

Workday-Pro-Benefits試験の準備方法 | 実際的な Workday-Pro-Benefits再テスト試験 | 認定するWorkday Pro Certification exam模擬問題



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>> Workday-Pro-Benefits再テスト <<

Workday-Pro-Benefits模擬問題、Workday-Pro-Benefits復習テキスト

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Workday Pro Certification exam 認定 Workday-Pro-Benefits 試験問題 (Q12-Q17):

質問 # 12

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

正解: A

解説:

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.

質問 # 13

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

正解: B

解説:

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.

質問 # 14

A company is introducing a new gym membership benefit. Employees can enroll in at any time during the year. The only plan that should be available is the gym membership, and coverage and deductions should start first of the following month. What should the benefit administrator do to the enrollment event rule?

- A. Add the new gym membership event type to the Start/Waive tab of the Enrollment Event Rule with coverage and deductions start dates as Event Date.
- **B. Add the new gym membership event type to the Start/Waive tab of the Enrollment event rule with coverage and deduction start dates as of the first of the following month.**
- C. Add the new gym membership coverage type to the Start/Waive tab under other event types with coverage and deductions starting as of the event date.
- D. Add the new gym membership event type to the Loss of Coverage tab of the Enrollment event rule with coverage and deduction end dates as of the end of the month.

正解: B

解説:

The correct answer is A because this scenario describes a benefit that employees may elect during the year as a new enrollment opportunity, which means the event belongs on the Start/Waive tab of the Enrollment Event Rule. The requirement also states that only the gym membership plan should be available and that both coverage and payroll deductions should begin on the first of the following month. The Start/Waive configuration is where Workday controls which coverage type is opened for election and how coverage and deduction effective dates are calculated for that event.

Option B is incorrect because the Loss of Coverage tab is used when coverage is ending, not when a worker is newly electing a plan. Option C is also incorrect because it would start coverage and deductions on the event date, which does not meet the stated timing requirement. Option D is incorrect because enrollment event rules are driven by event types, not by adding a coverage type in place of the event itself. Therefore, the administrator should add the gym membership event type to Start/Waive and configure the start logic for the first of the following month.

質問 # 15

You have a new gym membership benefit offering. You currently do not offer any gym benefits. Before you can configure the plan, what must you do?

- A. Create a new related person relationship in the Maintain Related Person Relationships task.
- B. Create a new benefit group for gym-eligible workers.
- C. Create a new coverage type in the Maintain Benefit Coverage Types task.
- D. Create a new rate to specify how much to charge the employee.

正解: C

解説:

The correct answer is C because Workday Benefits configuration starts with the foundational components that define how a benefit offering is structured. When introducing a completely new type of benefit such as a gym membership, the system must first recognize the benefit category through an appropriate coverage type. The coverage type serves as a core setup element that supports plan creation and determines how the plan is classified within the benefits framework.

Option A is not correct because rates are generally configured after the underlying plan structure exists. Rates define pricing or cost-sharing, but they do not establish the foundational setup needed to create a new benefit offering. Option B is also incorrect because benefit groups are used to organize worker eligibility and enrollment populations, not to establish the base benefit component required for a new plan type. Option D applies to dependent or related-person scenarios, such as spouse or child coverage, which is not relevant for a gym membership benefit. In this case, defining the proper coverage type is the necessary first step before the plan itself can be configured.

質問 # 16

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

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

正解: B

解説:

The correct answer is B 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 C 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.

質問 # 17

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Workday-Pro-Benefits模擬問題: <https://www.passtest.jp/Workday/Workday-Pro-Benefits-shiken.html>

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首筋に顔を埋め、シノさんの香りを吸い込む、ゆっくりと長い時間をかけてそれは通り過ぎ、あとにも鈍い痛みを残していた、Workday-Pro-Benefits実践ガイドを購入して、私たちWorkdayを信頼してください、とても幸運、この機能により、練習システムがどのように動作するかを簡単に把握し、Workday-Pro-Benefits試験に関する中核的な知識を得ることができます。

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