

Workday-Pro-Benefits Practice Questions - Reliable Workday-Pro-Benefits Study Notes

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Workday pro exam 2025 UPDATE| COMPREHENSIVE QUESTIONS AND VERIFIED ANSWERS (COMPLETE SOLUTIONS) GUARANTEED SUCCESS | GRADE A+!! (100% ACCURATE) GET IT RIGHT!!



Terms in this set (72)

You want to set up benefit partners to only see and support workers in a specific location in hierarchies. What security group type allows you to identify the benefits partners as members and allow you to constrain their access defined location hierarchies?	Role-based constrained
How are user based security groups assigned to a worker?	They are assigned based on role assignment
Which security group types use other security groups to determine membership?	Role- based unconstrained and organization membership

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Workday Workday-Pro-Benefits Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> Benefits Setup and Administration: Covers end-to-end configuration of benefit plans, eligibility rules, life events, open enrollment, payroll linking, and exception handling.
Topic 2	<ul style="list-style-type: none"> Real Time Practice: Covers hands-on configuration of benefit plans, enrollment simulations, and use of Workday's tenant and enrollment dashboards.
Topic 3	<ul style="list-style-type: none"> Payroll & HCM Integration: Covers how benefits connect with payroll and HCM systems for automatic deductions and real-time updates.

- Introduction: Covers foundational knowledge of Workday Benefits, including its architecture, navigation, and core concepts.

>> Workday-Pro-Benefits Practice Questions <<

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Workday Pro Certification exam Sample Questions (Q15-Q20):

NEW QUESTION # 15

What situation would require your company to create a second benefit group?

- A. The company is going through an acquisition whose employees have a different open enrollment period compared to the remaining workforce.
- B. Employees in Hawaii are eligible for a new medical plan that employees in other locations are not eligible for.
- C. Employees who are not eligible for benefits belong to a benefit group that employees who are eligible for benefits do not belong to.
- D. Employees turning 50 years old at the end of the year become available for a pension catch-up plan.

Answer: A

Explanation:

The correct answer is D because a second benefit group is typically required when a distinct worker population must follow a different overall benefits structure or administration cycle. In an acquisition scenario, newly acquired employees may need separate eligibility handling, separate plan year alignment, and a different open enrollment schedule from the existing workforce. Since benefit groups are used to organize broad populations that share common benefit administration rules, creating a separate group is the appropriate way to manage that difference.

Option A is not the best answer because workers who are not benefits-eligible can generally be excluded through eligibility rules rather than requiring an entirely separate benefit group. Option B describes a plan-specific eligibility condition, which is normally handled through plan eligibility rules, not by creating a new benefit group. Option C may also be addressed through location-based eligibility at the plan level when only one specific medical plan differs. A second benefit group is most appropriate when the difference affects the broader benefits framework, such as enrollment timing, plan administration, or population-wide setup. That is why a separate open enrollment period for an acquired workforce justifies creating another benefit group.

NEW QUESTION # 16

Refer to the following scenario to answer the question below.

You need to configure an Open Enrollment event for your client, with these requirements:

All benefit coverages and deductions will start at the beginning of the new plan year.

Employees may select any benefit for which they are eligible.

If employees do not make changes during open enrollment, they should remain enrolled in the benefits they had prior to open enrollment.

If employees do not enroll in Health Savings Account and Flexible Spending Accounts, then those benefits should no longer be active for the employee.

On the Coverage Rules tab, what must you enter in the Defaulting Rules field to ensure employees making no changes to their medical or dental plans remain in the elections they had prior to open enrollment?

- A. Default to Priority Coverage or Waive
- B. Default to Waive
- C. Reinstate Previous Elections, Priority Coverage or Waive
- D. Default to Current Elections or Waive

Answer: D

Explanation:

The correct answer is B because medical and dental plans typically follow a passive enrollment approach during Open Enrollment, meaning employees who take no action should automatically retain their current elections. In Workday, this behavior is controlled through the Defaulting Rules on the Coverage Rules tab of the Enrollment Event Rule. Selecting Default to Current Elections or Waive ensures that if an employee does not actively make changes, the system carries forward their existing elections into the new plan year.

