

Workday.Workday-Pro-Benefits.v2026-07-31.q27

Exam Code:	Workday-Pro-Benefits
Exam Name:	Workday Pro Certification exam
Certification Provider:	Workday
Free Question Number:	27
Version:	v2026-07-31
# of views:	109
# of Questions views:	297
https://www.freecram.net/torrent/Workday.Workday-Pro-Benefits.v2026-07-31.q27.html	

NEW QUESTION: 1

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.

Where do you configure these requirements?

- A. Maintain Enrollment Event Type
- B. Benefit Coverage Types
- C. Initiate Open Enrollment
- D. Enrollment Event Rule

Answer: (SHOW ANSWER)

The correct answer is D because the Enrollment Event Rule is the configuration area in Workday that controls how benefit elections behave during events such as Open Enrollment. This is where administrators define which coverage types are available, when coverage and deductions begin, what defaulting logic applies if employees take no action, and how plans such as HSA and FSA should be treated when active re-enrollment is required. The scenario specifically references requirements that involve start dates, election behavior, and default outcomes, all of which are managed through the rule tied to the enrollment event.

Option A is incorrect because the Enrollment Event Type identifies and classifies the event, but it does not hold the detailed coverage behavior rules described in the question. Option B is also incorrect because Benefit Coverage Types classify plan groupings rather than define event processing logic. Option C is not correct because Initiate Open Enrollment is the process used to launch the event, not the place where these functional requirements are configured. Since the

requirement is about controlling enrollment behavior and coverage processing during the event, the correct setup location is the Enrollment Event Rule .

NEW QUESTION: 2

You are preparing to go live on Workday Benefits for your U.K. employees. Child dependents in the U.K.

stop coverage on the last day of the month in which they turn 25 years old. You create a benefit event called Child Reaches Age Limit. Where in the Enrollment Event Rule do you add Child Reaches Age Limit?

- A.** Levels of Change - Currently Covered tab
- B.** Loss of Coverage tab
- C.** Start or Waive Coverage tab
- D.** Levels of Change - Newly Eligible tab

Answer: ([SHOW ANSWER](#))

The correct answer is B because when a dependent reaches an age limit and loses eligibility for coverage, Workday treats this as a loss of coverage event . In this scenario, the child turning 25 triggers the termination of dependent eligibility, meaning their coverage must end. The Loss of Coverage tab within the Enrollment Event Rule is specifically designed to handle situations where an individual or dependent is no longer eligible for a benefit and coverage needs to be removed or ended.

Option A is incorrect because the Currently Covered tab is used to manage existing enrollments that remain valid, not those that must terminate due to eligibility changes. Option C applies to scenarios where coverage is being initiated or waived, not removed due to age limits. Option D is also incorrect because the Newly Eligible tab is used when a worker or dependent becomes eligible for new coverage, which is the opposite of this situation. Since the event results in the dependent losing eligibility and coverage, configuring it under the Loss of Coverage tab ensures proper termination processing within the enrollment event.

NEW QUESTION: 3

You have a new gym membership benefit offering. You currently do not offer any gym benefits. Before you can configure the plan, what must you do?

- A.** Create a new rate to specify how much to charge the employee.
- B.** Create a new benefit group for gym-eligible workers.
- C.** Create a new coverage type in the Maintain Benefit Coverage Types task.
- D.** Create a new related person relationship in the Maintain Related Person Relationships task.

Answer: ([SHOW ANSWER](#))

The correct answer is C because Workday Benefits configuration starts with the foundational components that define how a benefit offering is structured. When introducing a completely new type of benefit such as a gym membership, the system must first recognize the benefit category through an appropriate coverage type . The coverage type serves as a core setup element that supports plan creation and determines how the plan is classified within the benefits framework.

Option A is not correct because rates are generally configured after the underlying plan structure exists. Rates define pricing or cost-sharing, but they do not establish the foundational setup needed to create a new benefit offering. Option B is also incorrect because benefit groups are used to organize worker eligibility and enrollment populations, not to establish the base benefit component required for a new plan type. Option D applies to dependent or related-person scenarios, such as spouse or child coverage, which is not relevant for a gym membership benefit. In this case, defining the proper coverage type is the necessary first step before the plan itself can be configured.

NEW QUESTION: 4

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

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

Answer: ([SHOW ANSWER](#))

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: 5

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 HSA and FSA elections are no longer enrolled in those plans?

