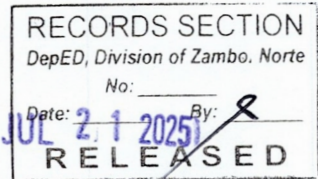




Republic of the Philippines
Department of Education
REGION IX
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE



July 17, 2025

Division Memorandum
No. 350 s., 2025

**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**

To: Assistant Schools Division Superintendent
Division Chiefs
EPSs/PSDSs/SEPSs
Section/Unit Heads
Schools Heads (Elementary/Secondary)
All Others Concerned
This Division

1. This is in relation to the enclosed DM-OUHROD-2025-1775 dated June 30, 2025 relaying additional instructions to implement the grant of medical allowance and for its immediate processing.
2. To expedite the accomplishment of form and report submission on the preferred modes of availment, all concerned personnel are enjoined to declare their preference by sending their responses to this link: <https://bit.ly/ZNMedicalForm2025>. All responses shall be necessary for the preparation of required report per instructions.
3. The PSDSs are directed to take lead in ensuring that all personnel within their jurisdiction adhere to the requirement stated herein.
4. For immediate dissemination and strict compliance.

MAJARANI M. JACINTO EdD, CESO V
Schools Division Superintendent

OASjlr/medall link/DM017-071725



Republic of the Philippines
Department of Education
 REGIONAL OFFICE IX, ZAMBOANGA PENINSULA

Office of the Regional Director

5287
 JUL 10 2025

ADVISORY NO.

219 2025

July 8, 2025

In compliance with DepEd Order (DO) No. 8, s. 2013, this advisory is issued not for endorsement per DO No. 28, s. 2001 but only for the information of DepEd officials, personnel/staff, as well as the concerned public. (Visit www.depedro9.info)

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

This is to inform all eight (8) SDOs of the additional instructions regarding the implementation of DepEd Order No. 16, s. 2025 (Grant of Medical Allowance to the Department of Education Personnel).

Attached is DM-OUHROD-2025-1775 dated June 30, 2025, issued by Undersecretary and Chief of Staff, **Fatima Lipp D. Panontongan**, Undersecretary, **Wilfredo E. Cabral**; and **Atty. Edson Byron K. Sy**, Assistant Secretary, Officer-In-Charge, Office of the Undersecretary for Finance, DepEd Central Office, concerning the additional instructions and the immediate processing of the medical allowance.

For your reference and appropriate action, kindly refer to the details provided in the attached memorandum.

Encl: as stated

FIN/PSDC/svc/Ad
 016/July 8, 2025

Elejorde Gregorio
 Cyrus Ricafort
 2025.07.10
 04:42:51+08'00'



Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY

HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT


MEMORANDUM

DM-OUHROD-2025-1775

TO : REGIONAL DIRECTORS
SCHOOLS DIVISION SUPERINTENDENTS
ALL OTHERS CONCERNED

FROM : 
FATIMA LIPP D. PANONTONGAN
Undersecretary and Chief of Staff


WILFREDO E. CABRAL
Undersecretary


ATTY. EDSON BYRON K. SY
*Assistant Secretary
Officer-in-Charge, Office of the Undersecretary for Finance*

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

DATE : 30 June 2025

In view of the implementation of DepEd Order (DO) No. 16, s. 2025 titled **Guidelines on the Grant of Medical Allowance to the Department of Education Personnel**, all Focal Offices (FOs) identified in *Section V.F* (Roles and Responsibilities) for the Regional Offices (ROs) and Schools Division Offices (SDOs) are instructed to immediately process the release and/or procurement of the said medical allowance/HMO by facilitating efficient registration, consolidation, and processing of payroll and/or procurement procedures.

For guidance, below is the process as outlined in the DO:

1. The Personnel Unit shall generate the list of eligible personnel and announce it through a memorandum or advisory.



Room 102, Rizal Building, DepEd Complex, Meralco Ave., Pasig City 1600
Telephone Nos.: (+632) 96337206 | (+632) 96318494
Email Address: usec.hrod@deped.gov.ph | Website: www.deped.gov.ph

Doc. Ref. Code	DM-OUHROD	Rev	00
Effectivity	03 23 25	Page	1 of 4



2. All eligible personnel shall fill out the *Medical Allowance Registration Form* (Annex A) to indicate their chosen form of availment. The Heads of Office/Chiefs shall consolidate and submit the forms to the Administrative Division/Unit (for both ROs and SDOs).

