Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF EL SALVADOR CITY
Office of the Schools Division Superintendent

17 June 2025

DIVISION MEMORANDUM
No. 197, s. 2025

AVAILMENT PROCESS AND LIST OF QUALIFIED PERSONNEL FOR THE GRANT OF MEDICAL ALLOWANCE

To: **Asst. Schools Division Superintendent**
Chief CID, SGOD
Education Program Supervisors
All Public Elementary & Secondary School Heads
All Section Heads
All Others Concerned
This Division

1. Pursuant to **DepEd Order No. 16, s. 2025** re: Guidelines on the Grant of Medical Allowance to the Department of Education Personnel, this Office announces the availment process and the list of qualified personnel eligible for the **P7,000.00 per annum medical allowance** as a subsidy for availing of health maintenance organization (HMO) benefits.

2. The medical allowance may be granted either through **Group Availment** or **Individual Availment**. All qualified personnel shall accomplish the **Medical Allowance Registration Form (Annex A)**, indicating their chosen mode of availment. Accomplished forms shall then be submitted by school to the SDO for consolidation on or before **June 30, 2025**.

3. The **group availment** for the HMO-Type product/benefit shall be facilitated through DepEd Agency Procurement by **Mr. Jeffrey M. Martinez**, the Agency's designated Focal Officer or End-user.

4. For personnel who opt for **individual availment through payroll disbursment**, he/she shall submit proof of enrollment with their HMO provider, which may include, but is 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.

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5. The **cash option** for payment of medical expenses shall be granted to personnel who meet **any one of the three conditions** listed below, provided that they submit an accomplished **Individual Cash Claim Form (Annex B)** along with the corresponding proof:

CONDITIONS	EVIDENCE
a. Their localities/communities are identified as GIDA, as certified by the head of agency	Certification of GIDA
b. Their localities have no adequate HMO branch or office of a licensed HMO company, as certified by the head of agency.	Certification of no adequate branch
c. Application of the personnel concerned in acquiring HMO coverage has been denied by an HMO company.	Proof of Denial from HMO

6. The **list of eligible personnel for the medical allowance is in the Attachment 1**. Newly hired personnel may qualify for the grant after rendering **six (6) months of service** in a particular fiscal year.

7. For information and guidance.

RANDOLPH B. TORTOLA
Schools Division Superintendent

To be indicated in the Perpetual Index

OSDS/KBG

ATTACHMENT 1

LIST OF ELIGIBLE PERSONNEL

1. ABAD, ROY ADAJAR
2. ABANG, MYDIE ANN DOMINGO
3. ABANG, ROMEL CAGATA
4. ABARQUEZ, RYAN SAREN
5. ABARQUEZ, SHEILA GERMINO
6. ABASULA, CLEMBER LEI BONIEL
7. ABASULA, RIZA QUILAB
8. ABRATIGUIN, AIMELYN JANE GIL
9. ABRATIGUIN, NISHI MACALAGUING
10. ABUCAY, CHRISTINE MAE BUENAVENTURA
11. ABUHAN, ROMEO JR ACERO
12. ABUHAN, SHENA MARIE BACULIO
13. ACERO, CARLOS JR DAGANATO
14. ACERO, MARY LIH BAHIAN
15. ACERO, SHEILA MAE BAHIAN
16. ACERO, STELLA MARIE BAHIAN
17. ACOSTA, FRANCES RIANNA MAGABANG
18. ACUNO, ELIZABETH BERNAT
19. ACUNO, FILMARY OBSIOMA
20. ADESAS, AARON AMANEO
21. ADESAS, LIZEL DORIEGA
22. AGARPAO, ROVELYN DE LA RAMA