- A. Default to Waive
- B. Default to Current Elections or Waive
- C. Reinstate Previous Elections or Waive
- D. Default to Current Provider/Classification or Waive

Answer: ([SHOW ANSWER](#))

The correct answer is A because Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA) typically require active re-enrollment each plan year, meaning they do not automatically carry forward prior elections. In Workday, this behavior is controlled through the Defaulting Rules on the Coverage Rules tab of the Enrollment Event Rule. By selecting Default to Waive, the system ensures that if an employee does not take action during Open Enrollment, their election for these plans will default to waived status, effectively ending their participation for the new plan year.

Option B is incorrect because Default to Current Elections or Waive would retain prior elections if no changes are made, which contradicts the requirement that HSA and FSA should not remain active without explicit enrollment. Option C is also incorrect because reinstating previous elections would automatically continue participation. Option D is not relevant because provider or classification defaulting does not control whether coverage continues or is waived. Therefore, to enforce active enrollment and prevent automatic carryover, the correct configuration is Default to Waive.

NEW QUESTION: 6

What is true about setting up coordination of events in benefits?

- A. You should turn it off for all your HR-related events.
- B. You should turn it off for passive events.
- C. You should turn it off for mass events.
- D. You should turn it off for all your events.

Answer: ([SHOW ANSWER](#))

The correct answer is C because coordination of events in Workday Benefits is designed to manage how multiple benefit events interact with each other, especially when they overlap in timing or impact similar coverage types. While coordination is useful for handling standard life events and ensuring proper sequencing, it is generally recommended to turn off coordination for mass events, such as Open Enrollment or large-scale administrative events.

Mass events typically involve a large population of employees and are intended to process uniformly without being impacted by other concurrent or prior events. If coordination is left enabled, it can introduce unnecessary complexity, delays, or unintended dependencies between events, potentially preventing mass processing from completing efficiently. Disabling coordination ensures that mass events run independently and consistently across all eligible employees.

Option A is incorrect because HR-related events often benefit from coordination to ensure proper sequencing and data integrity. Option B is not correct because passive events may still require coordination depending on configuration. Option D is incorrect because coordination is an important feature and should not be universally disabled. Therefore, the best practice is to turn off coordination specifically for mass events .

NEW QUESTION: 7

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

Answer: (SHOW ANSWER)

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.

NEW QUESTION: 8

A consultant is working with a client to set up maximum coverage limits between two insurance plans. The client wants the Spousal Life coverage to be no more than 50% of the employee's Voluntary Supplemental Life coverage. How will the consultant implement this?

- A.** Add an eligibility rule to the Spousal Life plan to limit coverage to 50% of the employee's Voluntary Supplemental Life coverage.

- B.** Add a validation to the change benefits business process to limit Spousal Life coverage to 50% of Voluntary Supplemental Life.
- C.** Create a cross plan enrollment prerequisite to ensure the employee selects the same coverage target for both insurance plans.
- D.** Create a cross plan insurance percentage maximum to limit Spousal Life coverage to 50% of Voluntary Supplemental Life.

Answer: ([SHOW ANSWER](#))

The correct answer is D because Workday provides cross plan insurance rules specifically to control relationships between elections across multiple insurance plans. When one plan's maximum coverage must be calculated as a percentage of another plan's election, the correct configuration is a cross plan insurance percentage maximum . In this case, the Spousal Life plan must be capped at 50% of the employee's Voluntary Supplemental Life election, so the system needs a rule that compares the two plans and enforces that percentage-based limit during enrollment.

Option A is incorrect because an eligibility rule determines whether a worker can enroll in a plan, not how one insurance election is mathematically limited by another. Option B is also incorrect because business process validations are not the standard configuration method for enforcing insurance coverage relationships during benefit elections. Option C does not solve the requirement either, since a prerequisite can require another election but does not impose a percentage-based maximum. To enforce dependent insurance coverage limits tied to an employee's elected amount, Workday uses a cross plan insurance percentage maximum, making D the correct configuration choice.

NEW QUESTION: 9

You must create a rate for a client's medical plan based on an employee's age, tobacco usage, and the coverage target the employee selects. What rate type will meet these requirements?