This aligns with the requirement that employees remain enrolled in their prior medical and dental coverage unless they explicitly choose otherwise. Option A is incorrect because Priority Coverage is used when selecting among multiple available options rather than maintaining existing elections. Option C is not appropriate because it introduces unnecessary complexity and is not the standard configuration for passive enrollment scenarios. Option D is incorrect because Default to Waive would terminate coverage for employees who do not take action, which contradicts the requirement. Therefore, using Default to Current Elections or Waive ensures consistent continuation of coverage for passive enrollment plans like medical and dental.

NEW QUESTION # 17

An employee attempts to report the April 30 birth of their child on June 30, but they receive an error when submitting the event. Why did they receive an error?

- A. The employee belongs to more than one benefit group.
- B. You have not configured coverage types for that event.
- C. You did not activate the employee's Workday account.
- **D. The Employee Cannot Report After Days to Enroll checkbox is selected.**

Answer: D

Explanation:

The correct answer is B because Workday life event reporting can be restricted by enrollment timing rules tied to the event configuration. When an employee reports the birth of a child, the event must usually be submitted within a defined number of days from the event date. If the Employee Cannot Report After Days to Enroll setting is enabled, Workday prevents the worker from submitting the event once that reporting window has expired. In this scenario, the child's birth occurred on April 30 and the employee attempted to report it on June 30, which is typically outside the allowed time frame for that qualifying life event.

Option A is incorrect because missing coverage types would affect which benefits can be changed, but it would not specifically explain a timing-based submission error on the event itself. Option C is unrelated, since account activation does not determine whether a valid life event can be submitted after the deadline. Option D is also incorrect because benefit group overlap is an eligibility and configuration issue, not the reason for a late event reporting error. The error is caused by the event submission window having expired.

NEW QUESTION # 18

What must you configure prior to creating an insurance plan?

- A. Levels of Change tabs within the Enrollment Event Rule.
- B. Benefit provider, benefit plan year definition, and enrollment instructions.
- C. Electronic signature, health care classification, and provider ID.
- **D. Insurance coverage levels, insurance coverage, and insurance rate.**

Answer: D

Explanation:

The correct answer is A because Workday insurance plan setup depends on several foundational insurance- specific components being in place before the plan itself can be configured. These prerequisites include insurance coverage levels , insurance coverage , and the applicable insurance rate . Together, these elements define how the plan will structure enrollment options, what level of protection or election is available, and how the associated cost is calculated. Without these core building blocks, the insurance plan cannot be created correctly because the plan requires a predefined coverage framework and rate structure.

Option B is incorrect because Enrollment Event Rule configuration is related to how and when workers can make benefit changes, not to the foundational setup required before creating the plan. Option C is not correct because those items are not the standard prerequisite configuration components for insurance plan creation.

Option D includes items that may be relevant later in overall benefits administration, but they are not the essential insurance setup components required prior to creating the plan itself. For insurance plan configuration in Workday, the primary prerequisite is the

definition of coverage levels, coverage structure, and rates.

NEW QUESTION # 19

Refer to the following scenario to answer the question below.

You initiate open enrollment on November 1 with a Benefit Event Date of January 1. You close open enrollment on November 20. Open enrollment has already been launched and you chose the wrong benefit groups. What do you need to do?

- A. Cancel open enrollment and initiate open enrollment for the correct benefit groups.
- B. Use the Open Enrollment Status report to send email reminders to the incorrect benefit groups.
- C. Correct open enrollment.
- **D. Rescind open enrollment.**

Answer: D

Explanation:

The correct answer is A because once Open Enrollment has been launched with incorrect benefit groups, the proper corrective action in Workday is to rescind the open enrollment event. Rescinding reverses the event for affected employees and removes the enrollment tasks that were incorrectly generated. This allows the administrator to correct the configuration and relaunch the event with the appropriate benefit groups.

Option B is incorrect because Open Enrollment cannot simply be "corrected" after it has been launched; the population tied to the event is already established and must be reset. Option C is not relevant because sending reminders does not fix incorrect group assignment. Option D is also incorrect because canceling and re-initiating without rescinding would leave prior events and data inconsistencies in place.

Rescinding ensures a clean reset of the enrollment process, allowing administrators to properly configure and relaunch Open Enrollment for the correct population without conflicts or duplicate events.

NEW QUESTION # 20

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