



Republic of the Philippines  
**Department of Education**  
SOCCSKSARGEN REGION  
SCHOOLS DIVISION OF SARANGANI

---

12 Aug 2025

**DIVISION MEMORANDUM**

No. **128** , s. 2025

GRANT OF MEDICAL ALLOWANCE TO TEACHING AND NON-TEACHING  
PERSONNEL FOR FY 2025

To: Assistant Schools Division Superintendent  
Chief Education Supervisors  
Public Elementary and Secondary School Heads  
Unit/Section Heads  
All Others Concerned

1. 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 and DepEd Order No. 16, s.2025, each eligible DepEd personnel is authorized to receive a medical allowance of up to Seven Thousand Pesos (PhP7,000.00) per annum as a subsidy for availing of Health Maintenance Organization (HMO) benefits.

2. In accordance with the above, all eligible DepEd teaching and non-teaching personnel are required to fill out the Medical Allowance Registration Form (Annex A), indicating their chosen mode of availment either Group Availment or Individual Availment, to wit:

- a. Personnel who are already in government service and are expected to render at least a total or an aggregate of six (6) months of service within the fiscal year.
- b. For newly hired employees, the HMO Card or payroll disbursement shall only be released after they have rendered six (6) months of service.

3. The specific guidelines for the three (3) modes of availment are as follows:

- a. **Group Availment** – The HMO-type product/benefit shall be procured through DepEd.
- b. **Individual Availment for availing of new /renewal of HMO** – Payroll disbursement shall be provided to personnel availing of a new or renewed individual HMO plan. Those who choose this option must submit proof of enrollment with an HMO provider, such as any of the following:
  - i. Copy of the HMO Agreement;
  - ii. Valid HMO ID issued by the provider, reflecting the name of the employer; or
  - iii. Official receipt for the payment of the membership fee for the HMO product.



Republic of the Philippines  
**Department of Education**  
SOCCSKSARGEN REGION  
SCHOOLS DIVISION OF SARANGANI

**Personnel who will be availing the Individual Availment for availing of new /renewal of HMO must submit the supporting documents and Annex B through their School Heads to the Payroll Services Unit on November 20, 2025.**

c. **Individual Availment for payment of medical expenses** – This mode of availment requires submission of certification identifying the personnel as meeting one of the following conditions:

- i. Certification issued by the head of agency indicating that their locality/community is identified as
  - a Geographically Isolated and Disadvantaged Area (GIDA);
- ii. Certification from the head of agency stating that there are no available or adequately accessible branches or offices of any licensed HMO provider in their locality or community;
- iii. Proof that an application for HMO coverage has been denied by an HMO company.

Please take note that under the **Individual Availment for the payment of medical expenses**, personnel are **required to submit proof of payment** for said expenses. This proof must clearly indicate the name of the concerned DepEd personnel and must be accompanied by other supporting documents as specified in Annex B. These documents are subject to the usual accounting and auditing rules and regulations. **Personnel who will be availing the Individual Availment for the payment of medical expenses shall submit the required documents through their School Heads on November 20, 2025 to the Payroll Services Unit.**

Failure to comply shall result in the withholding of the personnel's Medical Allowance for the succeeding year until such obligations are fulfilled.

4. All personnel are also directed to accomplish the form through this link: <https://forms.gle/imXaUNvqCeUQhmfH6> .Those who already accomplished the form are no longer required to accomplish.

5. Meanwhile, SDO personnel who shall be availing the individual availment shall submit together with their Annex A directly to the **Payroll Services**.

6. The following enclosures are attached, but personnel are advised not to use the attached copies. Instead, they should use the downloadable version readily accessible at personnel website, as follows:

Enclosure 1. Medical Allowance Registration Form (Annex A)  
Enclosure 2. Individual Cash Claims Form (Annex B).

7. For inquiries contact Mr. Roel D. Balbareno at 09779341073.



Republic of the Philippines  
**Department of Education**  
SOCCSKSARGEN REGION  
SCHOOLS DIVISION OF SARANGANI

---

8. For the information and guidance of all concerned.

**RUTH L. ESTACIO PhD, CESO V**  
Schools Division Superintendent

Encl.: As stated

Reference: As stated

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

ALLOWANCE  
GRANT

RDB/OSDS/DM – grant of medical allowance to teaching and non-teaching personnel for fy 2025  
0737/August 12, 2025



Republic of the Philippines  
**Department of Education**  
SOCCSKSARGEN REGION  
SCHOOLS DIVISION OF SARANGANI

**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  
☐ Availment of new/renewal of own HMO  
☐ Availment 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:** \_\_\_\_\_



Republic of the Philippines  
**Department of Education**  
SOCCSKSARGEN REGION  
SCHOOLS DIVISION OF SARANGANI

**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 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: Pre-requisite Requirements**

*Supported with applicable document, 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)		





Republic of the Philippines  
**Department of Education**  
SOCCSKSARGEN REGION  
SCHOOLS DIVISION OF SARANGANI

---

Description of Expense	Amount (in PHP)	Receipt No./Reference
Consultation Fee		
Laboratory/Diagnostic Tests		
Medication		
Hospitalization		
Others (please specify)		
<b>Total Amount</b>		

**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:** \_\_\_\_\_