23. AGUIRRE, LOVELY PAMISA
24. AGUIRRE, RICHARD DIMAANO
25. AKUT, LEAH MAE CABANLAS
26. AKUT, MA LUISA CALUYA
27. ALAWI, AEROL KENT ARREGLO
28. ALCASID, NINIAN ABNE
29. ALINSONORIN, CHERIE-AN GUTIERREZ
30. ALQUISALAS, EMELIA LUMAHANG
31. AMARGA, MARY JEAN PIIT
32. AMARILLE, LIZAME TAMPUS
33. AMOGUIS, GERLISSA KRISTI RAS
34. AMONCIO, CHRISTINE MARIE BONIEL
35. AMPO, JESUSA SALVADOR
36. AMPOYO, RICHIEL QUIACAO
37. APDIAN, CHARMAIGNE IRISH LABADAN
38. APDIAN, LILIBETH MABAO
39. APUS, JOMAR NACUA
40. APUS, KRISTINE SALASAYO
41. APUS, NICANOR JR NACUA
42. ARANDIL, HONEY JADE SILVA
43. ARANGOSO, APPLE KIETH BALOLOT
44. ARNAIZ, JULNIT FRIAS
45. ARRABACA, MARK ALEXANDER JR REGUROSA
46. ARRIESGADO, QUENNIE LABIS
47. ARRIETA, FRANZELLE MAE LIGNES
48. ARRIETA, MARK ANTHONY GUMATAY
49. ASEQUIA, CHERRY LOU DEL CASTILLO
50. ASEQUIA, KEVIN BETE
51. ASUNCION, KLAUDINE IXIE OCO
52. ATURO, JAYPEE AYUDTUD
53. BAANAN, JENNIE DOBLE
54. BACOLOD, KIMBERLY ANN LABASTIDA
55. BACULIO, EVA MAE SABURAO
56. BACULIO, GINA VILLAHERMOSA
57. BACULIO, REMELYN SABUERO
58. BACULIO, SHEILA CALISO
59. BACULIO, SHELA JOY HUISO
60. BAG-AO, JOY VILLAROYA
61. BAGAS, RUTH AUSAN
62. BAHIAN, CYRIL NOB
63. BAHIAN, HIMAYA MAY BAGAS
64. BAHIAN, MELANIE FAJARDO
65. BAHIAN, NICHOL GRACE N/A
66. BAHIAN, ROSELA ABUHAN
67. BAJUYO, JOHN ALFRED LABUSAN
68. BAJUYO, MARVIE SACULINGGAN
69. BAJUYO, ROMULO COLANCO
70. BALAGOSA, ERMITA HARIOLNE
71. BALANSAG, EDWINA FABRICANTE
72. BALASABAS, JEZIEL MACAHILOS
73. BALAURO, WINCY RAZON
74. BALILI, ERIC GABRIEL CULAGBANG
75. BANCIS, CHERRYMER BALASE
76. BANGAD, NIKKI FABRE
77. BANUAG, LAYRESS MAE JARAP
78. BARIMBAO, CRISTINE JAGONAL
79. BARINA, ROXAN MACARANDAN
80. BARITUA, MENCHU CAPILI
81. BASTILLADA, TERESITA ZAFRA
82. BATALLA, LOUGIE MAE PATRIANA
83. BATUTAY, RHEA CIMACIO
84. BAUTRO, JENEVIE MAJORENOS
85. BEJEGA, MARY ANN CABIGQUEZ
86. BEJIGA, LINA CAPILI
87. BEJIGA, LOLITO DANGCAL
88. BEJIGA, YURIEL CLINT CAPILI
89. BENDIJO, GERALDINE LEAH ABREA
90. BENDIJO, SALVADOR II TIAGO
91. BENGAR, RONA ANN REQUILME
92. BENTOSO, PHILIP MABALAKAD
93. BERGADO, IVY MAE PATENO
94. BERMUDEZ, GRACE MADRIAGA
95. BERTULFO, CHERRY GEMENTIZA
96. BETE, MARY ANN CAMASURA
97. BITANGCOR, CARFIL BACADON
98. BOMBEO, CRISTY DALAUTA
99. BOMBEO, RUTH RANCES
100. BONAYOG, GLADY SALA
101. BONAYOG, JOCELYN TOMARONG
102. BONAYOG, JULIET OCO
103. BONGCAS, LORLYN FABRIA
104. BONGCAS, NATALIO JR ARBILLERA
105. BONGCAYAO, SUZETTE MAGSAYO
106. BONGLAY, JOHNEVIE APUS
107. BONGOLTO, BERNIE ABADAY
108. BONGOLTO, JESSIE PALASAN
109. BONGOLTO, ZARAH MARIE FABRE
110. BORJA, MELANIE BERNADETTE SENOR
111. BOTER, LYNNEL CAMINADE
112. BULAT-AG, MELODY MOLION
113. BUMA-AT, RAPHY BADAYOS
114. BUNA, ANA MAREY CLAUDEL
115. BUNA, CHOLO BONGO
116. BUNA, ELLEN GAAN
117. BUNA, JELLY JOY ASOK
118. BUNA, JOEVANA JEAN VALLE
119. BURAY, MARICRIS BONGCAYAO
120. BURAY, VANESSA VIRTUDAZO
121. BURI, MAY GRACE QUIBOD
122. CABALLA, JANEVE ISIDTO
123. CABANA, JOAN MACAS
124. CABARON, GENELINE JULIADA
125. CABELTES, GLADYS GRACE HOCSON
126. CABILADAS, CRYSTAL GAY NAVARETTE
127. CABILIN, AMOR SALAMANCA
128. CABILLO, ARLINE ALONZO
129. CABILLON, CHEYENNE LOMANOY
130. CABUNOC, MA CARMEN ROSA ANA RAMOS
131. CACAYAN, MARIE JADE ALONSABE
132. CACDAC, JORGE JR. CAMELOTES
133. CAGALITAN, MARIA FAYE VANESSA CAPILI
134. CAGAPE, ANGELO BABIA
135. CAGAS, REYNA MARIE LUMAJANG

