



Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF OZAMIZ CITY

July 11, 2025

DIVISIONAL MEMORANDUM

No. *228* , s. 2025

**REITERATION ON 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**

To: Assistant Schools Division Superintendent
Chief Education Supervisors (CID and SGOD)
Public Elementary and Secondary School Heads
All others concerned
This Division

1. In line with the attached Memorandum DM-OUHROD-2025-1775 dated June 30, 2025 with the 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**, this Office hereby requires all teaching , teaching related and non-teaching personnel to **ACCOMPLISH** the Google Form which can be accessed via this link: <https://tinyurl.com/cc7f3fk5> on or before July 14, 2025. This Office assures everyone that the data to be collected shall only be used for this purpose and shall adhere to the Data Privacy Act of 2012.
2. Moreover, please ensure to fill-up and sign the attached MEDICAL REGISTRATION FORM (ANNEX A) according to the data submitted online. The duly signed form must be submitted to this Office on or before July 14, 2025.
3. Queries and other concerns shall be channeled to the Personnel Section of this Division.
4. For compliance.

NIMFA R. LAGO, PhD., CESO VI
Assistant Schools Division Superintendent
OIC- Office of the Schools Division Superintendent

References: As stated

AJS/DM- REITERATION ON 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
July 11, 2025



Address: IBJT Compound, Carangan, Ozamiz City
Telephone No: (088) 545-09-88
Telefax: (088) 545-09-90
Email Address: ozamiz.city@deped.gov.ph



PANDONG
Pangasinan Division Office
#PangasinanIsOurHome



Republic of the Philippines
Department of Education
Region X - Northern Mindanao
SCHOOLS DIVISION OF OZAMIZ CITY

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 as long as necessary to effectively fulfill the stated purpose and managing its related activities.

Section 1: Employee Information

Full Name: _____ Employee ID Number: _____
Position/Designation: _____ Office: _____
Service Duration: (From-To): _____

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

For teaching personnel:

Region: _____
Division: _____
School: _____
Employment Status: ☐ Perma ☐ Contractual
☐ Casual ☐ Substitute

Section 2: Form of Availment

Kindly select **one**:

- ☐ Group
☐ Agency Procurement
- ☐ Individual
☐ Payroll Disbursement (for availment of new/renewal of own HMO)
☐ Reimbursement (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: _____



Address: IBJT Compound, Carangan, Ozamiz City
Telephone No: (088) 545-09-88
Telefax: (088) 545-09-90
Email Address: deped1miz@gmail.com





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 LIPE D. 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

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



Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY

HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT

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			
<i>Insert rows as needed</i>			
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: _____

Noted by: _____

Chief, Administrative Unit

Regional Director

[BHROD-EWD/IBuyogan]

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:** _____

11

11

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:

Certified Correct:

Chief/Head of Administrative Division

Regional Director/SDS

(Handwritten mark)

(Handwritten marks)