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Workday Pro Certification exam Sample Questions (Q33-Q38):

NEW QUESTION # 33

What is true about benefit events in Workday?

- A. All events will automatically close after 30 days.

- B. Events can be deleted when no longer needed.
- C. Events are Workday-delivered.
- **D. Events are configured using your company's requirements.**

Answer: D

Explanation:

The correct answer is D because benefit events in Workday are highly configurable and designed to align with an organization's specific business processes and policy requirements. Administrators define event types such as life events, open enrollment, or administrative events based on company needs, including eligibility rules, timing, coverage start and end logic, and routing behavior. This flexibility allows organizations to tailor benefit administration to their workforce and regulatory environment.

Option A is incorrect because while Workday provides a framework and some sample configurations, benefit events themselves are not strictly system-delivered and must be configured by the organization. Option B is also incorrect because benefit events typically cannot be freely deleted once in use; instead, they are inactivated to preserve historical data integrity. Option C is incorrect because event closure timing is configurable and depends on settings like Days to Enroll or administrative processes, not an automatic 30-day rule. Therefore, benefit events are best understood as configurable components built to meet company-specific requirements.

NEW QUESTION # 34

All full-time employees are in one benefit group. Employees need more than twenty years of service to enroll in a medical benefit plan available in this benefit group. How will you accomplish this without creating a new benefit group?

- A. Launch a separate open enrollment for this one plan and notify the employees within the benefit group that they should only participate in this second open enrollment if they have more than 20 years of service.
- B. Select Requires Provider ID in the benefit plan and give the appropriate ID only to the employees with more than 20 years of service so they can enter it during benefit enrollment.
- **C. Create a Benefit Plan Eligibility Rule with the condition years of service greater than 20 years. Assign the medical plan to the full time employee benefit group and enter the new eligibility rule in the Worker Plan Eligibility field on the plan.**
- D. Create a To-Do step on the business process to inform employees with more than 20 years of service to contact the benefits team to enroll in the plan.

Answer: C

Explanation:

The correct answer is A because Workday allows administrators to keep a broad worker population in a single benefit group while restricting access to a specific plan through a Benefit Plan Eligibility Rule. In this case, all full-time employees belong to one benefit group, but only those with more than twenty years of service should be allowed to enroll in the medical plan. The correct design is to assign the plan to the existing benefit group and then attach a worker-based eligibility rule on the plan itself using the Worker Plan Eligibility field.

This approach avoids unnecessary creation of another benefit group and keeps the overall benefits structure simpler and easier to maintain. Option B is incorrect because manual communication and intervention are not proper configuration controls for eligibility. Option C is also incorrect because Provider ID is not intended to manage service-based plan eligibility. Option D is not appropriate because launching a separate enrollment just for one eligibility condition creates administrative complexity and does not solve the configuration requirement cleanly. Plan-level eligibility rules are the standard Workday method for handling this scenario.

NEW QUESTION # 35

You are a benefit administrator. You must determine how many benefit groups to create. For what reason would you create more than one benefit group?

- A. One benefit plan is only available for employees over 50 years old.
- **B. You have employees in the United States and the United Kingdom and they receive benefits in different currencies.**
- C. Workers hold multiple positions within the enterprise.
- D. Health care coverage targets are different between two medical plans.

Answer: B

Explanation:

The correct answer is C because benefit groups in Workday are typically created when distinct populations of workers need different overall benefits structures, often due to major organizational differences such as country, legal entity, or currency. When employees are located in different countries like the United States and the United Kingdom, they commonly have different benefit

programs, regulatory requirements, providers, and plan pricing currencies. In that situation, separate benefit groups help organize eligibility and ensure each population is tied to the correct set of plans and configuration rules.

Option A is not the best reason because holding multiple positions does not by itself require separate benefit groups; eligibility is usually managed through worker and job-based rules. Option B is more appropriately handled through plan-level eligibility rules rather than creating an entirely separate benefit group for one age-based condition. Option D concerns differences within medical plan design, such as coverage targets, which can be handled at the plan configuration level rather than by creating separate groups. Benefit groups should be used when broad populations require distinct benefits frameworks, and different countries with different currencies are a strong example of that need.

NEW QUESTION # 36

The benefit partner is monitoring new hire benefit events that are in progress. What report provides this information?

- A. Benefit Group Audit
- B. Benefit Census
- C. Benefit Events Status
- D. Open Enrollment Status

Answer: C

NEW QUESTION # 37

You create a cross-plan dependency to require employees to enroll in Basic Life before they can enroll in Spouse Life. The cross-plan dependency does not have a benefit group in the Benefit Group field. What is the expected behavior?

- A. You can save a cross-plan dependency without entering a benefit group but it will not be valid. You will get an alert.
- B. You cannot save a cross-plan dependency without entering a benefit group. You will get an error.
- C. The cross-plan dependency will apply to all benefit groups.
- D. The cross-plan dependency will not apply to any benefit groups.

Answer: C

Explanation:

The correct answer is D because in Workday, when a configuration object such as a cross-plan dependency is created without a specific Benefit Group value, the setup is treated as broadly applicable rather than restricted to one population. In this case, leaving the Benefit Group field blank means the dependency is not limited to a single benefit group, so it is evaluated across all benefit groups where the referenced plans are available. As a result, employees must enroll in Basic Life before Spouse Life wherever that dependency is relevant.

Option A is incorrect because the system does allow the setup to be saved without populating the Benefit Group field. Option B is also incorrect because a blank group does not mean the dependency is ignored; it means it is not group-specific. Option C is not correct because this is not simply an invalid setup that generates an alert without effect. Workday commonly uses blank scoping fields to indicate global applicability. Therefore, omitting the Benefit Group causes the cross-plan dependency to apply to all benefit groups rather than none or only one.

NEW QUESTION # 38

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