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137. CALAPIS, JANICE ESTRADA
138. CALUBAG, RUTH AGUIRRE
139. CALURASAN, SARAH MAE FLORES
140. CAÑAS, IRENE PACAMPARA
141. CAÑETE, EVERLYN MUÑOZ
142. CAPILI, CHRISTINE JOY REMATE
143. CAPILI, IRIKA MAE REMATE
144. CAPISTRANO, RANDY RHYS UY
145. CAPUYAN, LIEZL SABELLINA
146. CARANGCARANG, DEXTER ALTOVEROS
147. CARPENTERO, RIZZA MAE TAGARO
148. CASIÑO, MABELLE GRACE LABIS
149. CASIÑO, RUX LLOYD JUDE TAALA
150. CASTANOS, MARISTEL CALAPIZ
151. CASTILLO, EULITA MAHINAY
152. CASTRO, AILEEN BATOON
153. CASTRO, IAN KHAY HALAYAHAY
154. CASTRO, JAYLORD JIMMY BATALLA
155. CATANE, LOVELY JOY
156. CAYADONG, LINDO MUGOT
157. CAYLO, ROWENA DARDOL
158. CELLO, GLACEBEL KAYE GAID
159. CENTENO, SHEILALYN SIGLOS
160. CHUA, HIRAH MARIE BLANCO
161. CHUA, VENCENT PANILAG
162. CIANO, CHEDETTE BUNA
163. CLARABAL, MERAFE OMPOC
164. CLAROS, ADA MAE GERALDE
165. CLAUS, MARY KRIS PANTALLANO
166. COLICOL, ARLYN VILLARINO
167. COLITA, GLADYS JAMIS
168. COMON, JOVIT DAGAPIOSO
169. CORTEZ, MARY ROSE PAISANO
170. CRUZ, STEPHANIE JAMERO
171. CUENZA, GLORY MAY ALABAN
172. CUMBA, EVELYN MAGALLANES
173. DACOCO, JON LOUIS OLFINDO
174. DADOLE, LESLIE AMOR LORONO
175. DAGOPIOSO, EDJIE PENASAHEL
176. DAUG, MERCY MELINA MACAPAYAG
177. DE FELIX, CHARMIE LOVE MACANA
178. DE GUZMAN, DEXBY PENASO
179. DE LA CRUZ, JULIE-ANN ABANG
180. DE LOS REYES, JEAN CLAUDE CABURAL
181. DESCALLAR, MARILOU YUGO
182. DEVEZA, LEA DELA CRUZ
183. DIGAMON, RISZA JEAN SEMINE
184. DIVINO, DARYL JAY HONLAY
185. DOLERO, KENNETH REY GELAGA
186. DONCILLO, HANNAH LAVAREZ
187. DONQUE, CRISTINA ARQUITA
188. DUETES, KATRINA AKUT
189. DUMALAG, FRANCIS LACHICA
190. DUNGOG, SHERRIE RAYOS
191. DURAN, LIZA MAY
192. DUYA, LUCIA ANG
193. EBAJAY, ELLEN PACLAR
194. EBAL, RHEZA MAE PACUT
195. EBALIG, CENDY CUEVAS
196. EDOROT, LAIFANIE MEJILA
197. EDROZO, REX DARDOL
198. EGAMA, MARVIE JOY MONEL
199. ENCABO, SHEILA JEAN BAHIAN
200. ENERIO, MA EDNELYN GRACE VICENTE
201. ERAN, JOAN FELICELDA
202. ERES, LIEZEL BELDERA
203. EROLAN, ANNIELYN TADENA
204. ESCALANTE, MARICAR YANA
205. ESCAMOS, PILAR PACOT
206. ESPINO, MARIA SHARON JIMENO
207. ESTAÑO, THERESE CHARMAINE YBAÑEZ
208. ESTRADA, ELJIOR BAJUYO
209. ESTRADA, JURICA ETHEL LABIS
210. ESTRADA, MICHAEL CLINT EDUBOS
211. ESTROSAS, GLYZA PATIS
212. ESTROSAS, LORNA HUGO
213. FABRE, DYANNA ROSE IROY
214. FABRIA, ANALYN GALAGNARA
215. FABRIA, KAREN WAMINAL
216. FABRIA, MARCELYN FORDAN
217. FABRO, ANGELINE BERSANO
218. FABULAR, RUTH MYLA GERALDE
219. FRANCISCO, CHRISTINE HEAZEL OGNIR
220. FRANCISCO, MARK ANCOG
221. GABULE, ALFIE GEMENA
222. GABULE, JAN MARIE ACUNO
223. GABULE, MAE DUETES
224. GABUTAN, ETHEL GALILA
225. GAHAY, CARMILLE VILLEGAS
226. GAID, FRANZ MAYBELLE MAGRINA
227. GAID, JAMAICA ABRAGAN
228. GAID, LUZMIN NACAYTUNA
229. GAID, MA AURA ENTICE
230. GAID, MEGGAN ESTRAÑERO
231. GAID, ROXAN BACULIO
232. GALANIDA, YVONNE GALENDEZ
233. GALARRITA, CHASTILLE JADE WABE
234. GALLEGA, NELLBEN MAGHUYOP
235. GAMAYON, MARY ANTONETH BUENAVENTURA
236. GAMOS, FAY MAE BOMBEO
237. GEFES, MERCYBELLE BAJOYO
238. GEMINEZ, ELDA CAGUBCUB
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240. GENEROL, CHERIEMY DACULAN
241. GENEROL, GERALDINA INOTAO
242. GEÑOSO, SAMANTHA ELLIS MACARANDAN
243. GEQUINTO, FRITZIE LYNNE BATUTAY
244. GERALDE, REYNALDO JR SUMUGAT
245. GIRONELLA, NIÑO JOSE RABUYA
246. GOMEZ, JERVIE IGLORIA
247. GUARIN, CARMELITA JUDITH CAINHOG
248. GUILLENA, KENNETH ANGEL BAHIAN
249. GULAY, JEANNETT ESTERIOSO
250. GUNAYAN, RESURRECCION JR. BANA
251. HALENA, RITA JEAN TACLINDO
252. HERMOSO, JOSELITO REPALDA
253. IGLORIA, ALITHA SABINES
254. INGENTE, KENNETH JANE QUILAB
255. ISIDERIO, ELEONOR REMONSADA
256. ISIDERIO, GLENN JOHN OCBENA
257. ISIDTO, JESSA DIGNADICE
258. JAGONAL, JOCELYN YAMARO
259. JAMODIONG, RUBY ANG
260. JAMPIT, DENILLS MACALAGUING
261. JANGAO, MARICEL BUNA
262. JANUBAS, KIM PALASAN
263. JARIOLNE, MARITESS TORREGOSA
264. JUBILAN, MA EMMARIZ VALMORIDA
265. JUNAYON, MAY AMOR PENASO
266. JUNAYON, RYAN BAHIAN
267. JUSTALERO, ANNABEL ARANGOSO
268. KHOBUNTIN, CECILLE ZABLAN
269. KHOBUNTIN, MARIA IDA SAN DIEGO
270. KHOBUNTIN, SHAIRA MAY SAN DIEGO
271. KINDOM, EVEMIE MARIMON
272. LABADAN, ADRIAN GABRIEL DAHILAN
273. LABIAL, KIMBERLY ANNE TULBANOS
274. LABIANO, RACHELLE QUIACAO
275. LABIS, CARL NEIL GEROLAGA
276. LABIS, JOVEL CAILING
277. LABIS, ROLLY BUNA
278. LACANG, CRUZITA CUARESMA
279. LAID, JESSA MAE BAJUYO
280. LARETA, DONNA MAE SALASAYO
281. LASERNA, EDEN JERGA
282. LAURE, MARY JANE PALASAN
283. LAZAGA, VANITY JADE CORTES
284. LIBOT, LOVILYN AYO
285. LIGNES, MARITES GAID
286. LIGNES, YOLLY KAYE GAID
287. LIGUTOM, MELANIE MIGUELA
288. LIM, FELANIE MARIE ALEJANDRINO
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290. LIÑAN, JINGLE MACABUAC

