Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OF CAPIZ

Division Advisory No. 026, s. 2026
July 6, 2026

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

Attached is the Boy Scouts of the Philippines Capiz Council Memorandum No. 5, s. 2026 titled **Group Insurance Coverage for All Members of the Boy Scouts of the Philippines, Capiz Council**.

Participation to this activity is voluntary, with parents' permit on the part of learners, and subject to compliance with DepEd Memorandum No. 041, s. 2024 titled **Reiteration of the "No Collection Policy" in Schools**, and other existing guidelines. The details and overview of this program are attached for reference.

For more information and verification, contact:

WARREN L. PAREDES
Officer-In-Charge
Office of the Council Scout Executive

Address: Banica, Roxas City
Contact Number: (036) 6518 456/0968-869-5867
Email Address: capiz@deped.gov.ph
Website: http://depedcapiz.ph

Boy Scouts of the Philippines
CAPIZ COUNCIL
City of Roxas

June 30, 2026

COUNCIL MEMORANDUM
No. 5 s. 2026

TO: **BSP Executive Board Members**
Municipal/District Chairpersons
District Scouting Commissioners (PSDS)
Institutional Heads & Representatives of Secondary Schools (Public & Private)
District Field Scout Commissioners
(Langkay, Kawan, Troop, Outfit Advisors) All Concerned

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

1. Attached is the National Office Memorandum No. 67 s. 2026 dated 03 June 2026, which pertains to the Financial Assistance/Guidelines on the Group Personal Accident Insurance Coverage for all Members of the BSP.

2. For more information and other details, please refer to BSP National Office Memorandum No. 67, s.2026.

3. For information, guidance, and wide dissemination.

WARREN L. PAREDES
Officer-In-Charge
Office of the Council Scout Executive

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"

JUN 0 3 2026

BOY SCOUTS OF THE PHILIPPINES OFFICIAL RELEASE CENTRAL RECORDS UNIT ERMITA, MANILA

NATIONAL OFFICE MEMORANDUM
NO. 67 Series of 2026

TO : Regional Youth Development Officer
Council Scout Executives and Officer-in-Charge
All Concerned

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

1. Pursuant to the Group Personal Accident Insurance Policy secured by the Boy Scouts of the Philippines (BSP) from Alpha Insurance & Surety Company, Inc., all registered and active members of the BSP shall be **covered under a Group Personal Accident Insurance Program** from **May 7, 2026 to May 7, 2027**.

2. All registered and active BSP members aged five (5) to sixty-five (65) years old, residing in the Philippines, and in good standing, are covered under the insurance program during the policy period.

3. The insurance program aims to provide financial assistance to BSP members and their beneficiaries in cases of accidental death, accidental disability or dismemberment, and medical reimbursement resulting from accidents covered under the policy.

4. To ensure the effective and comprehensive implementation of the insurance program, the following guidelines are hereby issued:

   4.1. For the list of benefits covered and exclusions under the insurance policy, please refer to **Annex A.**

   4.2. Schedule of Benefits:

BENEFITS (for each member)	SUM INSURED
A. Accidental Benefit *This coverage provides financial assistance to the member's beneficiary(ies) in the event of the member's accidental death resulting directly from accidental, violent, external, and visible means occurring during the policy period.*	Php 15,000.00

BENEFITS (for each member)	SUM INSURED
B. Accidental Dismemberment / Disability *This coverage provides financial assistance to the insured member in the event of permanent disability, dismemberment, or loss of use of a body part resulting from an accident covered under the policy. The amount payable shall be based on the extent of disability in accordance with the policy schedule of benefits.*	Php 15,000.00
C. Medical Reimbursement for Scouting Related Incidents	
1. In-Patient Hospitalization *This coverage provides reimbursement of actual and reasonable accident-related hospitalization expenses incurred by the insured member during confinement, subject to the submission of required supporting documents and official receipts.*	Up to Php 10,000.00
2. Out-Patient Expenses *This coverage provides reimbursement of actual and reasonable accident-related medical expenses incurred by the insured member for outpatient treatment, including prescribed medicines, follow-up consultations, and other medically necessary services resulting from a covered accident.*	Up to Php 3,000.00

5. **Documentary Requirements**

A. General Requirements

The following documents shall be submitted for all claims:

1. Accomplished Personal Accident Claim Form;
2. Photocopy of BSP Registration Certificate and Official Receipt (OR);
3. Photocopy of valid Government-issued Identification Card;
4. Photographs of the incident, accident, injury, or loss;
5. Police Report, Affidavit, or Incident Report, whenever applicable; and
6. Other documents as may be required by Alpha Insurance & Surety Company, Inc.

B. Additional Requirements

I. Accidental Death Requirements

1. Photocopy of BSP Registration Certificate and Official Receipt;
2. Photocopy of Driver's License, if applicable;
3. Police Report, Affidavit, or Incident Report;
4. Original Copy of Medical Certificate;

5. Original Medical Receipts and/or Hospital Billing Statement, if applicable;
6. Marriage Contract, if applicable;
7. Death Certificate;
8. Birth Certificate of the deceased;
9. Burial Receipts;
10. Two (2) Valid Government-issued Identification Cards of the claimant; and
11. Valid Identification Card(s) of the beneficiary/beneficiaries.

