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

DEPED QUEZON
ICT UNIT
UPLOADED
Date/Time: JUL 08 2025
By: SHERELYN OROYO-PARDILLA
Ref. No. DM 615 -25

08 July 2025

**DIVISION MEMORANDUM**
**DM No. 615, s. 2025**

**LIST OF ELIGIBLE PERSONNEL FOR THE GRANT OF MEDICAL ALLOWANCE IN SDO QUEZON**

**To:** Assistant Schools Division Superintendents
Chiefs - CID/SGOD
Public Schools District Supervisor
Public Elementary and Secondary Schools
All Others Concerned

1. Pursuant to DepEd Order No. 16, s. 2025 titled "Guidelines on the Grant of Medical Allowance to the Department of Education Personnel" with reference to **DM-OUHROD-2025-1775** titled the "Additional Instructions to Implement the DepEd Order No. 16, s. 2025 (Grant of Medical Allowance to the Department of Education Personnel) and Immediate Processing of the Medical Allowance", this office announces the list of eligible personnel for the grant of medical allowance in SDO Quezon.

2. The list of eligible personnel can be viewed using this link: **https://tinyurl.com/SDOPersonnel2025** or can be scanned using this QR code.

3. For any queries and clarifications regarding this matter, kindly refer to the attached document.



**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

4. Wide and immediate dissemination of this Memorandum is desired.

**ROMMEL C. BAUTISTA, CESO V**
Schools Division Superintendent

JOEPI B. FALQUEZA
Assistant Schools Division
Superintendent

*Percp07/08/2025*
DEPEDQUEZON-TM-SDS-04-009-003

Republika ng Pilipinas

# Department of Education

OFFICE OF THE UNDERSECRETARY

HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT

**MEMORANDUM**
**DM-OUHROD-2025-1775**

TO : **REGIONAL DIRECTORS**
**SCHOOLS DIVISION SUPERINTENDENTS**
**ALL OTHERS CONCERNED**

FROM : **FATIMA LIPRADO PANONTONGAN**
*Undersecretary and Chief of Staff*

**WILFREDO E. CABRAL**
*Undersecretary*

**ATTY. EDSON BYRON K. SY**
*Assistant Secretary*
*Officer-in-Charge, Office of the Undersecretary for Finance*

SUBJECT : **ADDITIONAL INSTRUCTIONS TO IMPLEMENT THE DEPED ORDER NO. 16, S. 2025 (GRANT OF MEDICAL ALLOWANCE TO THE DEPARTMENT OF EDUCATION PERSONNEL) AND IMMEDIATE PROCESSING OF THE MEDICAL ALLOWANCE**

DATE : 30 June 2025

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In view of the implementation of DepEd Order (DO) No. 16, s. 2025 titled **Guidelines on the Grant of Medical Allowance to the Department of Education Personnel,** all Focal Offices (FOs) identified in *Section V.F* (Roles and Responsibilities) for the Regional Offices (ROs) and Schools Division Offices (SDOs) are instructed to immediately process the release and/or procurement of the said medical allowance/HMO by facilitating efficient registration, consolidation, and processing of payroll and/or procurement procedures.

For guidance, below is the process as outlined in the DO:

1. The Personnel Unit shall generate the list of eligible personnel and announce it through a memorandum or advisory.

2. All eligible personnel shall fill out the *Medical Allowance Registration Form* (Annex A) to indicate their chosen form of availment. The Heads of Office/Chiefs shall consolidate and submit the forms to the Administrative Division/Unit (for both ROs and SDOs).

   For efficiency, online registration tools (e.g., Google Forms, Microsoft Forms) may be used to expedite RO and SDO-wide registration and consolidation while awaiting the submission of duly signed individual registration forms. However, the submission and consolidation of the signed registration forms shall still be required to verify the final registration and confirm the consent of the qualified personnel for their preferred option.

3. For school personnel, all school heads shall consolidate the registration forms of their respective personnel prior to submission to the SDO.

4. The Administrative Division will submit the consolidated list to the Budget Office/Unit/Division to determine the total pooled budget for procurement and individual availment.