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298. LUPAC, OLEGARIO SABURAO
299. LUSTERIO, GENEVIEVE EDRALIN
300. MAANDIG, JENNIFER CAGAS
301. MACA, JAY R MAGSAYO
302. MACABINTA, ETHEL GHRACE BAJUYO
303. MACAD, ALGAE
304. MACALAGUING, BELCHEZAR APDIAN
305. MACAPAYAG, EARL RONALD SABURNIDO
306. MACARANDAN, BONNY OMONGOS
307. MACARINE, WENDY LASTICA
308. MACUA, CARMY VALLE
309. MADJOS, BETTY ABADAY
310. MADRIGAL, MARY ANN MAGNETICO
311. MAESTRE, CRISTINE GABULE
312. MAESTRE, LEAH PELOTON
313. MAESTRE, LINDY OCO
314. MAG-ASO, CHERRY CLARIN
315. MAGDUGO, CLOYD NACUA
316. MAGHUYOP, BEN GABRIEL GALANG
317. MAGHUYOP, JACQUELINE CABATINGAN
318. MAGRIÑA, RHEAMIE CANEOS
319. MAGSALAY, MARYDEL UBAUB
320. MAGTIZA, SHARON DE LOS SANTOS
321. MALACO, ESMAEL JR VIÑA
322. MALACO, JENICE MAE LOLO
323. MALAZARTE, ROWENA PUSA
324. MALINAO, WINNIE JANE CLAVITE
325. MALOLOT, ANGELES RODRIGUEZ
326. MALTO, RIA LOU LAPU-LAPU
327. MAMACLAY, ANABELLE MADRONA
328. MAMBAYLA, GLEN MAE MAGNETICO
329. MAÑA, GINA CURAY
330. MANA, MARILOU SOMBRIO
331. MANABAT, EUGENIE FAY MACATUAL
332. MANGAYAN, ALGIE MUGAR
333. MANGAYAN, AMELITA DALIGDIG
334. MANGAYAN, ARJELYN BONAYOG
335. MANGAYAN, GIOVANNI ANITA
336. MANGUBAT, BETCHY LADOROZ
337. MANSUGOTAN, DAISY VESTIL
338. MAPA, PETTY ROSE EGUIA
339. MARANTE, REX PEPITO
340. MARBA, KATHERINE JOY FLORENDO
341. MARBAN, PAMELA LOUIS FABELA
342. MARKINEZ, DARLENE BONGOLTO
343. MARKINEZ, REMY JANE MACANA
344. MARTINEZ, ALAN RODRIGUEZ
345. MARTINEZ, DOREEN PEREZ
346. MARTINEZ, JEFFREY MACADINE
347. MATANOG, JUL ALVAN MACALAGUING
348. MEJILA, AHMELY QUILAB
349. MEJILA, JERICHO MUGOT
350. MEJILA, JOVIELINE PEARL OCON
351. MEJOS, AIRENE CASTILLANO
352. MELENDEZ, CYRA JIMMA ACERA
353. MELENDEZ, TETCHIE ACERA
354. MENDEZ, CARMINA JESSICA BORJA
355. MENIRVA, EMMA BULAT-AG
356. MERCADO, BEBELIN APERDO
357. MERCURIO, CLAUDETTE CABTALAN
358. MICABALO, JESSICA CORTEZ
359. MOLINA, ROLLY APOS
360. MONDINA, LETECIA BAYLON
361. MONFORTE, CHARLEMAGNE BOMBEO
362. MONFORTE, MELCHIE BARBAS
363. MONTALBA, MARECIL CUADRA
364. MONTO, ROSALYN VALLE
365. MORALES, NORALIE BACULIO
366. MORENO, KATHLEEN PEARL CANTONA
367. MUGOT, JEAN KRISHNA LOPEZ
368. MUGOT, JOCELYN TAGAYLO
369. MUGOT, MEROGIM PAIRAT
370. MUGOT, MIRAFE BENGAR
371. NAAYAO, JEANETH EDUAVE
372. NACALABAN, ROMEO JR PAGALAN
373. NACUA, HONEY LUZ SABUERO
374. NACUA, MARILOU ONYOT
375. NACUA, PRINCEZ JANE MONTILLANO
376. NARANJO, MARITES GAID
377. NERI, CYNTHIA GAMILA
378. NERI, JOERIGENE ODETTE COMON
379. NISTAL, CONNIEBEL CAYETUNA
380. NOB, JENNIFER RANCES
381. NOB, MA LOU LEA CADELENA
382. NOBLEZA, DULCE CASAS
383. NUÑEZ, MARIFE PALASAN
384. OBLIGADO, MA. CECILIA UY
385. OBLIGADO, MA. LESLIE UY
386. OCO, JOEY ABANG
387. OCO, KEMBERLY DOMINGUEZ
388. OCO, PUREZA BONGOLTO
389. OCO, RICCA STEPHANIE EDRALIN
390. OGUIMAS, ALMA DADAY
391. OLAER, WILMA BONAYOG
392. OLIVERIO, GUMAMELA TEOPPE
393. OMPOC, MILA CAJARTE
394. OPLAS, ROWENA PALUGA
395. ORANIO, SHERWIN DERAMAS
396. OTAMIAS, JEMWEL MABUGAY
397. OTERO, QUENNIE CASTAÑARES
398. PABALOLOT, MARIA DELMA YANA
399. PABOLOLOT, LEIZL SACLOTE
400. PABOLOLOT, RIGALAD MAGDALE
401. PACAMALAN, VANESSA OCLARIT
402. PACUMA, ROSEN PELIGRINO
403. PACUT, PHOEBE JOY MUGOT
404. PADIGOS, ARIEL SALAS
405. PADIGOS, MAE ANTOINETTE NEBRIS
406. PADIOS, MAE BETE
407. PAGALAN, BEBECHE DANGCAL
408. PAGASIJAN, KRISTINE GRACE UNSON
409. PAGAYON, LETECIA OBSIOMA
410. PAGAYON, ROGER ENVIDIADO
411. PAGLINAWAN, MARILOU BERNAT
412. PAIRAT, ELVY IGLORIA
413. PAIRAT, MARIA RENESA DAROY
414. PALASAN, HELEN SUMAGANG
415. PALER, MARIFE COLANSE
416. PAQUINOL, BOB TOMAMPOC
417. PAQUINOL, JOMER TOMAMPOC
418. PASOK, JANICE BANGUIS
419. PERGES, VANGIE TIALA
420. PEROCHO, MISTY LOU ABAO
421. PICOT, CLYDE KAYE MAGTRAYO
422. PILA, DOROTHY TILAWAN
423. PIMENTEL, HEIDE MAE ASEQUIA
424. PIODINA, MYRNA SAGUING
425. PLAZA, QUEENLYN BACO
426. PONGASE, MADEL SABUERO
427. PUERTOS, LIBERTY GARINGO
428. PUTOL, ANGELITA DUMANGCAS