For efficiency, online registration tools (e.g., Google Forms, Microsoft Forms) may be used to expedite RO and SDO-wide registration and consolidation while awaiting the submission of duly signed individual registration forms. However, the submission and consolidation of the signed registration forms shall still be required to verify the final registration and confirm the consent of the qualified personnel for their preferred option.

3. For school personnel, all school heads shall consolidate the registration forms of their respective personnel prior to submission to the SDO.
4. The Administrative Division will submit the consolidated list to the Budget Office/Unit/Division to determine the total pooled budget for procurement and individual availment.

Other specific details for the three (3) modes of availment are as follows:

1. Group Availment

- a. Once the total pooled budget is determined, the Administrative Division shall serve as the End User (EU) and prepare the procurement planning documents and other requirements needed.
- b. The minimum technical specifications of the HMO to be acquired shall contain the following benefits as minimum:
 - i. In-patient benefit;
 - ii. Out-patient benefit;
 - iii. Emergency care benefit;
 - iv. Annual Physical Exam; and
 - v. Dental benefit.

Further, the HMO coverage shall be for a period of 12 months. In accordance with the existing procurement rules and regulations, the EU shall ensure the conduct of industry/market surveys to effectively determine the final technical specifications for the procurement project, in consideration of the identified budget allocation based on the number of personnel who availed of this option.

- c. After successful procurement process, the EU shall implement the project and provide the procured HMO-type product. The awarded service provider shall deliver the services as stated in the contract.

General Procedures for the Grant of Medical Allowance in Cash Form

Upon determination of the total number of DepEd personnel who shall avail of the Medical Allowance in cash form, based on the submitted Medical Allowance Registration Forms, the Administrative Division shall prepare the payroll, supported by the necessary documentary requirements.

The Finance Division/Unit shall thereafter facilitate the release of Php7,000.00 to qualified DepEd personnel.



2. 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;
 - 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.

3. Individual Availment for payment of medical expenses

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

Lastly, this Office respectfully requests the submission of disaggregated summary data per region on the chosen mode of availment of DepEd personnel on or before July 11, 2025. Attached is the template for reference. Using a DepEd email, kindly submit the scanned copy of the signed and accomplished form through the link: <https://imadrl.com/RegionalDataAvailment> or using the QR code below.



Additionally, kindly take note of the submission of the *DBM Report Form (Annex C)* on or before August 25, 2025. This ensures that the EWD, as the FO in the Central Office, has ample time to consolidate the comprehensive reports received across all regions as required by the DepEd Order No. 16, s. 2025.

For further inquiries or concerns, kindly contact the **BHROD-EWD** through Viber at 0962 895 1363 or email bhrod.ecd@deped.gov.ph.

For your information and guidance.



Submission Bin for Regional Summary Data



Room 102, Rizal Building, DepEd Complex, Marikina Ave., Pasig City 1600
Telephone Nos.: (+632) 86337206, (+632) 86318494
Email Address: usec.brod@deped.gov.ph | Website: www.deped.gov.ph

Doc. Ref. Code	UM-QURROD	Rev.	00
Effectivity	03 23 23	Page	4 of 4





Republika ng Pilipinas

Department of Education

OFFICE OF THE UNDERSECRETARY

HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT

REPORT ON 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 Regional Offices to submit the consolidated Annex C: Report on DepEd personnel's preferred modes of availment for their medical allowance.

Region _____

Address _____

**Total Number
of Eligible
Employees** _____

Office	Option 1 - Group Availment	Option 2 - Individual for Availment of New/Renewal of own HMO	Option 3 - Individual for Payment of Medical Expenses
RO Proper			
SDO 1			
SDO 2			
SDO 3			
<i>Insert rows as needed</i>			
Total			

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:

Noted by:

Chief, Administrative Unit

Regional Director



Room 102, Rizal Building, DepEd Complex, Meralco Ave., Fairview City 1400
Telephone Nos.: (+632) 86337206, (+632) 86318494, (+632) 86366549
Email Address: usec.hrod@deped.gov.ph | Website: www.deped.gov.ph

Doc. Ref. Code: UM-OURMOD | Rev: 00
Effectivity: 03.23.23 | Page | 1 of 1



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

A

Handwritten marks

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

Employee's Signature: _____ Date: _____

(Handwritten mark)

(Handwritten initials)

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:

Chief/Head of Administrative Division

Regional Director/SDS

(Handwritten mark)

(Handwritten initials)