Republic of the Philippines

Department of Education

REGION X – NORTHERN MINDANAO

SCHOOLS DIVISION OF EL SALVADOR CITY

Office of the Schools Division Superintendent

DEPARTMENT OF EDUCATION
EL SALVADOR CITY- RECORDS SECTION
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DIVISION MEMORANDUM
No. 293, s. 2025

ADVISORY ON THE FAILURE OF PUBLIC BIDDING FOR HMO-TYPE PRODUCT AND SUBSEQUENT INDIVIDUAL AVAILMENT

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. This Office hereby announces that the public bidding for the HMO-Type product under the group availment scheme has failed twice. Accordingly, employees who were originally enrolled under group availment shall be given the opportunity to shift to Individual Availment by re-submitting a **Medical Allowance Registration Form (Annex A)** on or before **September 2, 2025.**

2. Personnel who opt for individual availment through payroll disbursement are required **to submit proof of enrollment with an HMO provider within one (1) year from receipt of the medical allowance**. Acceptable proof may include, but is not limited to, the following:

   a. A copy of the HMO agreement;
   b. A valid identification card (ID) issued by the HMO provider reflecting the employee's name; or
   c. An official receipt of payment for the HMO membership fee.

3. For information and guidance.

RANDOLPH B. TORTOLA
Schools Division Superintendent

OSDS/**KBG**

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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(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**: _____

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