429. QUILAB, DARLIN JANE GASCON
430. QUILAB, HELBERT NOYNAY
431. QUILAB, MIRAFLOR RANCES
432. QUIRING, CHUCHIE ABELLANOSA
433. QUISMUNDO, MARICRIS PALASAN
434. RACHO, JUDE ADAM MASONGSONG
435. RAGMAC, CHRISTIAN DELLE CANOY
436. RAJAL, EULYN CHING
437. RAL, NEMELIE PILONGO
438. RAMOS, JESSICA MARIE BOMBEO
439. RANCES, GRETCHEN MACANA
440. RAPERAP, ERWIN TOMARONG
441. RAS, MARJORIE TALASAN
442. RATUNIL, MARY ANN SALVADOR
443. RATUNIL, NICK CAGUBCUB
444. REALES, MARIA IVY MAE NERI
445. REBUSTO, ROSA MARIA MAGPULONG
446. REDULLA, SYREL MARIE MAAPE
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450. ROBLE, GABRIEL OMAMALIN
451. ROCIOS, JAEN KIETH FAJARDO
452. ROMASANTA, JAYSON REY RACINES
453. ROMASANTA, THERESE ANGELI MAGALLANES
454. ROSALES, MARIZ JOY VERGABERA
455. ROSAS, JELKHIM MONERAL
456. ROSAS, PSYREL MONERAL
457. RUBI, FRANCIS AMPOSTA
458. RUITA, NOEMI LAMIQUE
459. SAARINAS, ADRIAN KIRBY PACULBA
460. SABADO, NYSSA ISOBEL MACAPAYAG
461. SABASAJE, ANGIE OLBISANO
462. SABASAJE, CHERRY BAJUYO
463. SABASAJE, ROQUE REDOBLADO
464. SABAYANAN, EDJAY FABRICANTE
465. SABELLANO, RICHARD ABELLA
466. SABELLINA, MARIA JEAN GAUPAN
467. SABELLINA, SHARMAINE CASANOS
468. SABUERO, LORNA ABRAGAN
469. SABUNOD, MARIGOLD LUCONAN
470. SABURNIDO, ROTHELLEE LAURIO
471. SACULINGAN, ALAN TORILLO
472. SACULINGAN, JULIUS ALLAN SUMANDO
473. SACULINGAN, KENT IAN TORILLO
474. SAGUING, ANDRIE CRIS LAID
475. SAGUING, DEVY VALDEZ
476. SAGUING, MARISSA BARRIETA
477. SAGUING, ROSEMARIE UNSON
478. SALABSAB, TINO LASAPIN
479. SALIGUMBA, STEPHANIE PABELIC
480. SALINAS, ALVINIA TAGAYLO
481. SALUDARES, JAMES REY GAGARIN
482. SALUGSUGAN, LARKEN LATAYADA
483. SALVA, LEABETH PIMENTEL
484. SALVO, ALIE BEHIGA
485. SAMONTE, LORNA LUMBAB
486. SAMSON, GENEVEVE REFORMINA
487. SAMSON, KWEENY MARIE SANCEBUTCHE
488. SAN DIEGO, MARIFLOR LIMBAGA
489. SANORIA, CHERRYLENE COSTINO
490. SANTOS, JAN KYLE AZCUNA
491. SAPLOT, DHAN JASON BAJAO
492. SAPLOT, RENIEF ANTHONY TUMAPON
493. SARDANE, RIZAN LOMONGO
494. SAREN, KRISTINE CLAIRE BENGAR
495. SENA, ARLENE BILLEDO
496. SERINO, AUGUST JOY WAGA
497. SERRANIA, KAREN ROSE ABANES
498. SEVILLA, CHONA GEMENTIZA
499. SILLABE, JOHN PERKINS SUMASTRE
500. SINCO, RUBY FLOR MARBA
501. SOCOBOS, FLORIE JOY TORILLO
502. SUGUILON, DIANNE LUMAJANG
503. SUGUILON, JEROME GLENN MACAHILOS
504. SUMASTRE, MARY JIT DOBLAS
505. SUPERABLE, ARNEL ALBERCA
506. SUSON, SHERLITA LUTON
507. TAGANAS, CELIA OMPOC
508. TAHIR, LLERANIE RAMOS
509. TANALEON, KRISNA JOY APUT
510. TANEO, RAQUEL AMPOYO
511. TAYONG, HONEYLETTE DUMAS
512. TECSON, EMMIE CARTAGENA
513. TEDLOS, JUVELYN OSMIL
514. TIAD, VANESSA PRORES LAURIO
515. TILOS, JERICO TY
516. TIMBALACO, MERCY LOU NOB
517. TOLIBAS, NIEZEL FABRIA
518. TOMARONG, JIGGER MAGNETICO
519. TOMARONG, RAYMUND URA URA
520. TOMAS, DANIELLE ANNE PAULICAN
521. TORAYNO, RACHEL ANN MADRINA
522. TORRES, MARIVIC SAN DIEGO
523. TORTOLA, RANDOLPH BACTONG
524. TRASONA, GLENDAMIE PAUG
525. TRES REYES, SAMMY SORIN
526. UBAYUBAY, ELSIE BACULIO
527. UNABIA, RENANTE LANGAYLANGAY
528. UNSON, APPLE KATE SALVAÑA
529. UNSON, CLARK AIRON GABULE
530. UY, MARJORY DOMINGUES
531. UY, RAZZEL JEE MAGBANUA
532. VACALARES, ABIGAIL PAYLA
533. VACALARES, ANGELINE BALTAZAR
534. VACALARES, JOHNELL FRANCIS SILVA
535. VALIENTE, LEOPOUL JECK UBANAN
536. VALMORIA, MARGIE RAUTO
537. VALMORIA, RODRIGO JR NACAYA
538. VILLACARLOS, EDDIE BOY JAUDIAN
539. VILLAGRACIA, JOHANN MARIE VEQUISO
540. VILLAHERMOSA, ZIGGER ENTICE
541. VILLANUEVA, MARY JOY SAPLOT
542. VILLAREAL, MAUREEN GRACE VALMORIA
543. VILLOCILLO, LESBINA BACO
544. VIRTUDEZ, IMELDA NUNEZ
545. VISMANOS, DOREEN BADOLES
546. WABE, CHRISLEIGH AIKO PAGLINAWAN
547. YABO, MARIA KIMBERLY ARQUILITA
548. YACAS, JOEL YERE
549. YAMARO, KRISTIANNE MARIE MARBA
550. YAMARO, MARY ANN CALIXTERIO
551. YONGCO, JONALEE SANTIAGO
552. YTANG, CHARLOTTE JAMLAN
553. YUBUCO, EMELIE GIMENO
554. ZAPANTA, ROSALIN INTUD
555. ZULUETA, BARBARA FRANCIS GALAGNARA

Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 855-0113
Website: www.depedelsalvadorcity.net | Email: elsalvador.city@deped.gov.ph

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(1)**:
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**: _____

Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 855-0113
Website: www.depedelsalvadorcity.net | Email: elsalvador.city@deped.gov.ph

ANNEX B

Individual Cash Claim 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 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: _____
Division: _____
School: _____
Employment Status: ☐ Permanent ☐ Contractual ☐ Casual ☐ Substitute

Section 2: Pre-requisite Requirements

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

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

Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 855-0113
Website: www.depedelsalvadorcity.net | Email: elsalvador.city@deped.gov.ph

Section 3: Details of Medical Expenses Incurred

Name of Medical Provider/Facility	Address	Date(s) of Medical Consultation/Service
(Please add rows as necessary)		

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:** _____

Address: Zone 3, Poblacion, El Salvador City | Tel. No. (088) 855-0113
Website: www.depedelsalvadorcity.net | Email: elsalvador.city@deped.gov.ph

Republic of the Philippines
Department of Education

JUN 0 9 2025

DepEd ORDER
No. 016 , s. 2025

GUIDELINES ON THE GRANT OF MEDICAL ALLOWANCE TO THE DEPARTMENT OF EDUCATION PERSONNEL

To: Undersecretaries
Assistant Secretaries
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public Elementary and Secondary School Heads
All Others Concerned

1. The Department of Education (DepEd) issues the enclosed **Guidelines on the Grant of Medical Allowance to the DepEd Personnel** pursuant to Executive Order (EO) No. 64, s. 2024, titled Updating the Salary Schedule for Civilian Government Personnel and Authorizing the Grant of an Additional Allowance, and for Other Purposes, and Department of Budget and Management (DBM) Budget Circular No. 2024-6, titled Rules and Regulations on the Grant of Medical Allowance to Civilian Government Personnel, issued on December 12, 2024.

2. This Order establishes guidelines for granting medical allowance to all eligible DepEd teaching and nonteaching personnel. Moreover, this Order aims to ensure access to essential healthcare services for DepEd personnel through the provision of a medical allowance, thereby promoting their overall well-being and enhancing their financial security.

3. All Orders and other related issuances, rules, regulations, and provisions that are inconsistent with these guidelines are repealed, rescinded, or modified accordingly.

4. This Order shall take effect immediately upon its approval, issuance, and publication on the DepEd website. Certified copies of this Order shall be registered with the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center (UP LC), UP Diliman, Quezon City.

5. For inquiries or concerns, please contact the **Bureau of Human Resource and Organizational Development-Employee Welfare Division**, Mabini Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City, through email at bhrod.ewd@deped.gov.ph or at telephone number (02) 8633-7229.

6. Immediate dissemination of and strict compliance with this Order is directed.

[redacted]

SONNY ANGARA
Secretary

Encl.:
As stated

Reference: N O N E

To be indicated in the Perpetual Index
under the following subjects:

ALLOWANCE
BENEFITS
BUREAUS AND OFFICES
EMPLOYEES
FUNDS
OFFICIALS
POLICY
RULES AND REGULATIONS

MSCM, JD, MPC, DO Guidelines on the Grant of Medical Allowance to the DepEd Personnel
0203 – June 4, 2025

(Enclosure to DepEd Order No. 016, s. 2025)

GUIDELINES ON THE GRANT OF MEDICAL ALLOWANCE TO THE DEPARTMENT OF EDUCATION PERSONNEL

I. RATIONALE

Civilian government personnel including teaching and non-teaching personnel of the Department of Education (DepEd) are at considerable risk of financial strain due to the escalating cost of medication and hospitalization. While the Philippine Health Insurance Corporation (PhilHealth) provides health insurance, it is often insufficient to meet the full medical needs of its members.

Pursuant to EO No. 64, s. 2024 and DBM Circular No. 2024-6, each eligible DepEd personnel is authorized to receive medical allowance of up to Seven Thousand Pesos (PhP7,000.00) per annum as subsidy for availing health maintenance organization (HMO) benefits. This allowance aims to reduce the financial burden associated with hospitalization and medical treatment. Further, the grant of the subsidy will foster competent, committed, adaptable, and healthy workforce. In turn this will result in enhanced productivity in delivering quality basic education.

This Order shall serve as a guide for the Central Office (CO), Regional Offices (RO), Schools Division Offices (SDO), and Schools to ensure effective allocation, distribution, utilization, monitoring, and evaluation of the grant of the medical allowance within their respective jurisdictions.

II. SCOPE

This Order shall apply to all eligible DepEd teaching and non-teaching personnel, whether appointed on a permanent, co-terminus, fixed-term, casual, or contractual basis, subject to the provisions under Section V of these Guidelines.

III. DEFINITION OF TERMS

1. *End-User* – refers to the Focal Office (FO) that identifies, plans, prepares, designs, and implements the procurement project based on the requirements or needs of the DepEd in accordance with its mandate.[1]

2. *Geographically Isolated and Disadvantaged Areas (GIDAs)* – refers to communities/areas which are specifically disadvantaged due to the presence of both physical (refers to characteristics that limit the delivery of and/or access to basic health services to communities that are difficult to reach due to distance, weather conditions, and transportation difficulties) and socio-economic (refers to social, cultural, and economic characteristics of the community that limit access to and utilization of health services) factors.[2]

3. *Health Maintenance Organization (HMO) product* – refers to pre-agreed or designated health care services to the enrolled members for a fixed pre-paid

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1 Republic Act No. 12009, Section 5 (j).
2 DBM Circular No. 2024-06, § 5.1.

fee for a specified period of time through the use of selected network of health care providers, issued on individual/family or group basis.[3]

4. *High-risk Cases* – refers to individuals or groups of people requiring specialized healthcare arising from factors such as but not limited to age, chronic *illnesses*, pregnancy, and disabilities of any nature.

5. *HMO Provider* – refers to a juridical entity legally organized to provide or arrange for the provision of pre-agreed or designated health care services to its *enrolled* members for a fixed pre-paid fee for a specific period of time.[4]

6. *Medical Expenses* – refers to any costs incurred for the prevention, treatment, and rehabilitation of injury or illnesses.

7. *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.

8. *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.

9. *Focal Office* – refers to the designated office/unit in each governance level that is responsible for overseeing the implementation and providing technical assistance, guidance, support, and monitoring to ensure the successful implementation of the Order.

IV. POLICY STATEMENT

1. This Order provides the guidelines in the allocation, distribution, utilization, and monitoring of the grant of medical allowance to all eligible DepEd teaching and non-teaching personnel as mandated by EO No. 64, s. 2024 and DBM Budget Circular No. 2024-6. In implementing this Order, the DepEd aims to achieve the following:

   a. To update the benefits of eligible DepEd personnel in order to foster a competent, committed, agile and healthy workforce, thereby increasing productivity and improving the quality of public services;

   b. Establish an equitable system that ensures eligible DepEd personnel, have access to basic healthcare assistance;

   c. Enhance satisfaction, motivation, productivity, and retention among eligible DepEd personnel by addressing their medical concerns;

   d. Decrease the likelihood of absenteeism and financial ruin due to hospitalization and treatment;

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[3] Guidelines on the Approval of HMO Products and Forms, Insurance Circular Letter No. 2017-19, 31 March 2017.

[4] DBM Circular No. 2024-06, § 5.2.

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.