Other specific details for the three (3) modes of availment are as follows:

1. **Group Availment**
   a. Once the total pooled budget is determined, the Administrative Division shall serve as the End-User (EU) and prepare the procurement planning documents and other requirements needed.
   b. The minimum technical specifications of the HMO to be acquired shall contain the following benefits as minimum:
      i. In-patient benefit;
      ii. Out-patient benefit;
      iii. Emergency care benefit;
      iv. Annual Physical Exam; and
      v. Dental benefit.

      Further, the HMO coverage shall be for a period of 12 months. In accordance with the existing procurement rules and regulations, the EU shall ensure the conduct of industry/market surveys to effectively determine the final technical specifications for the procurement project, in consideration of the identified budget allocation based on the number of personnel who availed of this option.
   c. After successful procurement process, the EU shall implement the project and provide the procured HMO-type product. The awarded service provider shall deliver the services as stated in the contract.

**General Procedures for the Grant of Medical Allowance in Cash Form**

Upon determination of the total number of DepEd personnel who shall avail of the Medical Allowance in cash form, based on the submitted Medical Allowance Registration Forms, the Administrative Division shall prepare the payroll, supported by the necessary documentary requirements.

The Finance Division/Unit shall thereafter facilitate the release of Php7,000.00 to qualified DepEd personnel.

2. **Individual Availment for availing of new/renewal of HMO**
    a. Upon receipt of the Medical Allowance, DepEd personnel may use the same for the availment of a new or the renewal of an existing HMO-type product.
    b. The concerned personnel shall submit proof of enrollment with an HMO provider, which may include, but shall not be limited to any of the following:
        i. copy of HMO agreement;
        ii. valid identification (ID) card issued by the HMO provider reflecting the name of the employee; or
        iii. official receipt for the payment of the membership fee for the HMO product acquired.
    c. In cases where the HMO-type product availed is below the rate of P7,000 medical allowance, the personnel shall not be obliged to refund the excess amount.

3. **Individual Availment for payment of medical expenses**
    a. DepEd personnel must secure any certification identifying them with any of the following conditions namely:
        i. Their localities/communities are identified as GIDA;
        ii. Their localities/communities have no adequate HMO branch or office of a licensed HMO company, as certified by the head of agency; or
        iii. Their application in acquiring HMO coverage has been denied by an HMO company.
    b. Upon issuance of the said certification, the concerned personnel may now be authorized to utilize the Medical Allowance for the payment of medical expenses, such as but not limited to hospitalization, emergency care, diagnostic tests, and medicines.
    c. When the Medical Allowance is utilized for the payment of medical expenses, any amount incurred in excess of the Php7,000.00 shall not be subject to reimbursement by DepEd.

Please take note that through the Individual Availment modes, personnel are required to submit proof of availment or renewal of an HMO-type product, or proof of payment for medical expenses. Such proof must bear the name of the concerned DepEd personnel and be accompanied by other supporting documents, subject to the usual accounting and auditing rules and regulations. It is strongly advised that the concerned DepEd personnel submit such documents immediately as soon as able and available. Failure to comply shall result in the withholding of the personnel's Medical Allowance for the succeeding year, until such obligations are settled.

Lastly, this Office respectfully requests the submission of disaggregated summary data per region on the chosen mode of availment of DepEd personnel on or before July 11, 2025. Attached is the template for reference. Using a DepEd email, kindly submit the scanned copy of the signed and accomplished form through the link: https://tinyurl.com/RegionalDataAvailment or using the QR code below.

Additionally, kindly take note of the submission of the *DBM Report Form* (Annex C) on or before August 25, 2025. This ensures that the EWD, as the FO in the Central Office, has ample time to consolidate the comprehensive reports received across all regions as required by the DepEd Order No. 16, s. 2025.

For further inquiries or concerns, kindly contact the **BHROD-EWD** through Viber at 0962 895 1363 or email bhrod.ewd@deped.gov.ph.

For your information and guidance.

*Submission Bin for Regional Summary Data*

**REPORT ON PREFERRED MODES OF AVAILMENT FOR MEDICAL ALLOWANCE**

In view of the implementation of DepEd Order (DO) No. 16, s. 2025 titled *Grant of Medical Allowance to the Department of Education Personnel,* this Office respectfully requests the Regional Offices to submit the consolidated Annex C: Report on DepEd personnel's' preferred modes of availment for their medical allowance.

