



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



19 September 2025

DIVISION MEMORANDUM
DM No. 952, s. 2025

REVISED GUIDELINES ON THE GROUP INSURANCE COVERAGE FOR ALL MEMBERS OF THE BOY SCOUTS OF THE PHILIPPINES

To: Assistant Schools Division Superintendents
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Others Concerned

1. In reference to **Council Office Memorandum Number 27, s. 2025** titled **“Revised Guidelines on the Group Insurance Coverage for All Members of the Boy Scouts of the Philippines”**, this Office announces the registration and re-registration of all members of the Boy Scouts of the Philippines, who will be duly covered by the 24/7 insurance policy.
2. For more details, kindly refer to the attached BSP Quezon Council Office Memorandum Number 27, s. 2025.
3. Immediate dissemination of this Memorandum is desired.

ROMMEL C. BAUTISTA, CESO V
Schools Division Superintendent

yfsrto/09/19/2025

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Boy Scouts of the Philippines

QUEZON COUNCIL

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September 2, 2025

COUNCIL OFFICE MEMORANDUM

Number 27, 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 : REVISED GUIDELINES ON THE GROUP INSURANCE COVERAGE FOR ALL MEMBERS OF THE BOY SCOUTS OF THE PHILIPPINES

1. Attached is the National Office Memorandum No. 71, s. 2025 re: **Revised Guidelines on the 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. 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.
4. For widest information dissemination.


JOEL R. AVILLEDO, 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

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"Laging Handa"

AUG 27 2025



NATIONAL OFFICE MEMORANDUM

No. 71 series of 2025

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

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

- 1.0. Following full compliance with the requirements of the public bidding process pursuant to Republic Act No. 9184 and its Revised Implementing Rules and Regulations, the BSP formally awarded the contract for the provision of 24/7 group insurance coverage for all bonafide members of the BSP to 1 Cooperative Insurance System of the Philippines (1CISP).
- 2.0. All registered members of the BSP, aged between 5 to 65 years old, residing in the Philippines, and in good standing, have been covered by the insurance program since **March 4, 2025**.
- 3.0. To date, there have been 114 recorded Financial Assistance provided to Scouts all over the Philippines.
- 4.0. In accordance with BSP National Office Memorandum No. 30, series of 2025, the following guidelines are hereby issued to ensure the effective and comprehensive implementation.
 - a. For the list of benefits covered and exclusions under the insurance policy, please refer to **Annex A**.
 - b. 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> | Php 15,000.00 |
| Medical Reimbursement (for Accidental cases only) <i>This coverage provides financial assistance to the member during 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 Hospitalization</i> | Php 10,000.00 Php 3,000.00 |
| Bereavement Assistance <i>This coverage provides financial assistance to the members' families 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. Death during Scouting Activities 2. Death outside of Scouting Activities | Php 12,500.00 Php 5,000.00 |

5.0. Documentary Requirements:

5.1. Basic Requirements

- a. Accomplished Insurance Claim Form
- 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

5.1. Additional Requirements

- a. Accidental Death/Bereavement
 - i. Certified True Copy of Death Certificate (PSA certified/Local Civil Registrar copy)
- b. Permanents 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 Medical Bills (Original Copy)
- d. Vehicular Accident
 - i. Police Report

6.0. Claims Procedure:

- a. Eligible members must complete the Insurance Claim Form and submit it, along with the required supporting documents, to the Local Council for review to ensure completeness and validity to avoid unnecessary delays.
- b. To facilitate initial claim processing, the Local Council must transmit the accomplished must transmit the accomplished Insurance Claim Form along with all documentary requirements to 1 Cooperative Insurance System of the Philippines through electronic mail at trishsaga@1cisp.org copy furnished the Corporate Planning and Strategy Management Office (CPSMO) at cpsmo@scouts.gov.ph.

- c. The Local Council must submit the original copies of the required documents to 1CISP within 30 days from the date of the incident or accident, addressed to: **1CISP Building, #11 Mapagbigay corner Maunlad Street, Barangay Pinyahan, Quezon City.**
- d. Please be advised that documents submitted more than **30 days beyond the prescriptive period** will not be processed.

7.0 Mode of Payment:

- a. To facilitate faster settlements, claims should be settled via electronic payment channels, including online transfers, bank credits, or mobile wallets such as GCash.
- b. In the absence of access to digital payment methods, the claimant may borrow another individual's account, provided an authorization letter specifying the account owner's name and their relationship to the claimant.

