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練習問題

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1年間無料アップデート

Exam : Workday Pro Benefits

**Title : Workday Pro Certification
exam**

Version : DEMO

1.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: C

Explanation:

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.

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

3.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: B

Explanation:

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.

4.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: C

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.

5. You are a benefit administrator. You must determine how many benefit groups to create.

For what reason would you create more than one benefit group?

- A. Workers hold multiple positions within the enterprise.
- B. One benefit plan is only available for employees over 50 years old.
- C. You have employees in the United States and the United Kingdom and they receive benefits in different currencies.
- D. Health care coverage targets are different between two medical plans.

Answer: C

Explanation:

The correct answer is C because benefit groups in Workday are typically created when distinct populations of workers need different overall benefits structures, often due to major organizational differences such as country, legal entity, or currency. When employees are located in different countries like the United States and the United Kingdom, they commonly have different benefit programs, regulatory requirements, providers, and plan pricing currencies. In that situation, separate benefit groups help organize eligibility and ensure each population is tied to the correct set of plans and configuration rules.

Option A is not the best reason because holding multiple positions does not by itself require separate benefit groups; eligibility is usually managed through worker and job-based rules.

Option B is more appropriately handled through plan-level eligibility rules rather than creating an entirely separate benefit group for one age-based condition.

Option D concerns differences within medical plan design, such as coverage targets, which can be handled at the plan configuration level rather than by creating separate groups. Benefit groups should be used when broad populations require distinct benefits frameworks, and different countries with different currencies are a strong example of that need.