- A.** Flat Health Care Rate
- B.** Calculated Health Care Rate
- C.** Benefit Annualized Rate
- D.** Benefit Surcharge

Answer: ([SHOW ANSWER](#))

The correct answer is B because a Calculated Health Care Rate is designed for medical plan pricing that depends on multiple worker-specific and election-specific factors. In this scenario, the rate must vary based on the employee's age , tobacco usage , and the coverage target selected during enrollment. That combination requires a configurable rate structure capable of evaluating demographic factors and enrollment choices together, which is exactly what a calculated health care rate supports in Workday.

Option A is incorrect because a flat health care rate applies a fixed amount and does not dynamically adjust based on employee attributes or selected coverage targets. Option C is not the best fit because a Benefit Annualized Rate is intended to standardize cost presentation or annualization logic rather than drive complex medical pricing based on multiple eligibility and

rating factors. Option D is also incorrect because a benefit surcharge is generally used to add an extra charge for a specific condition, such as tobacco use, but it does not by itself represent the full rate structure for the medical plan. A calculated health care rate is the appropriate configuration when several variables determine the employee's cost.

NEW QUESTION: 10

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

Answer: (SHOW ANSWER)

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: 11

What report shows events that the benefit partner or benefit administrator must submit?

- A. Open Enrollment Status
- B. Benefit Group Audit
- C. Benefit Event Status
- D. Benefit Corrections in Progress Audit

Answer: (SHOW ANSWER)

The correct answer is D because the Benefit Corrections in Progress Audit report is specifically designed to identify benefit events that require administrative action, including those that must be reviewed, corrected, or submitted by a benefits partner or administrator . This report highlights events that are not yet finalized and may require intervention, making it especially useful for tracking administrative workload and ensuring no pending corrections are overlooked.

Option A is incorrect because Open Enrollment Status focuses on mass enrollment events and their progress, not specifically on events requiring administrative submission. Option B is also incorrect because Benefit Group Audit is used to review eligibility and group assignment issues, not event submission tracking. Option C is partially related, as Benefit Event Status shows the status of events, but it does not specifically isolate events that require action from a benefits partner. The Benefit Corrections in Progress Audit report provides targeted visibility into events needing administrative completion, making it the correct choice.

NEW QUESTION: 12

What task do you use to configure a new target for a dental plan offering?

- A.** Maintain Additional Benefits Coverage Targets
- B.** Edit Benefit Group
- C.** Edit Tenant Setup - HCM
- D.** Maintain Health Care Coverage Targets

Answer: ([SHOW ANSWER](#))

The correct answer is D because dental plans in Workday are classified under health care plans , and therefore their coverage targets are configured using the Maintain Health Care Coverage Targets task. Coverage targets define how costs are distributed between employer and employee, such as percentage-based contributions or employer subsidy strategies. Since dental plans fall within the broader health care category, they inherit the same configuration framework used for medical and other health-related plans.

Option A is incorrect because Additional Benefits Coverage Targets are used for non-health-related offerings, such as life insurance or supplemental benefits, not for dental plans. Option B is not relevant because editing a benefit group impacts eligibility grouping rather than plan cost-sharing configuration. Option C is also incorrect because tenant setup tasks are used for system-wide configuration and do not control specific plan- level coverage targets. To properly define employer and employee cost-sharing for a dental plan, administrators must use the Maintain Health Care Coverage Targets task, ensuring consistent configuration within the health care benefits structure.

NEW QUESTION: 13

To trigger a job change benefit event you must insert the Change Benefits for Life Event subprocess (Change Benefit Elections step) into the Change Job business process. What else must you configure for the benefit event to trigger?

- A.** Create a condition rule on the Change Benefits business process, referencing the Change Job event.
- B.** Create an event on Maintain Enrollment Event Types, inserting the Change Job business process in the Events and Reasons section.
- C.** Create a Passive Event that triggers the Change Job business process.
- D.** Create an Enrollment Event Rule, inserting the Change Job business process on the Coverage Rules tab.

Answer: ([SHOW ANSWER](#))

The correct answer is B because adding the Change Benefits for Life Event subprocess into the Change Job business process only enables the process flow. Workday still needs to know which specific HCM transaction should trigger the benefit event. That linkage is configured on Maintain Enrollment Event Types, where the administrator associates the enrollment event with the relevant business process and reason in the Events and Reasons section. By adding the Change Job business process there, Workday can recognize that a job change meeting the configured criteria should launch the related benefits event.

Option A is incorrect because a condition rule on the Change Benefits business process alone does not establish the event trigger source. Option C is not correct because a passive event is used for automatic plan changes based on eligibility or timing, not for linking a staffing transaction to a benefits event trigger. Option D is also incorrect because Enrollment Event Rules govern coverage timing and election behavior after the event is triggered; they do not define the originating HCM business process. The trigger source must be configured on the enrollment event type itself.

