



Republic of the Philippines
Department of Education
Region III
SCHOOLS DIVISION OF PAMPANGA

August 6, 2024

DIVISION MEMORANDUM
No. 500, s. 2024

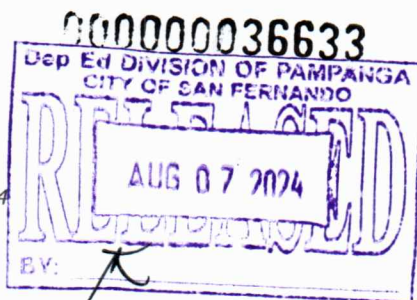
**GOVERNMENT SERVICE INSURANCE SYSTEM – GROUP
ACCIDENT INSURANCE (GSIS-GPAI)**

To: Assistant Schools Division Superintendents
CID and SGOD Chiefs
Division Unit Heads
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
Teaching and Non-Teaching Personnel
All Others Concerned

1. Enclosed are copies of Regional Memorandum No. 547, s. 2024, dated August 5, 2024, and Memorandum OUF-2024-0547, dated July 16, 2024, regarding the Government Service Insurance System-Group Personal Accident Insurance (GSIS-GPAI) work and non-work-related accident claims of all teaching, teaching-related, and non-teaching DepEd personnel covering the period from October 5, 2023, to October 4, 2024.
2. The documentary requirements for the claim are found in Annex A. Claims must be reported to nonmotorclaims@gsis.gov.ph, which includes the complete contact details of the claimant/victim, including email address, landline or phone number, contact person, and mailing address. The claim should be filed within 120 days from the date of the accident or discovery of the loss.
3. For information and guidance of all concerned.


ROMEO M. ALIP, PhD, CESO V
Schools Division Superintendent

AOAS/08/48/24

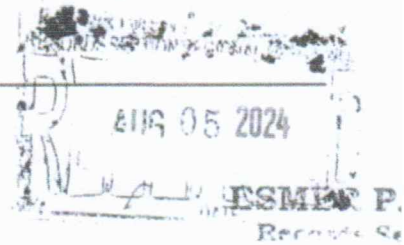


Address: High School Blvd., Brgy. Lourdes, City of San Fernando (P)
Telephone No.: (045) 435-27-28; Email Address: pampanga@deped.gov.ph





Republic of the Philippines
Department of Education
REGION III-CENTRAL LUZON




REGIONAL MEMORANDUM

No. 547, s. 2024

GOVERNMENT SERVICE INSURANCE SYSTEM - GROUP PERSONAL ACCIDENT INSURANCE (GSIS-GPAI)

To : Schools Division Superintendents
Public Elementary and Secondary School Heads
All Others Concerned

1. This has reference to Memorandum OUF-2024-0549 dated July 16, 2024 concerning Government Service Insurance System - Group Personal Accident Insurance (GSIS-GPAI) of teaching, teaching-related and non-teaching Department of Education (DepEd) personnel.
2. DepEd personnel who are involved in work and non-work-related accidents encountered both locally and internationally may file a claim under the GSIS-GPAI with Policy ID 1000775262 and insurance coverage from October 5, 2023 to October 5, 2024.
3. All claims must be submitted to nonmotorclaims@gsis.gov.ph with complete contact details of the claimant/victim, including e-mail address, landline or phone number, contact person, and mailing address. The claim should be filed within 120 days from the date of the accident. The required documents to be submitted with the filing of claims are listed in "Annex A".
4. For information and guidance.


JESSIE L. AMIN, EdD, CESO V
Assistant Regional Director

Encl.: As stated

FIN1/fin2
July 31, 2024

To send feedback regarding any of our services, kindly scan the QR Code.



Address: Matalino St. D.M. Government Center, Maimpis,
City of San Fernando (P)
Telephone Number: (045) 598-8580 to 89
Email Address: region3@deped.gov.ph
Website: <https://region3.deped.gov.ph/>




Certificate No. PHP QMS
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Republic of the Philippines
Department of Education
Office of the Undersecretary for Finance

MEMORANDUM
OUF-2024- **0549**
July 16, 2024

TO : **REGIONAL DIRECTORS**
DIRECTOR IV, BUREAU OF HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT
DIRECTOR IV, INFORMATION AND COMMUNICATIONS TECHNOLOGY SERVICE
SCHOOLS DIVISION SUPERINTENDENTS
SCHOOL HEADS
ALL OTHERS CONCERNED

FROM : 
ANNALYN M. SEVILLA
Undersecretary

SUBJECT : **GSIS GROUP PERSONAL ACCIDENT INSURANCE (GSIS-GPAI)**

This is to reiterate that DepEd personnel who are involved in work and non-work-related accidents may file a claim under the Government Service Insurance System (GSIS) Group Personal Accident Insurance (GPAI) policy.

