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

NEW QUESTION # 33

A company wants to provide employees with additional information about their benefits and links to benefit sites. Where do you configure this?

- A. Maintain Benefit Coverage Type
- **B. Maintain Enrollment Instructions**
- C. Maintain Health Care Coverage Targets
- D. Maintain Enrollment Event Type

Answer: B

Explanation:

The correct answer is A because Enrollment Instructions in Workday are used to present employees with guidance, explanatory text, and helpful links during the benefits enrollment experience. This is the appropriate configuration area when an organization wants to provide additional benefit information, direct workers to carrier or vendor websites, or include messaging that supports enrollment decision-making. These instructions enhance the employee experience by making relevant information available at the point where workers review and elect their benefits.

Option B is incorrect because Enrollment Event Types define the type of benefits event, such as open enrollment or a life event, but they are not primarily used to store employee-facing informational content and links. Option C is unrelated because Health Care Coverage Targets are used for plan design and contribution strategies, not communication content. Option D is also incorrect because Benefit Coverage Types classify benefit offerings and do not control enrollment messaging. When the goal is to display helpful descriptions, external site references, or decision-support text during benefits enrollment, the correct configuration task is Maintain Enrollment Instructions .

NEW QUESTION # 34

What business process allows you to change benefit elections during HCM business processes like Hire and Change Job?

- **A. Change Benefits (Default Definition)**
- B. Change Benefits for Global Modern Services
- C. Change Benefits for Life Event
- D. Change Benefits for Open Enrollment

Answer: A

Explanation:

The correct answer is D because Change Benefits (Default Definition) is the standard business process in Workday that enables benefit elections to be triggered and processed in conjunction with core HCM events such as Hire, Change Job, or other staffing actions. This business process is designed to integrate with HCM workflows and ensures that benefit eligibility and enrollment opportunities are automatically initiated when relevant changes occur in a worker's employment status.

Option A is incorrect because Open Enrollment is a specific, scheduled event that applies to all eligible workers during a defined period, not to individual HCM transactions. Option B is also incorrect because Life Event processes are triggered by employee-reported changes such as marriage or birth, rather than system-driven HCM events. Option C is not a standard Workday benefits business process used for enrollment. The Default Definition provides the foundational configuration that links benefits processing with HCM business processes, allowing seamless and automated benefit election updates during key employment events.

NEW QUESTION # 35

Which rates can include demographic factors such as Age in Years and Length of Service in Months?

- A. Additional benefits rates
- **B. Insurance rates and calculated healthcare rates**
- C. Flat healthcare rates
- D. Benefits annualized rates (BAR) and additional benefits rates

Answer: B

Explanation:

The correct answer is C because Workday allows insurance rates and calculated healthcare rates to incorporate demographic factors such as age and length of service when determining employee contributions or employer costs. These types of rates are designed to be dynamic and flexible, enabling organizations to apply tiered or variable pricing structures based on worker-specific attributes. For example, insurance plans often vary premiums based on age bands, while calculated healthcare rates can use formulas

that consider service duration or other demographic criteria.

Option A is incorrect because flat healthcare rates apply a fixed cost regardless of employee characteristics, meaning demographic factors are not considered. Option B is incorrect because Benefits Annualized Rates (BAR) primarily standardize cost calculations over time and do not inherently support demographic-based variations. Option D is also incorrect because additional benefits rates are typically used for supplemental offerings and do not provide the same level of demographic-driven calculation capability. Therefore, insurance and calculated healthcare rates are the appropriate rate types for incorporating demographic factors in Workday Benefits configuration.

NEW QUESTION # 36

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 Waive
- B. Reinstate Previous Elections, Priority Coverage or Waive
- C. Default to 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 # 37

The benefits administrator must ensure newly acquired employees are eligible for two benefit plans that the rest of the company is not eligible for. To present all employees with a unified open enrollment experience and consistent rate frequency on enrollment pages, how should the benefits administrator configure this?

- A. Create one benefit group for all employees. Create two benefit plans and assign both to the Benefit Group, but leave the Benefit Plan eligibility rule on the two benefit plans empty.
- B. Create two benefit groups, one for the acquired employees and one for the current employees. Link both benefit groups to all available benefit plans.
- **C. Create one benefit group for all employees. Create the two benefit plans and assign both to the Benefit Group. Create a Benefit Plan eligibility rule identifying the acquired employee population and link it to the two benefit plans they and only they are eligible for.**
- D. Create one benefit group and manually assign the two healthcare plans to eligible acquisition employees.

Answer: C

Explanation:

The correct answer is A because the requirement is to give all employees a unified open enrollment experience while restricting only two specific plans to the acquired population. In Workday, when the broader enrollment structure should remain the same for

everyone, the preferred design is to keep workers in a single benefit group and use benefit plan eligibility rules to control access to individual plans. This preserves a consistent enrollment flow, rate frequency presentation, and general benefits framework while still limiting the two acquired-population plans to the correct employees.

Option B is incorrect because leaving the plan eligibility rule blank would make those plans available to everyone in the benefit group. Option C is not the best design because creating separate benefit groups introduces a broader split in the benefits framework, which can lead to a less unified enrollment experience and additional administrative complexity when only two plans need to differ. Option D is also incorrect because manual assignment is not the standard scalable configuration approach in Workday Benefits. Plan-level eligibility is the correct method when only selected plans must be restricted within a shared enrollment structure.

NEW QUESTION # 38

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