

Workday-Pro-Benefits Exam Details | Workday-Pro-Benefits Exam Overview



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Workday Workday-Pro-Benefits Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none">• Introduction: Covers foundational knowledge of Workday Benefits, including its architecture, navigation, and core concepts.
Topic 2	<ul style="list-style-type: none">• Compliance and Audit: Covers ensuring benefits configurations meet legal and company policy requirements, including audit trail management.
Topic 3	<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 4	<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.

Workday Pro Certification exam Sample Questions (Q26-Q31):

NEW QUESTION # 26

What report will the benefit administrator use to close and finalize mass events?

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

Answer: A

NEW QUESTION # 27

What must you configure prior to creating an insurance plan?

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

Answer: B

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 # 28

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 rate to specify how much to charge the employee.
- **D. Create a new coverage type in the Maintain Benefit Coverage Types task.**

Answer: D

Explanation:

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.

NEW QUESTION # 29

During testing, a consultant observed that a specific medical benefit is not appearing for any eligible employees during enrollment events. Where should the consultant check to confirm that the benefit is active?

- A. Health Care Rate
- B. Benefit Coverage Types
- C. Health Care Coverage Targets
- **D. Benefit Plan Year Definition**

Answer: D

Explanation:

The correct answer is A because in Workday, a benefit plan must be included in the Benefit Plan Year Definition to be available for enrollment during a specific plan year. Even if the plan is fully configured with eligibility rules, rates, and coverage targets, it will not appear to employees unless it is explicitly associated with the active plan year. This configuration determines whether the plan is "active" and available for enrollment events such as Open Enrollment or life events.

Option B is incorrect because Health Care Rates define cost calculations but do not control whether a plan is available or visible. Option C is also incorrect because Benefit Coverage Types classify the type of benefit (such as medical or dental) but do not determine plan availability. Option D is incorrect because Health Care Coverage Targets define employer and employee cost-sharing, not whether the plan is active for enrollment.

Therefore, if a benefit plan is not appearing during enrollment, the first place to verify is whether it has been properly added to the Benefit Plan Year Definition for the relevant plan year.

NEW QUESTION # 30

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

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

Answer: D

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 # 31

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