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Workday Pro Certification exam Sample Questions (Q41-Q46):

NEW QUESTION # 41

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. Benefits annualized rates (BAR) and additional benefits rates
- C. Additional benefits rates

- D. Flat healthcare rates

Answer: A

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 # 42

A new benefit plan will become eligible for enrollment for employees on July 1, in the middle of the current plan year. What steps do you take to ensure the plan is implemented and eligibility is controlled correctly?

- A. Future date the benefit plan as of July 1 and add it to the existing benefit plan year definition for employees to enroll.
- B. Add the benefit plan to the existing plan year definition without setting any eligibility rules, as eligibility will automatically be controlled.
- C. Create a benefit plan year definition with the starting date of July 1, including the new benefit plan.
- D. Create the benefit plan as of July 1, but introduce the new plan during the next plan year.

Answer: A

Explanation:

The correct answer is C because Workday allows benefit plans to be introduced mid-year by using effective dating on the plan and associating that plan with the existing benefit plan year definition. Since the plan must become available on July 1 within the current plan year, the correct approach is to configure the plan with a future effective date of July 1 and ensure it is included in the current plan year so eligible workers can enroll when the plan becomes active.

Option A is incorrect because delaying the plan until the next plan year does not meet the stated requirement for a mid-year rollout. Option B is also incorrect because creating a separate plan year beginning July 1 is not the standard solution when the organization is already operating within an existing plan year. Option D is incorrect because eligibility is not automatically controlled simply by adding the plan to a plan year; eligibility must still be governed through the appropriate benefit group and plan eligibility configuration. Effective dating plus inclusion in the current plan year provides the correct structure for controlled mid-year implementation.

NEW QUESTION # 43

Terminated employees' benefits should stay active through the last day of the month. However, their benefits are inactive on their termination date. What would cause this?

- A. On the Enrollment Event Rule termination event, the Coverage End Date is set to On Pay Period Begin After Event Date.
- B. On the Enrollment Event Rule termination event, the Coverage End Date is set to On the Half Month.
- C. On the Enrollment Event Rule termination event, the Coverage End Date is set to Last Day of the Month.
- D. On the Enrollment Event Rule termination event, the Coverage End Date is set to On the Event Date.

Answer: D

Explanation:

The correct answer is D because the behavior described shows that benefit coverage is ending immediately on the employee's termination date rather than continuing through the end of the month. In Workday, this outcome is controlled by the Coverage End Date setting on the termination event within the Enrollment Event Rule. If that setting is configured as On the Event Date, coverage ends on the exact date of termination, which explains why benefits become inactive right away.

Option C is incorrect because if the Coverage End Date were set to Last Day of the Month, the employee's benefits would remain active until the month-end, which is the desired result. Option A is not the best answer because a half-month rule would produce a different timing result and would not directly explain coverage ending exactly on the termination date. Option B is also incorrect

because an end date based on the next pay period begin date would not typically cause immediate termination-date inactivation. Since the system is ending benefits on the termination date itself, the termination event rule is clearly set to On the Event Date .

NEW QUESTION # 44

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

Answer: D

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 # 45

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

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

Answer: A

NEW QUESTION # 46

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