For Death Claim and Burial Benefit Due to Accident:

1. Police Report or Affidavit;
2. Death Certificate;
3. Marriage Certificate of the deceased, if the spouse is the beneficiary;
4. Birth Certificate of the deceased, if the deceased is single; and
5. Additional documents as may be required by the insurer.

II. Permanent Disability or Dismemberment

1. Police Report or Affidavit;
2. Medical Certificate;
3. Medical Abstract;
4. Hospital Statement of Account and/or Original Medical Receipts; and
5. Additional documents as may be required by the insurer.

III. Emergency Assistance Coverage / Hospitalization

1. Medical Certificate;
2. Hospital Statement of Account; and
3. Police Report or Affidavit, whenever applicable.

IV. Vehicular Accident

1. Original Medical Certificate or Medical Abstract

C. Claims Procedure

1. The Assured, claimant, parent, guardian, or beneficiary shall notify Alpha Insurance & Surety Company, Inc. through text, electronic mail, telephone call, or personal visit to the nearest branch within thirty (30) days from the date of loss, accident, injury, or death.

2. The claimant shall submit all documentary requirements to the concerned Local Council for review and endorsement.

3. The Local Council shall verify the completeness and authenticity of all submitted documents prior to endorsement.

4. Upon verification, the Local Council shall transmit scanned copies of the accomplished Insurance Claim Form and supporting documents through electronic mail to:

   Ms. Carla Angela A. Paunlagui
   Alpha Insurance & Surety Company, Inc.
   Email:rodillocarlaangela@yahoo.com
   calamba.alphainsurance@gmail.com
   Copy Furnished:
   Field Operations Division (FOD)
   Email: fod@scouts.gov.ph

5. All documentary requirements shall be submitted **within thirty (30) days from the date of the incident, accident, injury, or death**. Claims submitted beyond the prescribed period may no longer be processed by the insurer.

6. For Emergency Room Assistance reimbursement, the claimant shall await the processing and release of payment upon evaluation of the claim.

7. Claims involving Death with Accidental Burial Assistance, Accidental Dismemberment, and Accidental Disability shall be processed within ten (10) working days upon submission of complete documentary requirements, subject to verification and approval by the insurer.

8. Alpha Insurance & Surety Company, Inc. reserves the right to request additional documentary requirements whenever necessary.

6. Coverage under this insurance program shall be subject to the terms, conditions, limitations, and exclusions provided under the policy contract.

7. Claims shall be settled in accordance with the procedures prescribed by Alpha Insurance & Surety Company, Inc., subject to the evaluation and approval of submitted claims.

8. All inquiries and concerns regarding insurance claims shall be addressed to:
   Ms. Carla Angela A. Paunlagui
   Alpha Insurance & Surety Company, Inc.
   Email:rodillocarlaangela@yahoo.com

calamba.alphainsurance@gmail.com
Mobile/Viber: 0962-893-5448

9. For your information, guidance, and widest dissemination and appropriate action.

CEDRICK G. TRAIN
Director IV (Secretary General)

ANNEX A

GROUP PERSONAL ACCIDENT INSURANCE POLICY

Coverage, Benefits, and Exclusions

I. ELIGIBILITY

The insurance coverage applies to all registered and active BSP members who:

- Are between five (5) and sixty-five (65) years old;
- Reside in the Philippines; and
- Are in good standing with the Boy Scouts of the Philippines.

II. COVERAGE AND BENEFITS

A. Accidental Death

Benefit Amount: Php 15,000.00

B. Accidental Dismemberment / Disability

Benefit Amount: Php 15,000.00

C. Medical Reimbursement

In-Patient Hospitalization – Up to Php 10,000.00

Out-Patient Expenses – Up to Php 3,000.00

Medical reimbursement applies only to accident-related injuries and hospitalization expenses.

III. EXCLUSIONS

Claims arising from the following shall not be covered:

- Intentional or self-inflicted injuries;
- Suicide or attempted suicide;
- Alcohol or prohibited drug-related incidents;
- Pre-existing illnesses or diseases;
- Commission of crimes or violation of laws;
- War, rebellion, riots, or civil commotion;
- Nuclear contamination;
- Hazardous activities excluded by the policy;
- Cosmetic procedures not related to accidental injury; and
- Other exclusions specifically provided under the insurance policy.