8.0. All inquiries and concerns of the claimant shall be addressed to 1CISP through trishsaga@1cisp.org

9.0 For information, guidance, and wide dissemination.


CEDRICK G. TRAIN
Acting Secretary General

ANNEX A

What is Covered

Coverage A – Accidental Death

1. This coverage forms part of your *policy* only when *Accidental Death* is shown in the *schedule* and is limited to the *period of insurance* indicated.
2. We will pay the *sum insured* for accidental death shown in the *schedule* to the *beneficiary* of an *insured person* who dies anywhere in the world. In case the *beneficiary* is missing or cannot prove insurable interest, we will pay this benefit to the estate of the *insured person*.
3. Provided that the death of the *insured person* results from an *accident* and:
 - a. is not contributed to by any cause that is excluded;
 - b. the *accident* happens during the *period of insurance*; and
 - c. death happens within a *year* from the date of the *accident*, and the *accident* is the direct and independent cause of death.

Coverage B – Dismemberment

1. This coverage forms part of your *policy* only when the word *Dismemberment* is shown in the *schedule* and is limited to the *period of insurance* indicated. This coverage has a limit that is separate from the other Coverages in this *policy*.
2. Following an *accident* leading to a *dismemberment* of any of the body part of the *insured person*, we will pay to that *insured person* the corresponding amount shown in the *schedule*.
3. Provided that the *dismemberment*:
 - a. is not contributed to by any cause that is excluded;
 - b. happens or becomes apparent during the *period of insurance*.
4. In case of either multiple dismemberment per *accident*, or multiple *accidents* within the *period of insurance*, the maximum amount payable under this coverage is the sum insured specified in the *schedule*.

Coverage C – Medical Reimbursement

1. This coverage only forms part of your *policy* when *Medical Reimbursement* is shown in the *schedule* and is limited to the *period of insurance* indicated. This coverage has a limit that is separate from the other Coverages in this *policy*.
2. Following an *accident* causing *bodily injury* to an *insured person*, we will pay to that *insured person* or their *beneficiary* (or to the estate of the *insured person*, in case the *beneficiary* is missing or cannot prove insurable interest) the actual costs supported by official receipts, up to the maximum amount shown in the *schedule*, of any or all of the following:
 - a. Hospital expenses;
 - b. Prescribed medicines;
 - c. Rehabilitation expenses;
 - d. Follow-up consultations.

3. In the event of successive periods of hospital confinement:
 - a. If subsequent confinement as an in-patient is within thirty (30) days or less from the date of discharge from previous confinement, the confinement will be considered as one period of hospital confinement.
 - b. If subsequent confinement is more than 30 days from the date of discharge of previous confinement, the confinement will be considered as a new period of confinement and will be paid the amount shown in the *schedule*.
4. Provided that the *bodily injury*:
 - a. is not contributed to by any cause that is excluded;
 - b. happens or becomes apparent during the *period of insurance*;

What is NOT Covered

We will not pay an *insured person* (or their beneficiary or their estate, whichever is applicable) any benefits if death, bodily injury or disability arises from or is caused by:

1. General exclusions
 - a. any willful act of the *insured person*;
 - b. any injury deliberately inflicted by or on behalf of the *insured person*;
 - c. the *insured person* taking poisonous substances or drugs, unless these are taken or administered on medical advice;
 - d. the *insured person* driving a motor vehicle while having any amount of alcohol in their breath or blood;
 - e. any treatment arising from alcohol or drug addiction;
 - f. the *insured person* being in an aircraft, unless they are a passenger;
 - g. any pre-existing medical condition, sickness or disease;
 - h. any sexually transmitted or transmissible disease;
 - i. any *illness*;
 - j. any mental and nervous disorder such as psychosis, schizophrenia and others;
 - k. the *insured person* being a direct participant of any form of brawl, riot, strike, civil commotion, rebellion, insurrection;
 - l. the *insured person* committing or attempting to commit a felony or a crime;
 - m. the *insured person* violating any law or ordinance;
 - n. the *insured person* while on police duty in any armed forces organization or civilian defense or local police forces;
 - o. war, hostilities whether war is declared or not, acts of foreign enemies, rebellion, revolution, civil war, invasion, insurrection or the use of military or usurped power;
 - p. any order of any Government, Public or Local Authority involving the confiscation, nationalization, requisition, damage or destruction of any property unless such destruction was undertaken to reduce the spread of fire;
 - q. radioactivity or any radioactive substances;
 - r. nuclear fission or nuclear fusion.