NEW QUESTION: 14

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

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

Answer: ([SHOW ANSWER](#))

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: 15

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

Answer: ([SHOW ANSWER](#))

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: 16

A benefit administrator needs to roll out a new plan to replace an existing plan to employees who have been with the company for 12 months. Employees who reach their 12-month length of service should get this plan on their anniversary. What type of event should the benefit administrator use to roll out this plan to employees in the U.S. benefit group?

- A.** Open Enrollment
- B.** New Hire
- C.** Passive
- D.** Worker Selectable

Answer: ([SHOW ANSWER](#))

The correct answer is C because a Passive event in Workday is used when benefit changes must occur automatically without requiring employee action. In this scenario, the new plan is triggered when employees reach a 12-month service milestone, and the requirement is to automatically transition them to the new plan on their anniversary date. Passive events are designed for exactly this type of situation, where the system enforces enrollment changes based on predefined eligibility conditions or milestones.

Option A is incorrect because Open Enrollment applies to all eligible employees during a scheduled enrollment window and requires employee participation. Option B is incorrect because New Hire events only apply at the time of hire, not for service anniversaries. Option D is also incorrect because Worker Selectable events require the employee to actively make a choice, which contradicts the requirement for automatic enrollment. A Passive event ensures the system evaluates eligibility at the 12-month mark and applies the new plan without requiring any employee interaction, making it the correct configuration approach.

Valid Workday-Pro-Benefits Dumps shared by EduDump.com for Helping Passing Workday-Pro-Benefits Exam! EduDump.com now offer the **newest Workday-Pro-Benefits exam dumps**, the EduDump.com Workday-Pro-Benefits exam **questions have been updated** and **answers have been corrected** get the **newest** EduDump.com Workday-Pro-Benefits dumps with Test Engine here: <https://www.edudump.com/exams/Workday/Workday-Pro-Benefits/premium/> (57 Q&As Dumps, **35%OFF** Special Discount Code: **freecram**)

NEW QUESTION: 17

During testing, a consultant observed that a specific medical benefit is not appearing for any eligible employees during enrollment events. Where should the consultant check to confirm that the benefit is active?

- A. Benefit Plan Year Definition
- B. Health Care Rate
- C. Benefit Coverage Types
- D. Health Care Coverage Targets

Answer: (SHOW ANSWER)

The correct answer is A because in Workday, a benefit plan must be included in the Benefit Plan Year Definition to be available for enrollment during a specific plan year. Even if the plan is fully configured with eligibility rules, rates, and coverage targets, it will not appear to employees unless it is explicitly associated with the active plan year. This configuration determines whether the plan is "active" and available for enrollment events such as Open Enrollment or life events.

Option B is incorrect because Health Care Rates define cost calculations but do not control whether a plan is available or visible. Option C is also incorrect because Benefit Coverage Types classify the type of benefit (such as medical or dental) but do not determine plan availability. Option D is incorrect because Health Care Coverage Targets define employer and employee cost-sharing, not whether the plan is active for enrollment.

Therefore, if a benefit plan is not appearing during enrollment, the first place to verify is whether it has been properly added to the Benefit Plan Year Definition for the relevant plan year.

NEW QUESTION: 18

Your company hires a new employee after the initiation of open enrollment (OE). All other employees in the same benefit group have received OE, but the new hire has not. Why is the new employee missing the OE task in their inbox when they log in?

- A. You marked the event as Worker Selectable.
- B. You marked the event as Reinstatement Event.
- C. The Open Enrollment event will reprocess once the new hire completes their elections.
- D. You marked the event as No Changes Allowed.

Answer: ([SHOW ANSWER](#))

The correct answer is C because when a new employee is hired after Open Enrollment has already been initiated, Workday typically prioritizes the employee's new hire benefits event first. The system does this to ensure the worker completes their initial eligibility-based elections before any broader enrollment event is coordinated for them. Once the new hire event is completed, Workday can then reprocess the Open Enrollment event so the employee is brought into the same enrollment cycle as others in the benefit group, if applicable.

