

高品質な Workday-Pro-Benefits 資格認定試験 & 合格スムーズ Workday-Pro-Benefits 最新テスト | 素晴らしい Workday-Pro-Benefits 復習時間



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>> Workday-Pro-Benefits 資格認定試験 <<

Workday Workday-Pro-Benefits 資格認定試験: Workday Pro Certification exam - PassTest パスやすい

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Workday Pro Certification exam 認定 Workday-Pro-Benefits 試験問題

(Q44-Q49):

質問 # 44

Refer to the following scenario to answer the question below.

You initiate open enrollment on November 1 with a Benefit Event Date of January 1. You close open enrollment on November 20. An employee has a baby on December 16 and submits their birth event in Workday on December 30. How do you ensure the baby receives coverage January 1?

- A. The benefit partner needs to create a hybrid event for an open enrollment and a birth event for January 1.
- B. The benefit partner needs to re-close and re-finalize open enrollment for the integration to send the updated coverage to the benefit providers.
- C. The benefit administrator needs to re-close and re-finalize open enrollment for the integration to send the updated coverage to the benefit providers.
- D. The benefit administrator needs to rescind the employee's open enrollment event and trigger a new Open Enrollment event for the employee to complete.

正解: C

解説:

The correct answer is A because the employee's birth life event occurred after open enrollment had already been closed, but before the new plan year effective date of January 1. In Workday, the birth event can update the employee's future-dated benefit elections so the child is added with coverage effective for the new plan year, but if open enrollment was already closed and finalized, the updated enrollment results must be re-closed and re-finalized so downstream integrations and provider files reflect the revised coverage.

This action is an administrative responsibility handled by the benefit administrator, not simply by the benefit partner. Option B is incorrect because the question asks about the step needed to ensure final integrated coverage handling, which is typically managed at the administrative mass-event level. Option C is unnecessary because rescinding and recreating open enrollment adds avoidable complexity and is not the standard approach. Option D is also incorrect because Workday does not require creation of a hybrid event in this scenario. Re-finalizing the open enrollment results ensures the newborn is included in the January 1 coverage transmission.

質問 # 45

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

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

正解: A

解説:

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.

質問 # 46

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

- A. Benefit Event Status
- B. Benefit Group Audit

- C. Open Enrollment Status
- D. Benefit Census

正解: C

解説:

The correct answer is D because the Open Enrollment Status report is specifically designed to manage and monitor mass benefit events, such as Open Enrollment. This report provides administrators with visibility into the status of all enrollment events across the organization, including those that are in progress, submitted, or not yet started. Importantly, it also allows administrators to take action on these events, including closing and finalizing mass events once the enrollment period ends.

Option A is incorrect because the Benefit Census report provides a snapshot of current enrollments, not event processing actions.

Option B is incorrect because Benefit Group Audit focuses on eligibility and group assignment issues. Option C is partially related, as Benefit Event Status shows event progress, but it is not the primary report used for managing and finalizing mass enrollment events. The Open Enrollment Status report is specifically built to support large-scale enrollment tracking and administrative actions, making it the correct choice for closing and finalizing mass benefit events.

質問 # 47

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

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

正解: B

解説:

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.

質問 # 48

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 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.
- C. Create one benefit group and manually assign the two healthcare plans to eligible acquisition employees.
- D. Create two benefit groups, one for the acquired employees and one for the current employees. Link both benefit groups to all available benefit plans.

正解: B

解説:

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.

質問 # 49

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Workday-Pro-Benefits最新テスト : <https://www.passtest.jp/Workday/Workday-Pro-Benefits-shiken.html>

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