



Republic of the Philippines
Department of Education
REGION VI – WESTERN VISAYAS
SCHOOLS DIVISION OF CAPIZ

123 JUN 2025

DIVISION MEMORANDUM

No. **281** s. 2025

**SUBMISSION OF DOCUMENTARY REQUIREMENTS FOR THE PROCESSING OF
MEDICAL ALLOWANCE FOR FISCAL YEAR 2025**

TO : OIC, Assistant Schools Division Superintendent
Chief Education Program Supervisors
Public Schools District Supervisors
Heads of Public Elementary, Integrated and Senior High 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**, this Office requests the submission of documentary requirements for the processing of Medical Allowance for Fiscal Year (FY) 2025 of qualified personnel.

2. In line with this, all Public Schools District Supervisors (PSDS) are directed to disseminate this information and facilitate the consolidation and submission of required documents of their respective districts including secondary schools. For SDO Personnel, submission shall be through their unit/office secretary/in-charge.

3. The following documents must be submitted to the Division Office (**in two copies**) through the **Records Section**, on or before **July 10, 2025**:

3.1 Group Availment:

- a. Medical Allowance Registration form (Annex A)

3.2 Individual Availment:

3.2.1 Payroll Disbursement for Availment of new/renewal of individual Health Maintenance Organization (HMO):

- a. Medical Allowance Registration form (Annex A)
- b. Proof of enrollment with their HMO provider such as, but not limited to, any of the following:
 - Photocopy of HMO agreement;
 - Photocopy of valid identification card (ID) issued by the HMO provider **reflecting the name of the employer**; or
 - Original official receipt for the payment of the membership fee for the HMO product acquired.

3.2.2 Cash form for payment of medical expenses:

- a. Medical Allowance Registration form (Annex A)
- b. Signed Individual Cash Claim Form (Annex B)
- c. Certification of Geographically Isolated and Disadvantaged Area (GIDA) or Certification of No Adequate HMO branch or office signed by the Schools Division Superintendent, or Proof of Denial from any HMO including but not limited to letter or electronic mail.



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4. Personnel are required to submit the above-mentioned documents on the set deadline. Failure to comply shall result in the withholding of personnel's medical allowance for the succeeding year until such obligations have been satisfactorily settled.
5. The assigned non-teaching personnel who will consolidate the district documents are requested to encode the data through the link <https://bit.ly/CapizMedAllowance25>. The templates/annexes are available for download using the link <https://bit.ly/CapizMedAllowance25-Annexes>.
6. The Administrative Unit shall serve as the Focal Office (FO) in the Schools Division Office (SDO) and Schools. It shall facilitate the implementation of the policy at the SDO and School level. The Finance Unit shall oversee the fund management and utilization and shall also monitor the disbursement/utilization/allocation reports from the SDO and forward the said reports to the Regional Office. Furthermore, the Finance Unit shall facilitate the processing of payments to the HMO service provider or disbursement of funds to SDO and School personnel, as applicable. The list of the Technical Working Group is attached in Enclosure Number 1.
7. Immediate dissemination of and compliance with this Memorandum are desired.


ROEL F. BERMEJO
Schools Division Superintendent

Encl.: As stated
Reference: As stated
To be indicated in the Perpetual Index
under the following subjects:

EMPLOYEES

BENEFITS

ADMIN

DDB/ DM_MedicalAllowanceFY2025
033/ June 23, 2025

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: _____ DepEd Email: _____

For teaching personnel

Region: VI - Western Visayas
Division: Capiz
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:** _____

Individual Cash Claim Form

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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: _____
Service Duration (From - To): _____

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

For teaching personnel

Region: VI - Western Visayas
Division: Capi
School:

Employment Status: ☐ Permanent ☐ Contractual
☐ Casual ☐ Substitute

Section 2: Pre-requisite Requirements

Supported with applicable documents, check any of the following conditions below that applies.

- ☐ GIDA Certification
- ☐ Certification of area with no HMO
- ☐ Letter or email from HMO denying the application

Section 3: Details of Medical Expenses Incurred

[illegible]

Description of Expense	Amount (in PHP)	Receipt No./Reference
Consultation Fee		
Laboratory/ Diagnostic Tests		
Medication		
Hospitalization		
Others (please specify)		
Total Amount		

Please attach original receipts

Section 4: Certification

I, the undersigned, hereby certify that the information provided in this claim form is true and correct to the best of my knowledge, and the medical expenses listed above were incurred for legitimate medical purposes. I understand that submission of false claims shall be subject to disciplinary action and other legal consequences as determined necessary by the Department of Education.

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



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Enclosure No. 1 – List of Technical Working Group (TWG)

Roles	Persons Involved
Overall Lead	Roel F. Bermejo Schools Division Superintendent
Bids & Awards Committee Chairman	Luz U. Banson OIC, Office of the Assistant Schools Division Superintendent
Focal Office (FO) Head	Ma. Sharon S. Barrientos Administrative Officer V (Admin)
<ul style="list-style-type: none">List of Qualified PersonnelReceipt & Validation of Documentary RequirementsProcurement Management & Reportorial Requirements	Darwin D. Brillo Administrative Officer IV/ HRMO II May Evan O. Dela Cruz Administrative Officer IV (Records) Marjorie A. Bayhon Administrative Officer IV (Cash)
Budget Allocation & Monitoring	Cecil Joy D. Diocson Administrative Officer V (Budget)
Processing of Payments	Denmark L. Llanera, CPA Accountant III
Consultants	Dr. Joy Arnold T. Lejos Medical Officer III Dr. Lourdelyn R. Fuentes Dentist II
District Focal	Public Schools District Supervisors