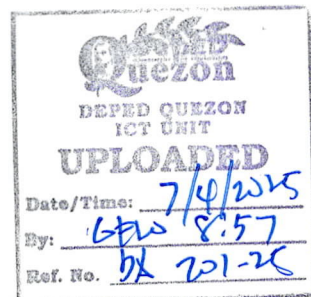




Republic of the Philippines
Department of Education
Region IV-A
SCHOOLS DIVISION OF QUEZON PROVINCE



DIVISION ADVISORY NO. 201, s. 2025

July 2, 2025

In compliance with DepEd Order (DO) No. 8, s. 2013,
this advisory is issued not for endorsement as per DO 28, s. 2001,
but only for the information of DepEd officials,
personnel/staff, and the concerned public.
(Visit www.deped.gov.ph.)

GROUP INSURANCE COVERAGE FOR ALL MEMBERS OF THE BOY SCOUTS OF THE PHILIPPINES

Attached herewith is the **Boy Scouts of the Philippines Council Office Memorandum No. 30, s. 2025, re: Group Insurance Coverage for all Members of the Boy Scouts of the Philippines.**

For more details, kindly see the attached communication, for your guidance and reference.

yfs/rto/07/02/2025 *b/c*

DEPEDQUEZON-TM-SDS-04-011-003



Address: Sitio Fori, Brgy. Talipan, Pagbilao, Quezon
Trunkline #: (042) 784-0366, (042) 784-0164,
(042) 784-0391, (042) 784-0321



DepEdTayoQuezon



www.depedquezon.com.ph



quezon@deped.gov.ph



Boy Scouts of the Philippines

QUEZON COUNCIL

Perez Street, 4301 Lucena City

Tel. No. (042) 784 5929 * Mobile No. +63 962 414 2025

Email Address: quezonbsp1948@gmail.com

June 26, 2025

COUNCIL OFFICE MEMORANDUM

Number 15, s. 2025

T O : All District Scout Commissioners, Institutional Heads and Institutional Head In-Charge of Boy Scouting, District Langkay, Kawan and Troop Leaders, Institutional Scouting Coordinators and Unit Leaders

SUBJECT : **GROUP INSURANCE COVERAGE FOR ALL MEMBERS OF THE BOY SCOUTS OF THE PHILIPPINES**

1. The Quezon Council, Boy Scouts of the Philippines is pleased to announce the attached National Office Memorandum Number 30, s. 2025 re: **Group Insurance Coverage for all Members of the Boy Scouts of the Philippines.**
2. Considering its importance, this shall be discussed thoroughly with the parents/guardians of our member-scouts.
3. Item No. 6 shall be doubly emphasized, especially the 30 days grace period from the date of incident/accident.
4. The council hereby encourages registration/re-registration of schoolchildren for them to be covered by this 24/7 insurance policy for all members of the BSP.
5. For widest information dissemination.


JOEL R. AVILLED, Ph.D.
Council Scout Executive

NOTED & APPROVED:


ROMMEL C. BAUTISTA, CESO V
Schools Division Superintendent
& Council Scout Commissioner


ANGELINA "DOKTORA HELEN" DL. TAN, MD, MBAH
Governor, Province of Quezon
& Council Chairperson

Encl: As stated.





BOY SCOUTS OF THE PHILIPPINES

181 Natividad Almeda Lopez St. Ermita, Manila
(632) 8527 8317 to 19
bsp@scouts.gov.ph
www.scouts.gov.ph

"Laging Handa"

12 MAR 2025

NATIONAL OFFICE MEMORANDUM

No. **30** series of 2025

TO : REGIONAL YOUTH DEVELOPMENT OFFICERS
COUNCIL SCOUT EXECUTIVES AND OFFICERS-IN-CHARGE
ALL CONCERNED

SUBJECT : GROUP INSURANCE COVERAGE FOR ALL MEMBERS OF THE
BOY SCOUTS OF THE PHILIPPINES

1. The National Executive Board (NEB) of the Boy Scouts of the Philippines (BSP), in its Regular Meeting on September 20, 2024, approved the outsourcing of the Financial Assistance Program (FAP) of the BSP which will extend the coverage to non-Scouting related incidents and accidents effective upon the issuance of the corresponding guidelines in 2025 through NEB Resolution No. 45, s. 2024.
2. Upon fully complying with the requirements of the public bidding process pursuant to Republic Act No. 9184 and its Revised Implementing Rules and Regulations, the BSP awarded the contract of providing a group insurance coverage for all bonafide members of the BSP to 1 Cooperative Insurance System Philippines (1CISP) on a 24/7 basis.
3. Hereunder is the Schedule of Benefits:

