepresentation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
have been the subject of an investigation or disciplinary hearing conducted by an organization or self-regulatory body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered Yes to any of the above, please provide a supplementary written explanation with details and full disclosure regarding the matter(s) at hand. Please note that The Institute will review your submission and determine what impact, if any, there will be on the application for your CHS designation for 2021.

Continuing Education

Have you completed the required 10 hours of CE credits for the 2020 calendar year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

If you have answered No, please provide a supplementary written explanation of why you were unable to meet the CE requirement for 2020. Please note that by answering no, there may be an impact on the renewal of your designation(s) for 2021.

2021 CHS Designation – Agreement and Terms

I hereby apply for reinstatement of the CHS Designation for the 2021 year with The Institute for Advanced Financial Education (The Institute). I agree to fulfill the ongoing requirements in order to maintain my status as a CHS designation holder in good standing with The Institute for 2021.

I understand that the submission of this application constitutes an agreement covering the period January 1, 2021 to December 31, 2021 and that, as a result, I am hereby committed to the payment of the fees associated with the CHS designation and its marks and their usage rights for the entire 12-month period.

I understand that my failure to remit any portion of my full 2020 CHS fees at any time will result in the immediate impact on my rights to use the CHS marks and to hold myself out as a CHS designation holder. I understand that the enforcement of the CHS marks protects the reputation of the CHS designation and of CHS designation holders.

I agree to provide 60 days advance written notice to The Institute if I wish to cancel my CHS Designation Holder's Agreement with The Institute for the 2021 calendar year.

I have read and agree to abide by The Institute's [Code of Professional Conduct](#) & [Disciplinary Procedures](#) and understand by entering into this CHS Designation Holder's Agreement for 2021 that I am also subject to existing disciplinary procedures should a complaint involving allegations ever be filed against me with The Institute and that The Institute has the right to enforce the [Code of Professional Conduct](#) against its designation holders.

I also hereby understand that I am required to maintain 10 hours of CE for the 2021 calendar year and that I may be subject to a CE audit by The Institute, should I be randomly selected for an audit in 2022.

Signature _____ Date _____

Payment Information

TOTAL AMOUNT (including applicable taxes): \$

PAY BY CREDIT CARD:

I authorize Advocis, on behalf of The Institute, to charge my credit card for the total fee:
 VISA MasterCard AMEX

Or

PAY BY CHEQUE:

I enclosed the following (Payable to The Institute) for the total fee
 Certified/Company Cheque Money Order

Card No.

Expiry Date

Signature _____

Date _____

Send Completed Form To:

Payments by cheque or credit cards can be submitted using this address or fax number:

Mail To: The Institute
10 Lower Spadina Avenue, Suite 600
Toronto, ON M5V 2Z2

Fax: 416.444.8031 **OR Email:** info@iafe.ca