This behavior is part of Workday's event coordination logic, which prevents overlapping benefits tasks from creating conflicting elections or duplicate enrollment opportunities. Option A is incorrect because marking an event as Worker Selectable affects self-service visibility, not whether a new hire initially receives an OE inbox task. Option B is unrelated because a Reinstatement Event applies to rehire scenarios, not newly hired workers entering an open enrollment cycle. Option D is also incorrect because No Changes Allowed would restrict election changes within an event, but it would not explain why the OE task is not initially present. The missing task is due to reprocessing after completion of the new hire event.

NEW QUESTION: 19

Under what conditions will an employee have two events open simultaneously?

- A. When both events are on different event dates.
- B. When both events are entered on different days.
- C. When both events are entered on the same day.
- D. When both events do not share a coverage type.

Answer: D ([LEAVE A REPLY](#))

The correct answer is D because Workday allows multiple benefit events to be open at the same time only when they do not impact the same coverage types. Coverage types define categories of benefits such as medical, dental, or life insurance. When two events affect different coverage types, the system can process them independently without conflict, allowing both events to remain open simultaneously.

If two events impact the same coverage type, Workday typically enforces sequencing rules to prevent overlapping or conflicting elections. In such cases, one event must usually be completed or closed before another can proceed, ensuring data integrity and consistent benefit elections. Option A is incorrect because event dates alone do not determine whether events can coexist. Option B and C are also incorrect because the timing of when events are entered does not control simultaneous processing. The key determining factor is whether the events overlap in the

coverage types they affect. When they do not share coverage types, Workday permits both events to remain open concurrently.

NEW QUESTION: 20

While creating a benefit plan you receive the following Workday-delivered error message: "Error: You must enter today's date or a date in the past. You cannot enter a future date." How can you ensure your plan is available for enrollment next year?

- A. The plan will be automatically available for enrollment based on the effective date of the benefit plan.
- B. Add the plan to the appropriate benefit plan year definition to make it active during a plan year.
- C. Mark the plan as Inactive on the benefit plan setup until it is available for enrollment.
- D. Add the plan to the current benefit plan year definition so it is available for enrollment next year.

Answer: ([SHOW ANSWER](#))

The correct answer is B because Workday separates plan configuration dates from plan availability for enrollment through the use of benefit plan year definitions. Even though the system restricts entering a future effective date during plan creation, administrators can still control when a plan becomes available by associating it with a specific benefit plan year. The plan year defines the enrollment period, coverage dates, and availability of benefit plans for a given cycle, such as the upcoming year.

By adding the plan to the appropriate future benefit plan year definition, the administrator ensures that the plan is included in enrollment events like Open Enrollment for that year. Option A is incorrect because the effective date alone does not determine enrollment availability. Option C is not appropriate, as marking a plan inactive prevents usage rather than scheduling future availability. Option D is incorrect because assigning the plan to the current plan year does not make it available for the next year's enrollment. Proper configuration of the benefit plan year is the correct approach to control timing and availability.

NEW QUESTION: 21

How do you update the HSA contribution limits to take effect in the upcoming open enrollment?

- A. HSA contribution limits are only configured in Workday Payroll. They are not configured on the HSA Benefit Plan.
- B. Edit the HSA plan using an effective date that is the first day of the new plan year and update the new contribution limits.
- C. When open enrollment is initiated, a prompt will require an update to the HSA limits.
- D. Workday automatically updates the benefit plan HSA limits.

Answer: ([SHOW ANSWER](#))

The correct answer is B because Workday uses effective dating to manage changes to benefit plans over time, including contribution limits for plans such as Health Savings Accounts (HSAs). To ensure that new contribution limits apply for the upcoming open enrollment period, administrators must update the HSA plan with an effective date aligned to the start of the new

benefit plan year. This allows the system to maintain historical accuracy while applying updated limits prospectively for future enrollments.

By entering the new limits with the correct future effective date, Workday ensures that employees enrolling during open enrollment will see and be governed by the updated contribution thresholds. Option A is incorrect because HSA contribution limits are configured within the benefit plan, not solely in payroll. Option C is incorrect because Workday does not prompt administrators automatically to update limits during enrollment events. Option D is also incorrect because Workday does not automatically adjust HSA limits; administrators must manually update them to reflect regulatory changes. Proper use of effective dating ensures accurate and compliant benefit plan configuration across plan years.

NEW QUESTION: 22

What is true about benefit events in Workday?

- A.** Events are Workday-delivered.
- B.** Events can be deleted when no longer needed.
- C.** All events will automatically close after 30 days.
- D.** Events are configured using your company's requirements.

