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In fact, in real life, we often use performance of high and low to measure a person's level of high or low, when we choose to find a good job, there is important to get the Workday-Pro-Benefits certification as you can. Our product is elaborately composed with major questions and answers. We are choosing the key from past materials to finish our Workday-Pro-Benefits Guide question. It only takes you 20 hours to 30 hours to do the practice. After your effective practice, you can master the examination point from the Workday-Pro-Benefits test question. Then, you will have enough confidence to pass it.

Workday Workday-Pro-Benefits Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> Compliance and Audit: Covers ensuring benefits configurations meet legal and company policy requirements, including audit trail management.
Topic 2	<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.
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.

Workday Pro Certification exam Sample Questions (Q30-Q35):

NEW QUESTION # 30

What business process allows you to change benefit elections during HCM business processes like Hire and Change Job?

- A. Change Benefits for Global Modern Services
- B. Change Benefits for Open Enrollment
- C. Change Benefits for Life Event
- D. Change Benefits (Default Definition)

Answer: D

Explanation:

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.

NEW QUESTION # 31

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

Answer: C

Explanation:

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.

NEW QUESTION # 32

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

Answer: A

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 # 33

Refer to the following scenario to answer the question below.

You need to configure an Open Enrollment event for your client, with these requirements:

All benefit coverages and deductions will start at the beginning of the new plan year.

Employees may select any benefit for which they are eligible.

If employees do not make changes during open enrollment, they should remain enrolled in the benefits they had prior to open enrollment.

If employees do not enroll in Health Savings Account and Flexible Spending Accounts, then those benefits should no longer be active for the employee.

On the Coverage Rules tab, what must you enter in the Defaulting Rules field to ensure employees making no changes to their medical or dental plans remain in the elections they had prior to open enrollment?

- A. Reinstate Previous Elections, Priority Coverage or Waive
- **B. Default to Current Elections or Waive**
- C. Default to Waive
- D. Default to Priority Coverage or Waive

Answer: B

Explanation:

The correct answer is B because medical and dental plans typically follow a passive enrollment approach during Open Enrollment, meaning employees who take no action should automatically retain their current elections. In Workday, this behavior is controlled through the Defaulting Rules on the Coverage Rules tab of the Enrollment Event Rule. Selecting Default to Current Elections or Waive ensures that if an employee does not actively make changes, the system carries forward their existing elections into the new plan year.

This aligns with the requirement that employees remain enrolled in their prior medical and dental coverage unless they explicitly choose otherwise. Option A is incorrect because Priority Coverage is used when selecting among multiple available options rather than maintaining existing elections. Option C is not appropriate because it introduces unnecessary complexity and is not the standard configuration for passive enrollment scenarios. Option D is incorrect because Default to Waive would terminate coverage for employees who do not take action, which contradicts the requirement. Therefore, using Default to Current Elections or Waive ensures consistent continuation of coverage for passive enrollment plans like medical and dental.

NEW QUESTION # 34

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

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

Answer: A

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 # 35

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