Republic of the Philippines
Department of Education
Region VIII
SCHOOLS DIVISION OF CALBAYOG CITY

July 16, 2025

DIVISION MEMORANDUM
No. 323, s. 2025

SUBMISSION OF PREFERRED MODES OF AVAILMENT FOR MEDICAL ALLOWANCE AND REPORT ON THE GRANT OF MEDICAL ALLOWANCE FOR FISCAL YEAR 2025

TO: Assistant Schools Division Superintendent
Chief Education Supervisors (SGOD & CID)
Education Program Supervisors
Public Schools District Supervisors
Public Elementary & Secondary School Heads
Teaching and Non-Teaching Personnel
All Others Concerned

1. Pursuant to Memorandum DM-OUHROD-2025-1775 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, the School Heads and Unit Heads are requested to submit the following reports in hard and soft (link will be shared in GCs) copies:

Required Report	Deadline of Submission
1. Consolidated Report on Preferred Modes of Availment for Medical Allowance	July 18, 2025
2. Report on the Grant of Medical Allowance for Fiscal Year 2025	August 15, 2025

3. Attached are the templates which shall be used in the submission of the required reports.

4. Immediate dissemination of and strict compliance with this memorandum are desired.

DEPED DIVISION OF CALBAYOG CITY
RELEASED
DATE: JUL 16 2025
BY: 9:04

MARGARITO A. CADAYONA, JR. PhD, CESO VI
Assistant Schools Division Superintendent
Officer-In-Charge
Office of the Schools Division Superintendent

Republic of the Philippines
Department of Education
Region VIII
SCHOOLS DIVISION OF CALBAYOG CITY

CONSOLIDATED REPORTS 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 Schools and Units/Offices to submit the consolidated report on DepEd personnel's preferred modes of availment for their medical allowance.

School _____

Address _____

Total Number _____
Of Eligible Employees

Schools/Units	Option 1 – Group Availment		Option 2 – Individual for Availment of New/Renewal of own HMO		Option 3 – Individual for Payment of Medical Expenses	
	Teaching	*Non-teaching*	*Teaching*	*Non-teaching*	*Teaching*	*Non-teaching*

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:

_____
Administrative Officer II

Noted:

_____
School Head

Republika ng Pilipinas

Department of Education

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: [ ] Permanent [ ] 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:** _____

Republika ng Pilipinas

Department of Education

Annex C
DBM Report Form

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:

_____

Republic of the Philippines
Department of Education
REGION VIII - EASTERN VISAYAS

July 11, 2025

REGIONAL MEMORANDUM
No. 809 s. 2025

SUBMISSION OF PREFERRED MODES OF AVAILMENT FOR MEDICAL ALLOWANCE AND REPORT ON THE GRANT OF MEDICAL ALLOWANCE FOR FISCAL YEAR 2025

To: Schools Division Superintendents
All Others Concerned

1. Pursuant to Memorandum DM-OUHROD-2025-1775 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, the Schools Division Superintendents are requested to submit the following reports:

Required Report	Deadline of Submission
1. Consolidated Report on Preferred Modes of Availment for Medical Allowance	July 21, 2025
2. Report on the Grant of Medical Allowance for the Fiscal Year 2025	August 20, 2025

2. Attached are the templates which shall be used in the submission of the required reports.

3. Immediate dissemination of and strict compliance with this Memorandum are desired.

809

EVELYN R. FETALVERO, CESO III
Regional Director

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

MEDICAL ALLOWANCE REPORTS

AD-PS-EDR

Address: Government Center, Candahug, Palo, Leyte
Telephone No.: (053) 832-5738
Email Address: region8@deped.gov.ph
Website: region8.deped.gov.ph