Answer: ([SHOW ANSWER](#))

The correct answer is D because benefit events in Workday are highly configurable and designed to align with an organization's specific business processes and policy requirements.

Administrators define event types such as life events, open enrollment, or administrative events based on company needs, including eligibility rules, timing, coverage start and end logic, and routing behavior. This flexibility allows organizations to tailor benefit administration to their workforce and regulatory environment.

Option A is incorrect because while Workday provides a framework and some sample configurations, benefit events themselves are not strictly system-delivered and must be configured by the organization. Option B is also incorrect because benefit events typically cannot be freely deleted once in use; instead, they are inactivated to preserve historical data integrity. Option C is incorrect because event closure timing is configurable and depends on settings like Days to Enroll or administrative processes, not an automatic 30-day rule. Therefore, benefit events are best understood as configurable components built to meet company-specific requirements.

NEW QUESTION: 23

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.** 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.
- C.** 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.
- 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: ([SHOW ANSWER](#))

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: 24

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

Answer: ([SHOW ANSWER](#))

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: 25

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

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

Answer: D ([LEAVE A REPLY](#))

NEW QUESTION: 26

An employee is enrolled in a medical plan at the Employee+Family target level. The family just welcomed a new baby and wants to add the child to their existing medical plan. What steps do they need to take?

- A. The employee needs to start the appropriate benefit event in Workday, add the new child dependent to their medical plan, and then submit the benefit event.
- B. The employee does not need to add their new child dependent to Workday. Since they already have Employee+Family coverage for their medical benefit, the insurance carrier automatically covers the child.
- C. The employee needs to wait until the company's next open enrollment period, then add the new child dependent to their existing medical plan. Workday will automatically grant coverage for the new child dependent backdated to the child's date of birth.
- D. The employee needs to add the new child dependent using Workday self-service. Since they already have the Employee+Family target for their medical, they do not need to submit another event to add the new child dependent.

Answer: ([SHOW ANSWER](#)**)**

The correct answer is A because in Workday, adding a newborn to benefits requires more than simply already being enrolled at the Employee+Family coverage target. Even when the employee's current election tier already allows family coverage, the new dependent must still be formally added through a qualifying life event, typically a birth event. The employee must initiate the appropriate benefits event, add the child as a dependent, review the existing medical plan election, and submit the event so the system can properly record the dependent, apply eligibility rules, and transmit the updated enrollment to downstream processes and carriers.

Option B is incorrect because carrier coverage does not update automatically unless the dependent is entered and the benefit event is completed in Workday. Option C is incorrect because a birth is a qualifying life event and should not wait until the next open enrollment period. Option D is also incorrect because adding the dependent record alone is not enough; the employee must also complete and submit the related benefits event so the child is attached to the medical election and coverage is processed correctly.

NEW QUESTION: 27

An employee navigates to the Benefits and Pay Hub and initiates a birth event. What business process are they using?

- A. Change Benefit Job
- B. Dependent Event
- C. Change Beneficiary
- D. Change Benefits

Answer: ([SHOW ANSWER](#))

The correct answer is D because in Workday, when an employee initiates a life event such as the birth of a child through the Benefits and Pay Hub, the system launches the Change Benefits business process. This process is the central workflow used to capture and process benefit election changes resulting from qualifying life events. The birth event acts as the trigger, but the actual business process used to manage elections, review options, and submit changes is Change Benefits.

Option A is incorrect because Change Benefit Job is not a standard Workday process related to life event benefit changes. Option B is also incorrect because while the birth of a child is a dependent-related event,

"Dependent Event" is not the name of the business process used to process benefit elections.

Option C is incorrect because Change Beneficiary is used specifically for updating beneficiary designations, not for enrolling dependents or modifying benefit elections. The correct process that handles employee-initiated benefit changes from life events is Change Benefits, making it the correct answer.

Valid Workday-Pro-Benefits Dumps shared by EduDump.com for Helping Passing Workday-Pro-Benefits Exam! EduDump.com now offer the **newest Workday-Pro-Benefits exam dumps**, the EduDump.com Workday-Pro-Benefits exam **questions have been updated** and **answers have been corrected** get the **newest** EduDump.com Workday-Pro-Benefits dumps with Test Engine here: <https://www.edudump.com/exams/Workday/Workday-Pro-Benefits/premium/> (57 Q&As Dumps, **35%OFF** Special Discount Code: **freecram**)