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## Latest Test Workday-Pro-Benefits Experience - New Workday-Pro-Benefits Exam Bootcamp

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## Workday Pro Certification exam Sample Questions (Q34-Q39):

### NEW QUESTION # 34

The company would like to ensure that all benefit events go to the benefits team when an employee goes out on a leave of absence. You added the Change Benefit Elections step to the Leave of Absence business process, but the event is still not routing to the benefits team. What configuration do you need in the Enrollment Event Type?

- A. In the Events and Reasons section, map the Leave Event type, and select the Worker Selectable checkbox.
- **B. In the Events and Reasons section, map the Leave Event type, and select the Route to Benefits Partner checkbox.**
- C. Select the Reinstatement Event checkbox, and specify Reinstatement Period Time Units.
- D. Select the Route to Benefit Partner checkbox, and select the Employee Cannot Report After Days to Enroll checkbox.

**Answer: B**

Explanation:

The correct answer is C because for a benefit event to both trigger from a Leave of Absence business process and route to the

benefits team, two key configurations must be present within the Enrollment Event Type .

First, the event must be properly linked to the Leave of Absence business process in the Events and Reasons section so that Workday recognizes the staffing action as a trigger. Second, the Route to Benefits Partner checkbox must be selected so that once the event is initiated, it is automatically routed to the benefits team for review or processing.

Option A is incorrect because reinstatement configuration applies to rehire scenarios, not leave events. Option B is incorrect because Worker Selectable controls employee self-service visibility, not routing. Option D is partially correct regarding routing but incomplete, as without mapping the Leave event in Events and Reasons, the event will not trigger at all. Therefore, both mapping the Leave event and enabling routing are required to ensure proper event initiation and processing by the benefits team.

### NEW QUESTION # 35

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

**Answer: D**

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 # 36

When the Finalize Open Benefit Events action closes an overdue benefit event, Workday defaults employees into their current elections or to waive. Where do you configure this defaulting logic?

- A. Enrollment Event Rule - Loss of Coverage Tab
- B. Enrollment Event Type
- **C. Enrollment Event Rule - Coverage Rules Tab**
- D. Benefit Plan

**Answer: C**

Explanation:

The correct answer is A because the Coverage Rules tab within the Enrollment Event Rule is where Workday defines how elections are defaulted when an employee does not take action during a benefit event. This includes scenarios such as overdue events that are finalized using the Finalize Open Benefit Events process.

The system uses the defaulting logic configured in this tab-such as "Default to Current Elections or Waive"-to determine whether existing elections are carried forward or coverage is waived.

Option B is incorrect because the Enrollment Event Type defines the nature of the event and triggering conditions, but it does not control election defaulting behavior. Option C is also incorrect because the Loss of Coverage tab is used to manage coverage termination scenarios, not default election outcomes. Option D is incorrect because benefit plan configuration defines plan-specific details but does not control how elections default when no action is taken during an event. Therefore, to manage how Workday assigns elections when events are closed without employee input, the configuration must be set on the Coverage Rules tab of the Enrollment Event Rule .

### NEW QUESTION # 37

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. You cannot save a cross-plan dependency without entering a benefit group. You will get an error.
- 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 not apply to any benefit groups.
- **D. The cross-plan dependency will apply to all benefit groups.**

**Answer: D**

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 # 38

All full-time employees are in one benefit group. Employees need more than twenty years of service to enroll in a medical benefit plan available in this benefit group. How will you accomplish this without creating a new benefit group?

- **A. Create a Benefit Plan Eligibility Rule with the condition years of service greater than 20 years. Assign the medical plan to the full time employee benefit group and enter the new eligibility rule in the Worker Plan Eligibility field on the plan.**
- B. Select Requires Provider ID in the benefit plan and give the appropriate ID only to the employees with more than 20 years of service so they can enter it during benefit enrollment.
- C. Create a To-Do step on the business process to inform employees with more than 20 years of service to contact the benefits team to enroll in the plan.
- D. Launch a separate open enrollment for this one plan and notify the employees within the benefit group that they should only participate in this second open enrollment if they have more than 20 years of service.

**Answer: A**

Explanation:

The correct answer is A because Workday allows administrators to keep a broad worker population in a single benefit group while restricting access to a specific plan through a Benefit Plan Eligibility Rule. In this case, all full-time employees belong to one benefit group, but only those with more than twenty years of service should be allowed to enroll in the medical plan. The correct design is to assign the plan to the existing benefit group and then attach a worker-based eligibility rule on the plan itself using the Worker Plan Eligibility field.

This approach avoids unnecessary creation of another benefit group and keeps the overall benefits structure simpler and easier to maintain. Option B is incorrect because manual communication and intervention are not proper configuration controls for eligibility. Option C is also incorrect because Provider ID is not intended to manage service-based plan eligibility. Option D is not appropriate because launching a separate enrollment just for one eligibility condition creates administrative complexity and does not solve the configuration requirement cleanly. Plan-level eligibility rules are the standard Workday method for handling this scenario.

### NEW QUESTION # 39

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