**Region** _____

**Address** _____

**Total Number of Eligible Employees** _____

| **Office** | **Option 1 –** Group Availment | **Option 2 –** Individual for Availment of New/Renewal of own HMO | **Option 3 –** Individual for Payment of Medical Expenses |
|---|---|---|---|
| RO Proper | | | |
| SDO 1 | | | |
| SDO 2 | | | |
| SDO 3 | | | |
| *Insert rows as needed* | | | |
| **Total** | | | |

We, the undersigned, hereby attest to the correctness and validity of the information mentioned in this form and hereby authorize the Bureau of Human Resource and Organizational Development (BHROD) to utilize the said data for the implementation, monitoring, and evaluation of the Medical Allowance program in the Department of Education.

Prepared by:

_____

*Chief, Administrative Unit*

Noted by:

_____

*Regional Director*

*[BHROD-EWD/JBuyogan]*

**Annex A**
*Medical Allowance Registration Form*

**Data Privacy Notice:** The Department of Education recognizes its responsibility under the Republic Act No. 10173, otherwise known as the *Data Privacy Act of 2012*, with respect to the data they collect, record, organize, update, use, consolidate or destruct from their personnel. The personal data obtained from this form is entered and stored within the organization's authorized information and communications system and will only be accessed by authorized personnel. The organization has instituted appropriate technical and physical security measures to ensure the protection of personal data.

Furthermore, the information collected and stored in the portal shall only be used for the purposes of this activity. DepEd shall not disclose any personal information without consent and shall retain this information over a period of (10) ten years for the effective implementation and management of its activities.

**Section 1: Employee Information**
Full Name: _____
Employee ID Number: _____
Position/Designation: _____
Office: _____
Date of Appointment (dd/mm/yyyy): _____

Sex: ____ Date of Birth (dd/mm/yyyy): _____
Mobile Number: _____ Email: _____

*For teaching personnel*
Region: _____
Division: _____
School: _____
Employment Status: ☐ Permanent ☐ Contractual
☐ Casual ☐ Substitute

**Section 2: Form of Availment**
*Kindly select **one**:*
Group

☐ Agency Procurement

Individual

☐ Payroll Disbursement for availment of new/renewal of individual HMO

☐ Cash form for payment of medical expenses

**Section 3: Certification**
I hereby confirm that the information provided above is accurate and truthful. I agree to comply with the terms and conditions outlined in the Guidelines on the Grant of

medical allowance to DepEd personnel, including the submission of required documents for verification and processing.

**Employee's Signature:** _____ **Date:** _____

**Annex C**
*DBM Report Form*

## Report on the Grant of Medical Allowance for the FY _____

Region: _____ Division: _____ School: _____

I. Total Paid for Medical Allowance:
A. Number of Qualified Personnel
i. Teaching Personnel _____
ii. Non-Teaching Personnel _____
Total A: _____

B. Rate of Medical Allowance P7,000.00

C. Total Amount Paid P _____

II. Form of Medical Allowance
☐ Procurement by Agency
Name of HMO Provider: _____
Unit Price of HMO-type benefit: _____
Total No. of Qualified Personnel _____
Teaching: _____
Non-Teaching: _____

☐ In Cash Form
☐ Availed New HMO-type Benefit
Total No. of Qualified Personnel _____
Teaching: _____
Non-Teaching: _____

☐ Payment of Existing or Renewal of HMO-type Benefit
Total No. of Qualified Personnel _____
Teaching: _____
Non-Teaching: _____

☐ Localities Identified as GIDA
Total No. of Qualified Personnel _____
Teaching: _____
Non-Teaching: _____

☐ Localities which have no adequate HMO branch or Office
Total No. of Qualified Personnel _____
Teaching: _____
Non-Teaching: _____

☐ Application of Personnel Denied by HMO Company
Total No. of Qualified Personnel _____
Teaching: _____
Non-Teaching: _____

Prepared by:

_____
Chief/Head of Administrative Division

Certified Correct:

_____
Regional Director/SDS