2. Hazardous activities and/or hazardous sports

- a. any type of racing;
- b. any type of winter sports;
- c. any type of hunting.

3. Infectious Diseases / COVID-19 Exclusion:

- a. any infectious disease, virus, bacterium or other microorganism (whether asymptomatic or not);
- b. coronaviruses (e.g., COVID-19), including any mutation or variation;
- c. pandemic or epidemic, as declared as such by the World Health Organization or any governmental authority.

4. Cosmetic surgery for beautification purposes, or plastic surgery, except for the repair or alleviation of damage caused solely by accidental bodily injuries.

5. Any dental treatment or surgery, except dental operation to repair injury sustained in an accident.

6. Any confinement for physical check-up or diagnostic purposes; treatment or surgical operations for congenital deformities such as harelip, club foot, cerebral palsy and others; for physical therapy; or for recuperative purposes such as confinement in a sanitarium or convalescent home.

7. Hospital services not in accordance with the diagnosis and treatment of the conditions for which hospital confinement is required.

Frequently Asked Questions

Q: Do we need to submit the soft copy of the claim file through e-mail?

A. YES. This is the basis for recording the claim and we will use the same email thread to send the transmittal letter and proof of payment.

Q: Do we need to write the incident details?

A. YES. This confirms the incident and gives background.

Q: What does Medical Reimbursement cover?

A. Only accident-related expenses (e.g., fractures, animal bites, wounds, and similar accidents).

Q: In Medical Reimbursement, are natural cases covered (heart attack, pneumonia, dengue, etc.)?

A. NO. Only accidental cases are covered.

Q: Do we need to submit original receipts?

A: YES. We accept only original official receipts (no photocopies, CTCs, or acknowledgment receipts).

◆ REMINDER

- Always check or pre-evaluate filed claims; incomplete documents may cause delay.
- Refer to Annex A for the list of exclusions.

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 ICISP at ICISP Building, #11 Mapagbigay corner Maunlad St. Brgy. Pinyahan, Quezon City | | | | | | | |
| CLAIMANT'S DETAILS: | | | | | | | |
| NAME OF LOCAL COUNCIL: | ADDRESS: | | | | | | |
| NAME OF MEMBER: | | | | | | | |
| NAME OR PARENTS/GUARDIAN: | CONTACT NUMBER: | | | | | | |
| PREFERRED MODE OF PAYMENT: | | | | | | | |
| <input type="checkbox"/> Fund Transfer / Mobile Wallet | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name of Depository Bank/ Mobile Wallet Platform:</td> <td style="width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">Account Name:</td> <td></td> </tr> <tr> <td style="padding: 2px;">Account Number:</td> <td></td> </tr> </table> | Name of Depository Bank/ Mobile Wallet Platform: | | Account Name: | | Account Number: | | |
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| Account Name: | | | | | | | |
| Account Number: | | | | | | | |
| <input type="checkbox"/> Fund Transfer / Mobile Wallet via another individual's account | | | | | | | |
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| Account Name: | | | | | | | |
| Account Number: | | | | | | | |
| <i>**Please provide an authorization letter with the account holder's name, their relation to the claimant, and a copy of valid ID.</i> | | | | | | | |
| DOCUMENTARY REQUIREMENTS: | | | | | | | |
| Basic Requirements: Proof of membership (Membership Card / Application for Unit / Adult / Scout Registration) <input type="checkbox"/> Card / Application for Unit / Adult / Scout Registration <input type="checkbox"/> One (1) valid government ID with 3 specimen signatures of parent / <input type="checkbox"/> Photos of the incident / accident | Additional Requirements: Death / Bereavement: <input type="checkbox"/> Certified True Copy of Death Certificate (PSA certified / Local Civil Registrar Copy) Permanent Disability: <input type="checkbox"/> Original / Certified True Copy of Medical Certificate <input type="checkbox"/> Photos of the injury as proof of disability Medical Reimbursement: <input type="checkbox"/> Original / Certified True Copy of Medical Certificate or Medical Abstract <input type="checkbox"/> Statement of Account during confinement <input type="checkbox"/> Official Receipts of hospital and medicine bills (original copy) Vehicular Accident: <input type="checkbox"/> Police Report | | | | | | |
| BRIEF NARRATION OF INCIDENT / ACCIDENT | | | | | | | |
| | | | | | | | |

Endorsed By:

 Signature Over Printed Name
 (Claimant / Beneficiary)

 Council Scout Executive