ANNEX B

DOCUMENTARY REQUIREMENTS, CLAIMS PROCEDURE, AND FAQS

DOCUMENTARY REQUIREMENTS

GENERAL REQUIREMENTS

- Accomplished Personal Accident Claim Form
- BSP Registration Certificate and Official Receipt
- Valid Government-issued Identification Card
- Photos of Incident / Accident
- Police Report / Affidavit / Incident Report (if applicable)

ADDITIONAL REQUIREMENTS

- Death Claim Requirements
  - Death Certificate
  - Birth Certificate
  - Marriage Contract (if applicable)
  - Burial Receipts
  - Original Medical Certificate
  - Original Medical Receipts / Hospital Billing Statement
  - Two (2) Valid Government IDs
  - Beneficiary Identification Card(s)
  - Police Report or Affidavit

ACCIDENTAL DISABILITY / DISMEMBERMENT REQUIREMENTS

- Medical Certificate
- Medical Abstract
- Hospital Statement of Account
- Original Medical Receipts
- Police Report or Affidavit

EMERGENCY ASSISTANCE / HOSPITALIZATION REQUIREMENTS

- Medical Certificate
- Hospital Statement of Account
- Police Report or Affidavit (if applicable)

FREQUENTLY ASKED QUESTIONS (FAQs)

Q: Who is covered by the insurance policy?
A: All registered and active members of the Boy Scouts of the Philippines aged five (5) to sixty-five (65) years old, residing in the Philippines, and in good standing during the policy period.

Q: What is the coverage period of the insurance policy?
A: The policy is effective from May 7, 2026 until May 7, 2027.

Q: What benefits are available under the policy?
A: The policy provides the following benefits:

- Accidental Death – Php 15,000.00
- Accidental Dismemberment / Disability – Php 15,000.00
- Medical Reimbursement:
  In-Patient Hospitalization – Up to Php 10,000.00
  Out-Patient Expenses – Up to Php 3,000.00

Q: What incidents are covered by Medical Reimbursement?
A: Only accident-related injuries and expenses are covered.

Q: Are illnesses such as dengue, pneumonia, heart attack, COVID-19, or other natural causes covered?
A: No. Medical reimbursement applies only to injuries resulting from a covered accident.

Q: When should a claim be reported?
A: The insured member, parent, guardian, or beneficiary must notify Alpha Insurance & Surety Company, Inc. within thirty (30) days from the date of loss, accident, injury, or death.

Q: What happens if the claim is reported beyond thirty (30) days?
A: Claims submitted beyond the prescribed period may no longer be processed by the insurer.

Q: Do we need to submit original receipts?
A: Yes. Original medical receipts, hospital billing statements, and other supporting documents must be submitted whenever required by the insurer.

Q: Can the insurer require additional documents?
A: Yes. Alpha Insurance & Surety Company, Inc. may request additional documents whenever necessary for the proper evaluation and processing of a claim.

Q: How long will claims be processed?
A: Claims involving Death with Accidental Burial Assistance, Accidental Dismemberment, and Accidental Disability shall be processed within ten (10) working days upon submission of complete documentary requirements, subject to verification and approval.

Q: Where should claims be submitted?
A: Claims shall be submitted through the concerned Local Council, which shall review and endorse the documents before transmission to Alpha Insurance & Surety Company, Inc.

Q: Who may be contacted regarding claims?
A: Ms. Carla Angela A. Paunlagui
Mobile/Viber: 0962-893-5448
Email: rodillocarlaangela@yahoo.com
Email: calamba.alphainsurance@gmail.com

IMPORTANT REMINDERS

- Report claims within thirty (30) days from the date of loss, accident, injury, or death.
- Submit all documentary requirements within thirty (30) days from the date of the incident.
- Incomplete documentary requirements may delay processing.
- Additional documents may be requested by the insurer whenever necessary.
- Claims involving Death with Accidental Burial Assistance, Accidental Dismemberment, and Accidental Disability shall be processed within ten (10) working days upon submission of complete requirements.

ALPHA INSURANCE & SURETY CO., INC.
AGM Bldg., J.P. Rizal St., Brgy. 2, Calamba City
Telephone No. (049)306-9215

PERSONAL ACCIDENT CLAIM FORM

Name of Policy Holder :	

PART 1 (to be completed by the Insured or Claimant)

Name of Insured. :	Contact No.:
Name of Claimant :	Relation to the Insured :
Date/Time of Accident :	Place of Accident :
Describe fully how the accident occurred:	
Name of Attending Physician, if any :	
Name of Hospital or Clinic :	
If hospitalized, name & address of hospital : _____	
Date/Time of Admission : From: _____ 20___ at _____ A.M./P.M.	
To : 20___ at A.M./P.M.	

Notice to Insured/Claimant:

Please answer all questions completely and accurately. Attach the following documents:

A. Medical Reimbursement : Police report (for vehicular & UMA) original Copy of O.R. of Medicines. Doctor's fee & Hosp. Billing Statement (if hospitalized; [illegible]

B. Death Claims : Duly-Authenticated Death Certificate. Police report/Autopsy report
Proof of Relationship (Birth Certificate/Marriage Contract)

C. Dismemberment Claims : Certified copy of Operating Room Record. Pictures. Accident or Police report
O. R. of Surgeon's Fee. O.R's of medicines. Hospital Statement of Account
Subject for additional requirements upon evaluation.

Endorsed by:

_____
Signature over printed name
Date: _____

_____
Signature over printed name
Council Scout Executive
Date: _____

Noted by:

Jalex Seva
Alpha Insurance. Claims