

Certified Health Insurance Specialist (CHS[™]) Reinstatement Application Form

Personal Information

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

First Name _____ Initial _____ Last Name _____

Shipping Address (The address where you would like to receive mail for FORUM magazine etc)

This address is: Business Home

Company Name _____

Street Address _____ City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Email Address _____

Billing Address (The address associated to your credit card):

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

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 three years**:

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

2024 Annual maintenance of the CHS designation includes:

- an annual fee of \$249 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, one (1) credit of which must be from a recognized Ethics program. 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 2024 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.

There is a \$100 plus applicable taxes reinstatement fee that must be paid in order for your application to be processed.

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 2024

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 2023 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 2023 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 2024.

Continuing Education

Have you completed the required 10 hours of CE credits for the 2023 calendar year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 2024.

2024 CHS Designation — Agreement and Terms

I hereby apply for reinstatement of the CHS Designation for the 2024 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 2024.

I understand that the submission of this application constitutes an agreement covering the period January 1, 2024 to December 31, 2024 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 2024 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 2024 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 2024 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 2024 calendar year and that I may be subject to a CE audit by The Institute, should I be randomly selected for an audit in 2025.

Signature _____ Date _____

Payment Information

TOTAL AMOUNT (including applicable taxes): \$ _____

VISA MasterCard AMEX

ONE-TIME PAYMENT:

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

Card No.

Expiry Date

MONTHLY PAP

I authorize Advocis, on behalf of The Institute, to charge my credit card for the monthly amount

Signature

Payment day options: 1st of the month 15th of the month

Date

MONTHLY PAYMENT OPTION DISCLAIMER: By signing above, I acknowledge that I have read and agree with the terms of The Financial Advisors Association of Canada's (TFAAC) pre-authorized payment agreement and I authorize TFAAC, on behalf of Advocis and/or The Institute for Advanced Financial Education (The Institute) and/or GAMA International Canada, to debit my credit card monthly for the amount of 1/12th of the full annual renewal fees plus the monthly administration fee (currently \$3) plus applicable GST/HST. I understand that this amount may change and that TFAAC will attempt to provide reasonable notice, and I waive my right to such notice. All fees are non-refundable. A monthly payment that is returned as NSF will result in a \$25 NSF charge. In the case of joint account holders, I agree that notice to one account holder constitutes notice to the other account holder.

Please visit www.iafe.ca for further details about Institute designation fees, or call 1.877.773.6765.

Fees do not include \$3/month PAP fee or applicable taxes.

Fees qualify under Section 18(1)(a) of the Income Tax Act, as a business expense in the year of payment.