



Republic of the Philippines

Department of Education

Region XI

SCHOOLS DIVISION OF PANABO CITY

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

OSDS-2025-0107

To : **ALL TEACHING AND NON-TEACHING PERSONNEL
ALL CONCERNED**

Subject: **DATA ENCODING, ACCOMPLISHMENT OF REQUIRED FORM, AND
ITS DEADLINES RELATIVE TO THE IMPLEMENTATION OF DEPED
ORDER NO. 016, S. 2025 RE: GUIDELINES ON THE GRANT OF
MEDICAL ALLOWANCE TO THE DEPARTMENT OF EDUCATION
PERSONNEL**

Date : August 6, 2025

In preparation for the implementation of DepEd Order No. 016, s. 2025 Re: Guidelines on the Grant of Medical Allowance to the Department of Education Personnel, all teaching and non-teaching personnel are required to encode the necessary data in the link provided, and accomplish and submit the required form (Annex A) to the Division Administrative Office within the set deadlines.

Only eligible personnel are covered by the grant. Hence, all eligible shall follow the instructions outlined in this issuance. For guidance, attached herein is part of DO No. 016, s. 2025 stating the qualifications of an eligible personnel, for reference.

Further, relevant provisions of the said Order are hereby reflected:

MODE OF AVAILMENT -

The medical allowance may be granted either by availing of it through **group availment** or **individual availment**.

- a. **Group Availment** — refers to the collective method by which a group of employees avails of the Medical Allowance benefit through bulk or group procurement of HMO-type healthcare benefits.



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Tel. Nos. (084)823 1469, (084) 628 4066
Email: panabocity.division@deped.gov.ph

**Group availment shall be made through a procurement process in the Division level. (clarification supplied)*

b. **Individual Availment** — refers to a single and duly qualified employee personally availing of the HMO-type benefit, in accordance with the eligibility criteria, documentation requirements, and procedural guidelines set forth in this Order.

- Personnel who already have an HMO-type product *shall submit proof of enrolment with their HMO provider to the FO*, such as, but not limited to, *any of the following*:
 - a. copy of HMO agreement;
 - b. valid identification card (ID) issued by the HMO provider reflecting the name of the employee; or
 - c. official receipt for the payment of the membership fee for the HMO product acquired.

**Only those personnel who can attach/submit the abovementioned document/s may opt for individual availment. (clarification supplied).*

TIMELINES -

Activities	Timelines	Actions/Remarks
Data Encoding of all qualified personnel	August 8, 2025 to August 12, 2025	Link for data encoding: http://bit.ly/45aysjr Official DepEd email is required
Accomplishment of <i>attached</i> Form (Annex A)	August 8, 2025 to August 12, 2025	<ul style="list-style-type: none">• School-Level Personnel shall submit their accomplished form w/ attachments (<i>if applicable</i>) to their School Head for compilation• Division Personnel shall submit their accomplished form w/ attachments (<i>if applicable</i>) to their Division/Section/Unit Head for compilation
Submission of Annex A per school/division/section/unit to the Division Administrative Office	August 13, 2025 to August 14, 2025	<ul style="list-style-type: none">• School Head shall submit the accomplished form w/ attachments (<i>if applicable</i>) to the Division Administrative Office• Division/Section/Unit Head shall submit the accomplished form w/ attachments (<i>if applicable</i>) to the Division Administrative Office



All forms and attachments collected and compiled by the School Heads/Division/Section/Unit Heads shall be submitted to the Division Administrative Office within the set deadline which must be sorted in bunch according to the mode of availment.

For immediate dissemination and strict compliance


JINKY B. FIRMAN, Ph.D, CESO VI
Schools Division Superintendent

RELEASED

AUG 08 2025

RECORDS SECTION, SDO PANABO CITY

BY

Enclosed: as stated
OSDS/ncm



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- e. Support and complement other health initiatives and benefits offered by both the government and the Department; and
- f. Demonstrate the Department's proactive role in protecting and promoting the holistic well-being of its workforce.