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.

3. **Group Availment.** The following guidelines shall apply to those who have availed of Group Availment.

3.1 The group availment for of HMO-Type product/benefit shall be through DepEd procurement. HMO packages are greatly encouraged to include benefits for high-risk cases such as pregnant women, senior citizens, or persons with disabilities (PWDs). Moreover, the HMO coverage shall be for a period of 12 months.

3.2 The following shall be considered in the procurement of all HMO packages:

3.2.1 In-patient benefit;
3.2.2 Out-patient benefit;
3.2.3 Emergency care benefit;
3.2.4 Annual Physical Exam; and
3.2.5 Dental benefit.

3.3 The group availment through Agency Procurement shall be facilitated by the designated FO in this Order, subject to the procurement process as defined in existing laws, rules, and regulations. The procurement shall be done through the following:

Delivery Unit	Coverage
CO	CO Personnel
RO	RO Personnel
SDO	SDO and School Personnel

3.4 The FO shall serve as the End-User (EU) for this procurement project.

3.5 The EU shall determine the budget requirements for procurement based on the consolidated medical allowance Registration Form, of eligible personnel who wish to avail themselves of this option.

3.6 The EU shall prepare the procurement planning documents and other requirements needed, subject to the procurement process as defined in existing laws, rules, and regulations.

3.7 After the successful procurement process, the EU shall implement the project. The awarded service provider shall deliver the services as stated in the contract.

3.8 The EU shall ensure the timely submission of statistical reports from the service providers.

4. **Individual Availment Form.** This option may be availed through the following:

4.1 Payroll Disbursement for the availment of new/renewal of individual HMO.

4.1.1 The FO shall determine the number of eligible personnel based on the consolidated Annex A forms, who opted to avail the individual availment option.

4.1.2 Personnel who already have an HMO-type product shall submit proof of enrollment 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.

4.1.3 Personnel enrolled as supplemental members or dependents under their family's HMO plan must present any valid proof of enrollment or registration that verifies such conditions. Entitlement to the medical allowance shall be granted only upon submission of such proof.

4.1.4 The FO shall submit the consolidated Annex A forms that opted for the individual availment of HMO to their respective Finance Unit/Office/Division.

4.1.5 The Finance Office/Unit/Division of the EU concerned shall process the release of the medical allowance.

4.1.6 Personnel are required to submit the aforementioned reportorial requirements subject to the usual accounting and auditing rules and regulations. Failure to comply shall result in the withholding of the personnel's Medical Allowance for the succeeding year until such obligations have been satisfactorily settled.

4.1.7 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.

4.2 Cash form for payment of medical expenses.

4.2.1 This option shall be granted to personnel who fall under one of the three conditions set by the DBM Circular:

a. Their localities/communities are identified as GIDA, as certified by the head of agency;
b. Their localities have no adequate HMO branch or office of a licensed HMO company, as certified by the head of agency.
c. Application of the personnel concerned in acquiring HMO coverage has been denied by an HMO company.

4.2.2 Based on the assigned workstation as the reference point, the following DepEd officials are authorized to issue certifications for identified GIDA localities where there is no adequate HMO branch or licensed HMO company within the area, as

supported by relevant data from the LGU or other applicable government agencies.

Delivery Unit	Authorized Officials
CO Personnel	Undersecretary for Human Resources and Organizational Development
RO Personnel	Regional Director
SDO and School Personnel	Schools Division Superintendent

4.2.3 The conditions set forth in (a) and (b) shall also apply to personnel assigned, either permanently or temporarily, to localities/communities identified as GIDA, or when no adequate HMO company operates within the area.

4.2.4 The FO shall submit the consolidated Annex A forms that opted for cash form for payment of medical expenses to their respective Finance Office/Unit/Division.

4.2.5 The Finance Office/Unit/Division of the EU concerned shall process the release of the medical allowance.

4.2.6 Personnel are required to submit the following reportorial requirements subject to the usual accounting and auditing rules and regulations. Failure to comply shall result in the withholding of the personnel's medical allowance for the succeeding year until such obligations have been satisfactorily settled.

a. Signed Individual Cash Claim Form, hereto attached as Annex B; and
b. Certification of GIDA or Certification of No Adequate HMO branch or office, or Proof of Denial from any HMO including but not limited to letter or electronic mail.

D. FUND SOURCE AND RATES OF MEDICAL ALLOWANCE

1. As a national government agency, the DepEd shall charge against the available PS allotments for the grant of the medical allowance.

2. In case of deficiency, the amount required may be charged against the *Miscellaneous Personnel Benefits Fund* and any other available appropriations under the annual General Appropriations Act (GAA), subject to applicable and existing budgeting, accounting, and auditing rules and regulations.

3. For FY 2025, the medical allowance for full-time service of DepEd personnel shall not exceed PhP7,000.00 per annum. For each subsequent year, the medical allowance shall not exceed the amount authorized under the pertinent general provisions in the annual GAA.

4. The medical allowance per annum for part-time service shall be in direct proportion to the medical allowance for full-time service. If employed on a part-time basis with two (2) or more agencies, the concerned personnel shall be entitled to proportionate amounts corresponding to the services in each agency, provided that the total medical allowance shall not exceed the authorized amount. For example, the medical allowance for part-time service in FY 2025 shall be computed as follows:

$$\textbf{Medical Allowance (Part-Time Service)} = \textbf{(Php 7,000)} \times \frac{\textbf{(hours of part-time service/day)}}{\textbf{8 hours of full-time service}}$$

5. If employed on a part-time basis with two (2) or more agencies, personnel shall be entitled to proportionate amounts corresponding to the services in each agency, provided that the total medical allowance shall not exceed the authorized amount.

6. Pursuant to Revenue Memorandum Circular No. 107-2024 of the Department of Finance-Bureau of Internal Revenue, the authorized Medical Allowance granted under EO No. 64, s. 2024 falls under the "de minimis" benefit contemplated in Section 2.78.1(A)(3) of Revenue Regulations (RR) No. 2-98, as amended. Such being the case, the Medical Allowance and/or the actual premium paid to HMO providers in compliance with EO No. 64, s. 2024 is exempt from income tax and consequently, to withholding tax.

E. DISBURSEMENT OF MEDICAL ALLOWANCE

The provision of HMO-type product for both group and individual availment shall be subject to the existing budgeting, procurement, accounting and auditing laws, rules, and regulations, particularly provisions of DBM Circular No. 2024-6 provided that employees who shall have resigned or retired prior to completing the required six (6) months of service in a particular fiscal year shall be obligated to return the allowance received for such year.