BENEFITS (for each member)	SUM INSURED
Accidental Death and Disablement <i>This coverage provides financial assistance to the member's family in the event of the member's accidental death or permanent disability resulting from accidental, violent, external, and visible means.</i>	Php15,000.00
Medical Reimbursement <i>This coverage provides financial assistance to the member during the medication/hospitalization. It helps cover the costs that may arise from the medical treatment.</i> <i>Sub-limits:</i> 1. <i>In-patient Hospitalization</i> 2. <i>Out-patient Expenses</i>	Php10,000.00 Php3,000.00
Bereavement Assistance <i>This coverage provides financial assistance to the members' family during the burial to cover the additional costs that may arise from the burial and funeral expenses. This covers death due to accident and natural causes.</i> 1. <i>Death during Scouting activities</i> 2. <i>Death outside of Scouting activities</i>	Php12,500.00 Php5,000.00

4. All registered members of the BSP, aged between 5 to 65 years old, residing in the Philippines, and in good standing will be covered by the insurance program **effective March 4, 2025.**

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5. Documentary Requirements:

5.1. **Basic Requirements**

- a. Insurance Claim Form (accomplished)
- b. Proof of membership such as Membership Card, Application for Unit Registration, Additional Scout Registration, and Additional Adult Registration
- c. One (1) valid government ID with 3 specimen signatures of parents/guardian
- d. Photos of the accident

5.2. **Additional Requirements:**

- a. Accidental Death/Bereavement
 - i. Certified true copy of Death Certificate (PSA certified/Local Civil Registrar copy)
- b. Permanent and Total Disability
 - i. Original copy of Medical Certificate
 - ii. Photos of the injury as proof of disability
- c. Medical Reimbursement
 - i. Original copy of Medical Certificate or Abstract
 - ii. Statement of Account during Confinement
 - iii. Official Receipts of Hospital and Medicine Bills (Original Copy)
- d. Vehicular Accident
 - i. Police Report

6. Claims Procedures:

- a. Eligible members shall fill out the Insurance Claim Form. The same form shall be submitted to the Local Council together with the required documents for review as to completeness and validity to avoid unwarranted delay in the process of the claim.
 - b. The Local Council shall submit, **within 30 days from the date of incident or accident**, the required documents to 1CISP at **1CISP Building, #11 Mapagbigay corner Maunlad Street, Barangay Pinyahan, Quezon City.**
 - c. The Local Council, however, shall send an advance copy of the required documents through email at trishaga@1cisp.org to facilitate the initial processing of the claim pending the submission of the original documents copy furnished the Field Operations Division (FOD) at afcvillapando@scouts.gov.ph
 - d. Original copies of the documents received beyond the 30 days prescriptive period shall no longer be processed.
7. The mode of payment shall be in the form of check or fund transfer to the claimant's account through bank/mobile wallet platform which shall be made within 10 days upon receipt by 1CISP of the filed claim with complete supporting documents.
8. All queries and concerns of the claimant shall be addressed to 1CISP through trishaga@1cisp.org.
9. Claims for accidents/incidents that occurred prior to March 4, 2025, shall be covered by and processed under the BSP Financial Assistance Program Guidelines.
10. For information, guidance, and wide dissemination.



KIM ROBERT C. DE LEON
Director IV (Secretary General)

INSURANCE CLAIM FORM

INSTRUCTIONS:

1. Kindly fill-up this form completely and accurately.
2. Submit within 30 days from the date of incident or accident to 1CISP at 1CISP Building, #11 Mapagbigay corner Maunlad Street, Barangay Pinyahan, Quezon City

CLAIMANT DETAILS:

Local Council:	Address:
Name of Member:	
Name of Parents/Guardian:	Contact No.:

PREFERRED MODE OF PAYMENT:

☐ **Fund Transfer/ Mobile Wallet**

Name of Depository Bank/ Mobile Wallet Platform:	
Account Name:	
Account Number:	

☐ **Check Payment**

DOCUMENTARY REQUIREMENTS:

Basic Requirements:

- ☐ Proof of membership (Membership Card/
Application for Unit/Adult/Scout Registration)
- ☐ One (1) valid government ID with 3 specimen
signatures of parent/guardian
- ☐ Photos of the accident

Additional Requirements:

Death/Bereavement

- ☐ Certified True Copy of Death Certificate (PSA
certified/ Local Civil Registrar copy)

Permanent and Total Disability

- ☐ Original/Certified True Copy of Medical Certificate
Photos of the injury as proof of disability

Medical Reimbursement

- ☐ Original/Certified True Copy of Medical Certificate or
Abstract
- ☐ Statement of Account during confinement
- ☐ Official Receipts of hospital and medicine bills
(original copy)

Vehicular Accident

- ☐ Police Report

BRIEF NARRATION OF INCIDENT/ACCIDENT

Endorsed By:

Signature Over Printed Name
(Claimant/Beneficiary)

Council Scout Executive