



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

19 Feb 2026

DIVISION MEMORANDUM

No. **021** , s. 2026

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

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

1. In compliance with DM-OURHROD-2026-0160 titled, "Instructions on the Implementation and Immediate Processing of the Medical Allowance for Fiscal Year 2026", and pursuant DepEd Order No. 16, s.2025 titled "Guidelines on the Grant of Medical Allowance to the Department of Education Personnel", this office informs all concerned personnel of the implementation and immediate payment of the Php 7,000.00 annual medical allowance for eligible personnel for Fiscal Year (FY) 2026.
2. Subject to the availability of funds, the medical allowance shall be released through payroll disbursement under two (2) individual availment options to ensure its release before the end of the first quarter of FY 2026.
3. Eligible employees are those currently in the service and expected to render at least an aggregate of six (6) months of service within FY 2026. Newly hired personnel may request the grant only after rendering six (6) months of service.
4. All eligible personnel shall submit Annex A (Medical Allowance Registration Form) indicating their chosen individual mode of availment to their School Administrative Officer II or Administrative Assistants. The consolidated Annex A shall be submitted to the **Payroll Services Unit on or before February 27, 2026**. AO II/ADAS shall compile the forms in a labeled folder per school, with a complete list serving as the transmittal.
5. For proper guidance, the following are the modes of availment of the Medical Allowance:
 - A) Individual Availment for availing of new /renewal of HMO:**
 - i. 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.
 - ii. The personnel shall submit proof of HMO enrollment, which may include any of the following:
 - Copy of HMO Agreement;



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- Valid ID issued by the HMO provider reflecting the employee's name;
 - Official Receipt for payment of the HMO membership fee.
- iii. If the HMO-type product availed is below the amount of Php 7,000.00, the personnel shall not be required to refund the excess amount.

B) Individual availment for payment of medical expenses:

- i. DepEd personnel must secure any certification identifying them with any of the following conditions namely:
- Assigned in localities/communities identified as GIDA;
 - Localities/communities without an HMO branch or office of a licensed HMO company, as certified by the head of office; or
 - Proof that an application for HMO coverage has been denied by an HMO company.
- ii. Upon issuance of the certification, personnel may utilize the Medical Allowance for payment of medical expenses such as hospitalization, emergency cases, diagnostic tests, and medicines.
- iii. Any amount incurred in excess of Php 7,000.00 shall not be subject to reimbursement by DepEd.

Personnel availing under this option are required to submit proof of payment (e.g., Official Receipts) bearing the name of the concerned DepEd personnel and other supporting documents specified in Annex B, subject to existing accounting and auditing rules and regulations.

6. Personnel who received the Medical Allowance in FY 2025 but failed to submit the required proof of availment shall not be entitled to the FY 2026 Medical Allowance. Submission of proof of FY 2025 availment is required prior to the processing and release of the FY 2026 Medical Allowance.
7. To facilitate consolidation, all eligible personnel are also directed to accomplish the online form through this link: <https://bit.ly/MedicalAllowance2026>. The information provided in the online form must match the submitted documents.
8. For inquiries, please contact Mr. Glen J. Gula at glen.gula@deped.gov.ph.
9. For the information and guidance of all concerned.

RUTH L. ESTACIO PhD, CESO V
Schools Division Superintendent

Encl.: As stated



Address: Capitol Compound, Maribulan, Alabel, Sarangani Province
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Reference: As stated

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

FORMS

Irma May G. Dinasas/OSDS/DM – submission of annex a (medical allowance registration form)
for the grant of medical allowance fy 2026

0149/February 19, 2026



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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 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:** _____



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Annex B

Individual Cash Claim Form

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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.

1.1 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

2.1 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



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3.1 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:** _____



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