2. This Order mandates that all Offices involved shall strictly comply with the provisions herein, ensuring that the mechanisms for the grant of the medical allowance are executed fairly, consistently, and in full compliance with existing laws, rules, and regulations.

V. GENERAL PROCEDURES FOR GRANTING MEDICAL ALLOWANCE

A. ELIGIBLE PERSONNEL

1. The personnel are already in government service and are to render services for at least a total or an aggregate of six (6) months of service in a particular fiscal year, including leaves of absence with pay, and services rendered under any alternative work arrangements prescribed by the Civil Service Commission.
2. Newly hired personnel may qualify for the grant of the medical allowance after rendering six (6) months of service in a particular fiscal year.
3. Personnel who transferred to the DepEd and was not granted medical allowance by the government agency they previously worked for shall be eligible to receive the medical allowance from DepEd, subject to submission of a certification from the former agency's Human Resource or Personnel Unit/Office/Division. The certification shall then be verified by the concerned DepEd Focal Office (FO).
4. The medical allowance of a personnel on detail to another government agency shall be granted by the mother agency, while those on secondment shall be paid by the recipient agency.
5. A compulsory retiree, whose services have been extended, may be granted the medical allowance, subject to the pertinent conditions and guidelines under this Order.
6. Personnel who are formally charged with administrative and/or criminal cases, which are still pending for resolution, shall be entitled to medical allowance until found guilty.
7. Personnel who are formally charged with administrative and/or criminal cases, and who are found guilty with a penalty of reprimand, shall still be entitled to medical allowance.
8. Personnel on study leave with pay or on study/training/scholarship grant whether locally or abroad, and renders at least six (6) months of service in the same year, including leaves of absence with pay prior to and/or after the study leave or study/training/scholarship grant shall be entitled to the medical allowance.

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B. INELIGIBLE PERSONNEL

1. Those who are hired without employer-employee relationships and funded from non-Personnel Services (PS) appropriations/budgets, as follows:
 - 1.1 Consultants and experts hired for a limited period to perform specific programs, activities, or services with expected outputs;
 - 1.2 Student laborers or apprentices;
 - 1.3 Individuals and groups of people whose services are engaged through contracts of service (CoS), job orders (JOs), or others similarly situated.
2. Officials and personnel who are already receiving HMO-based health care services by virtue of special laws.
3. Personnel who transferred to DepEd within the year but was earlier granted medical allowance by the previous agency shall no longer be granted medical allowance by DepEd for the same year.
4. The medical allowance of any personnel funded by their respective Local Government Units (LGUs) but are assigned to DepEd shall be paid by their respective LGUs.
5. Personnel who are found guilty of an administrative and/or criminal case shall not be entitled to the medical allowance in the year when the decision/resolution becomes final. Additionally, the concerned personnel shall refund any Medical Allowance received for that year.
6. Personnel on study leave with pay or on study/training/scholarship grant, whether locally or abroad, for the entire year, shall not be entitled to medical allowance.

C. AVAILING OF MEDICAL ALLOWANCE

1. The medical allowance may be granted either by availing of it through **group availment** or **individual availment**.
2. The process of registering for the availment of medical allowance, either through Group or Individual availment shall be in accordance with the following process:
 - 2.1 The Personnel Unit/Division shall generate the list of qualified personnel to avail the Medical Allowance and announce through a memorandum or advisory.
 - 2.2 All eligible personnel shall fill-out the Medical Allowance Registration Form (Annex A), indicating their chosen form of availment. The head of office/chief will consolidate the registration forms and submit to their respective FO.
 - 2.3 The FO shall submit the consolidated list to Budget Office/Unit/Division to determine the total pooled budget for procurement and individual availment.

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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

[Signature]

[Signature]

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

Employee's Signature: _____ Date: _____