F. ROLES AND RESPONSIBILITIES

The following DepEd concerned offices shall have roles and responsibilities to ensure the efficient and accurate distribution of the medical allowance to eligible personnel:

1. CO

1.1 The Employee Welfare Division shall serve as the FO in the Central Office. It shall lead and oversee the implementation of this Order guidelines and provide technical assistance, guidance, support, and monitoring to ensure its successful implementation. It shall also develop supplemental guidelines whenever necessary, and ensure the submission of necessary reports to DBM.

1.2 The Personnel Division shall verify if the personnel meet the qualifications and conditions provided by Section V.A. (Eligible Personnel).

1.3 The Budget Division shall facilitate the budget allocation for group and individual availment. Moreover, it shall monitor the disbursement/utilization/allocation reports of all delivery units.

1.4 The Accounting Division shall facilitate the processing of payments to HMO service provider or disbursement to CO personnel.

1.5 The Procurement Management Service shall manage the end-to-end procurement process of the HMO-type package and ensure that it is compliant with the national procurement laws and regulations.

2. RO

2.1 The Administrative Division shall serve as FO the in the RO. Moreover, the Administrative Division shall facilitate the implementation of this Order at the regional level. Additionally, through its Personnel Unit, the Administrative Division shall verify if personnel meet the qualifications and conditions provided by Section V.A (Eligible Personnel). The Administrative Unit shall be responsible in submitting the required DBM report, referred herein as Annex C, to the CO before the end of 3rd and 4th quarters of the fiscal year.

2.2 The Finance Division shall facilitate the budget allocation for group and individual availment. It shall also monitor the disbursement/utilization/allocation reports from the SDOs and Schools and submit to the CO. Furthermore, it shall facilitate the processing of payment to HMO service provider or disbursement to RO personnel.

3. SDO

3.1 The Administrative Unit shall serve as the FO in the SDO and Schools. It shall facilitate the implementation of this policy at the SDO and School level. However, the SDOs may exercise the flexibility by allowing the Schools who are identified as Implementing Unit to undertake the availment process, as deemed practical and efficient. Likewise, it shall verify if the personnel meet the qualifications and conditions provided by Item No. V.A. (Eligible Personnel). The Administrative Unit shall be responsible in submitting the required DBM Annex C report to the RO before the end of 3rd and 4th quarters of the fiscal year.

3.2 The Finance Unit shall oversee the fund management and utilization for this Order at the SDO and school level. It shall also monitor the disbursement/utilization/allocation reports from the schools and forward the said reports to the RO. 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.

VI. MONITORING AND EVALUATION

The Central Office, through the Employee Welfare Division, shall continuously gather feedback on the implementation of the grant of medical allowance from all concerned internal and external stakeholders. It shall conduct a periodic policy review to further improve personnel' welfare and address the operational challenges in the implementation of this Order.

All FOs, including the CO, ROs, and SDOs along with accountable officials and personnel, shall ensure compliance with this Order along with adherence to existing budgeting, procurement, accounting and auditing laws, rules, and regulations regarding the appropriate use of funds for this purpose. FOs in the RO shall submit the consolidated Annex C – DBM monitoring reports to the CO. Other reports may be required upon issuance of supplemental guidelines and other issuances.

VII. PROHIBITIONS

In line with DECS Order No. 28, s. 2001 which prohibits the commercialization of DepEd through endorsements and accreditation of goods and services, no institutional endorsement shall be issued by the DepEd to any HMO partners who passed the rigorous process of procurement. Further, no DepEd office or personnel apart from the identified FOs or EU may act as an intermediary between DepEd and the HMO service provider.

Any person who violates this Order shall be held administratively liable under DepEd Order No. 49, s. 2006 and the 2017 Rules on Administrative Cases in the Civil Service, as well as civilly and/or criminally liable, as applicable.

VIII. DATA PRIVACY NOTICE

In compliance with RA No. 10173, or the "Data Privacy Act of 2012," all third-party providers involved in the medical allowance program shall comply with Republic Act No. 10173 and National Privacy Commission (NPC) issuances. Moreover, all sensitive personal information, including medical and health information collected from DepEd officials or personnel, shall be treated as confidential and used solely for legitimate purposes with prior written consent. In the event of any data breach, the DepEd Data Privacy Officer and National Privacy Commission shall be promptly notified to ensure that appropriate actions as taken.

IX. EFFECTIVITY/TRANSITORY PROVISION

This Order shall take effect immediately upon its approval and after the publication on the DepEd website. Certified copies of this Order shall be registered with the University of the Philippines-Office of the National Administrative Registrar (UP-ONAR) at the UP Law Center, UP Diliman, Quezon City.

X. RESOLUTION OF CASES

Issues and concerns arising from the implementation of the Order shall be resolved by the Office of the Undersecretary for Human Resource and Organizational Development with the assistance of the Bureau of Human Resource and Organizational Development-Employee Welfare Division.

XI. SEPARABILITY CLAUSE

If any provision of this Order or part thereof is held invalid or unconstitutional, the remainder of the provisions not otherwise affected shall remain valid and subsisting.

XII. REPEALING CLAUSE

All orders, rules and regulations, and other issuances, or part thereof, inconsistent with this Order are hereby repealed, modified, or amended accordingly.

XIII. REFERENCES

The government issuances related to the grant of medical allowance are the following:

a. EO No. 64, s. 2024 titled, *"Updating the Salary Schedule for Civilian Government Personnel and Authorizing the Grant of an Additional Allowance, and for Other Purposes;* and

b. DBM Circular No. 2024-6 titled, *"Rules and Regulations on the Grant of medical allowance to Civilian Government Personnel."*

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

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

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

Annex B
Individual Cash Claim 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 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: _____
Division: _____
School: _____
Employment Status: ☐ Permanent ☐ Contractual ☐ Casual ☐ Substitute

Section 2: Pre-requisite Requirements.

Supported with applicable documents, check any of the following condition 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

Name of Medical Provider/Facility	Address	Date(s) of Medical Consultation/Service

(Please add rows as necessary)		

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 3: 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:** _____

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:

_____
Chief/Head of Administrative Division

Certified Correct:

_____
Regional Director/SDS

Annex D
Consolidated DBM Report Form

Report on the Grant of Medical Allowance for the FY _____

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:	Noted and Submitted by:
_____	_____	_____
Chief Administrative Officer Employee Welfare Division	*Undersecretary* Human Resource and Organizational Development	*Secretary*