

Workday Workday-Pro-Benefits Valid Test Practice, Workday-Pro-Benefits Reliable Test Practice



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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">• Reporting and Analytics: Covers generating standard and custom reports to track enrollment trends, plan usage, and benefits data insights.
Topic 4	<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.

- Real Time Practice: Covers hands-on configuration of benefit plans, enrollment simulations, and use of Workday's tenant and enrollment dashboards.

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Workday Pro Certification exam Sample Questions (Q38-Q43):

NEW QUESTION # 38

The Marriage event is missing when employees initiate a change benefit event in employee self-service. What would cause this?

- A. On Maintain Enrollment Event Types, the Do Not Reprocess checkbox is not selected.
- **B. On Maintain Enrollment Event Types, the Worker Selectable checkbox is not selected.**
- C. On Maintain Enrollment Event Types, the Route to Benefit Partner checkbox is not selected.
- D. On Maintain Enrollment Event Types, the Employee Cannot Report After Days to Enroll checkbox is not selected.

Answer: B

Explanation:

The correct answer is B because for an enrollment event type to appear to employees in self-service, the event must be configured as Worker Selectable . This setting controls whether employees can initiate that life event themselves from the Benefits and Pay Hub or other employee self-service entry points. If the Marriage event is not marked as worker selectable, it will not display as an available option when employees attempt to start a change benefits event.

Option A is incorrect because Route to Benefit Partner determines whether the event is routed for administrative review or handling, not whether the event appears to the employee as a selectable option.

Option C is also incorrect because the Employee Cannot Report After Days to Enroll setting governs submission timing after the event date, not visibility in self-service. Option D is unrelated because Do Not Reprocess controls event reprocessing behavior and does not determine whether employees can initiate the event. To make a marriage life event visible and available in employee self-service, the event type must have the Worker Selectable checkbox enabled.

NEW QUESTION # 39

A worker is showing up on the Benefit Group Audit in more than one benefit group. How will you ensure the worker is only eligible for one benefit group?

- **A. Check the benefit group eligibility rules to determine why an employee is eligible for both groups.**
- B. Check the benefit plan eligibility to determine which workers are eligible for each plan.
- C. Create a third benefit group that all employees are eligible for.
- D. Check the enrollment event rule to ensure the employee can only enroll in benefits one time.

Answer: A

Explanation:

The correct answer is D because benefit groups in Workday are driven by benefit group eligibility rules , and the Benefit Group Audit is specifically used to identify workers who qualify for more than one group at the same time. When a worker appears in multiple benefit groups, the root cause is almost always overlapping or conflicting eligibility logic within those group definitions. The appropriate corrective action is to review the criteria assigned to each benefit group and determine exactly why the worker satisfies both sets of rules.

Option A is not appropriate because creating an additional broad benefit group does not resolve the overlap; it would likely add more complexity and increase the risk of duplicate eligibility. Option B focuses on plan- level eligibility, which is downstream from

the benefit group assignment and does not address why the worker entered multiple groups in the first place. Option C relates to event processing and enrollment timing, not foundational eligibility setup. To ensure a worker is only eligible for one benefit group, the administrator must refine or correct the group eligibility rules so the criteria are mutually exclusive and aligned with the intended benefits population.

NEW QUESTION # 40

What must you configure prior to creating an insurance plan?

- A. Benefit provider, benefit plan year definition, and enrollment instructions.
- B. Electronic signature, health care classification, and provider ID.
- C. Levels of Change tabs within the Enrollment Event Rule.
- **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 # 41

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

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

Answer: D

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 # 42

A benefits partner is helping an employee with their open enrollment.

What should the benefits partner run to access the employee's open enrollment event?

- A. Initiate Open Enrollment task
- B. Open Enrollment Status Report
- C. Start Proxy to Access the Employee's My Tasks
- D. Benefit Events Status Report

Answer: C

Explanation:

The correct answer is A because in Workday, when a benefits partner needs to assist an employee directly with their open enrollment event, they must access the employee's inbox tasks and event experience. This is accomplished by using the Start Proxy functionality, which allows the administrator to act on behalf of the employee and view exactly what the employee sees, including the Change Benefits task associated with open enrollment.

Option B (Open Enrollment Status Report) and D (Benefit Events Status Report) are reporting tools used to monitor event progress, status, and completion but do not provide direct access to perform or assist with the employee's enrollment elections. Option C (Initiate Open Enrollment task) is used to launch the event for a population, not to access or assist with an already initiated employee event.

Using proxy ensures that the benefits partner can guide or complete the enrollment accurately within the employee's context, maintaining consistency in elections, validations, and user experience while following Workday security and audit controls.

NEW QUESTION # 43

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