

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

February 10, 2026

**DIVISION MEMORANDUM**  
No. 071, s. 2026

**SUBMISSION OF ANNEX A (Medical Allowance Registration Form)  
FOR IMMEDIATE PROCESSING OF THE MEDICAL  
ALLOWANCE FOR FY 2026**

TO: Assistant Schools Division Superintendent  
Chief Education Supervisors  
Education Program Supervisors  
SDO Unit Heads  
District Heads  
School Heads (Elementary & Secondary)  
All Others Concerned

1. In line with the implementation of **DepEd Order (DO) No. 16, s. 2025** titled **Guidelines on the Grant of Medical Allowance to the Department of Education Personnel and Memorandum DM-OUHROD-2026-0160**, all SDO Focal Offices (FOs) are hereby directed to immediately facilitate the release of the medical allowance for FY 2026.

2. For FY 2026, FOs across all governance levels are authorized to only process the release of medical allowance via payroll disbursement, particularly through the two (2) individual availment options. This is done to ensure the expeditious release before the end of Quarter 1 of FY 2026, subject to the availability of funds. To help meet this timeline, ROs and SDOs may frontload available Personnel Services (PS) funds as necessary.

3. Personnel who are already in the service and who are expected to render at least a total or aggregate of six (6) months of service within FY 2026 shall be eligible for the Medical Allowance. Newly hired personnel shall be eligible only after rendering six (6) months of service. All eligible personnel **must submit Annex A (Medical Allowance Registration Form)** indicating their chosen individual mode of availment to the School Administrative Officer II and shall be submitted by the AO2 to the Division Office Records unit **on or before February 18, 2026**. FOs shall consolidate these forms as the basis for payroll processing.

4. Employees may opt to avail of medical services or HMO packages through duly registered employee cooperatives or associations, which may offer more comprehensive coverage or discounted rates. While this is encouraged to support employee welfare initiatives, it is hereby emphasized that no official or employee shall coerce, compel, or unduly influence any personnel to avail of services from any HMO provider.

5. For proper guidance, the following are the **modes of availment** of the Medical Allowance:

**1. 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;



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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.

**2. Individual Availment for payment of medical expenses**

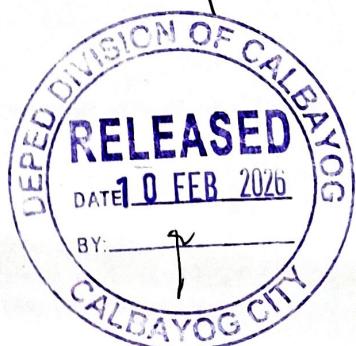
- DepEd personnel must secure any certification identifying them with any of the following conditions namely:
  - Their localities/communities are identified as GIDA; •
  - Their localities/communities have no adequate HMO branch or office of a licensed HMO company, as certified by the head of agency; or
  - Their application in acquiring HMO coverage has been denied by an HMO company
- 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.
- 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.

6. Personnel who received the Medical Allowance in FY 2025 but have not submitted required proofs or documents are strongly reminded to comply. Failure to do so may affect eligibility for the FY 2026 Medical Allowance.

7. Immediate and wide dissemination of this memorandum is enjoined.

For: *Atty. RICARDO PRUDENCIO AGUSTIN*  
**MARGARITO A. CADAYONA, JR. PhD, CESO VI**  
Schools Division Superintendent  
S.O. #009 S. 2006  
10 FEB 2020



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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

*[Handwritten signature]*

*[Handwritten signature]*

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

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BS

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