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Workday Pro Certification exam Sample Questions (Q22-Q27):

NEW QUESTION # 22

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. Benefit Events Status Report
- **C. Start Proxy to Access the Employee's My Tasks**
- D. Open Enrollment 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 # 23

A consultant is setting up a health care benefit plan that allows employees to enroll spouses and children during a qualifying event. The consultant needs to ensure that children who are ineligible due to age are not allowed to enroll. Where should the consultant configure the dependent eligibility rule?

- A. In the dependent eligibility field of the healthcare plan
- B. In the health care coverage targets, which includes the dependent type child
- **C. In the Coverage Dependent Eligibility field of the healthcare plan**
- D. In the Maintain Related Persons Relationship task under the child relationship

Answer: C

Explanation:

The correct answer is B because Workday controls whether dependents such as spouses and children can be enrolled in a health care plan through the Coverage Dependent Eligibility configuration on the plan. This is the field used to apply eligibility logic specifically to covered dependents. When a consultant needs to prevent children over a certain age from enrolling, the age-based rule should be attached at this plan-level dependent coverage eligibility point so the system evaluates the child's eligibility at the time of enrollment.

Option A is too general and does not identify the specific field used for dependent coverage evaluation in the health care plan setup. Option C is incorrect because the Maintain Related Persons Relationship task defines relationship types, such as child or spouse, but it does not enforce benefit plan age-based eligibility rules.

Option D is also incorrect because coverage targets determine cost-sharing or coverage structure, not whether a dependent satisfies enrollment eligibility conditions. To ensure only eligible children can be covered, the consultant must configure the rule in the Coverage Dependent Eligibility field of the health care plan.

NEW QUESTION # 24

Your company decides to require workers to attach a document when they report a life event. Where will you configure this?

- **A. On the Change Benefits business process, using a validation rule.**
- B. On the event, select the Route to Benefits Partner checkbox.
- C. On the event, select the Do Not Reprocess checkbox.
- D. On the event, select the Worker Selectable checkbox.

Answer: A

Explanation:

The correct answer is D because requiring supporting documentation during a life event submission is controlled through the business process framework , specifically within the Change Benefits business process

. Workday allows administrators to enforce rules such as mandatory attachments by configuring a validation rule on the business process step. This ensures that when an employee submits a life event, the system checks for the presence of an attachment and

prevents submission if the requirement is not met.

Option A is incorrect because the Route to Benefits Partner checkbox only determines whether the event is routed for review by a benefits administrator and does not enforce document attachment requirements. Option B is unrelated, as Do Not Reprocess controls event reprocessing behavior. Option C is also incorrect because Worker Selectable determines whether employees can initiate the event, not whether attachments are required.

To enforce compliance and ensure documentation is provided at submission, the requirement must be configured using a validation rule within the Change Benefits business process.

NEW QUESTION # 25

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

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

Answer: B

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 # 26

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 cannot save a cross-plan dependency without entering a benefit group. You will get an error.
- C. You can save a cross-plan dependency without entering a benefit group but it will not be valid. You will get an alert.
- **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 # 27

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