Under the GSIS-GPAI, DepEd personnel can claim for accidental death or dismemberment of up to Php100,000.00. GPAI also offers medical reimbursement feature for accident-related injuries of up to Php30,000.00.

The said policy includes injuries sustained in accidents encountered by covered DepEd personnel both locally and internationally, whether work-related or not. Furthermore, 100% of the principal sum will be received by the beneficiaries of the DepEd personnel in case of unprovoked murder or assault.

Claims must be reported to nonmotorclaims@gsis.gov.ph which includes the complete contact details of the claimant/victim, including email address, landline or phone number, contact person, and mailing address. The claim should be filed within 120 days of the date of the accident. Attached as Annex A are the required documents to be submitted in filing claims.

For dissemination and compliance.

Copy Furnished:

1. **Wilfredo E. Cabral**
Undersecretary for Human Resource and Organizational Development
2. **Francis Cesar B. Bringas**
Assistant Secretary for Operations



Address: 2F Rizal Bldg., DepEd Complex Meralco Avenue, Pasig City
Telephone Nos.: (02) 8633-9342 TeleFax No: (02) 8638-3703
Email Address: usec.financebpm@deped.gov.ph

ANNEX A

GOVERNMENT SERVICE INSURANCE SYSTEM - GROUP PERSONAL ACCIDENT INSURANCE (GSIS GPAI)

COVERAGE: From October 05, 2023 to October 04, 2024

REQUIREMENTS:

MEDICAL REIMBURSEMENT CLAIM

1. **Original** Endorsement of Claim by the Office of the Insured Person to GSIS
2. **Original** Medical Certificate
3. **Original** Official Receipts for medical expenses incurred
4. **Original** Doctor's Prescription (for over the counter medicines)
5. Photos of bodily injuries
6. Vaccination Schedule (if injury caused by Animal Bite /Scratch)
7. Statement of Account (if hospitalized)
8. Hospital Records (Clinical Abstract, Laboratory, X-Ray, CT Scan Results)
9. **For Vehicular Accident: Original** Police Report or **Originally Signed CTC** of the Police Report

For Non-Vehicular Accident:

- **Original** Affidavit on the Circumstances of the Accident (**Notarized**) *with attached photocopy of valid ID w/ signature & picture*
- **Original** Affidavit of Two Disinterested Witness (**Notarized**) *with attached photocopy of valid ID w/ signature & picture*

ACCIDENTAL DEATH/DISEMBLEMENT

1. **Original** Endorsement of Claim to GSIS by Head of Office of the Insured Person
2. **Original** PSA Death Certificate
3. **Original** Certificate of Employment prior to death w/ Service Record
4. **Original** or CTC of Police/Traffic Investigation Report
5. Photos of bodily injury/incident
6. Statement of account (if hospitalized)
7. Hospital Records (Clinical Abstract, Laboratory, X-ray, CT Scan Results)
8. Autopsy Report, if any
9. **Original** Certificate of Legal Heirs from the assured's Human Resources Dept.
10. **If the deceased is married:**
 - **Original** PSA Marriage Certificate
 - **Original** PSA Birth Certificate of Children
 - For minor children: **Original** Affidavit of Guardianship
11. **If the deceased is single :**
 - **Original** PSA Birth Certificate of Insured
 - **Original** PSA Marriage Certificate of Parents
12. Extrajudicial Affidavit & Waiver of Rights, if applicable

Line PERSONAL ACCIDENT
 GROUP PERSONAL ACCIDENT
Policy ID : 1000775262

Term
 From OCT 5, 2023 NOON
 To OCT 5, 2024 NOON
Issue Date SEP 21, 2023

Premium	97,469,600.00
Doc Stamps	0.00
Premium Tax	0.00
VAT	0.00
Local Tax	0.00
Other Charges	0.00
Amount Due	97,469,600.00
Currency	PHILIPPINE PESO

Assured : DEPT OF EDUCATION-CENTRAL OFFICE
Address : DEPED COMPLEX MERALCO AVE, PASIG CITY

Remarks

GPAI COVER FOR 974,696 TEACHING, TEACHING-RELATED & NON-TEACHING DEPED PERSONNEL
 (INCLUDING THOSE ENLISTED AS RESERVED OFFICER IN THE MILITARY)

DETAILS OF COVERAGE:

ACCIDENTAL DEATH/DISEMBEUREMENT : Php100,000.00/PERSON
 MEDICAL REIMBURSEMENT : 30,000.00/PERSON
 PREMIUM : 100.00/PERSON

Item/Person Name : .
Occupation/Title :

<u>Coverage</u>	<u>TSI, per person</u>	<u>Premiums, per person</u>
1 MEDICAL REIMBURSEMENT	29,240,880,000.00	66,279,328.00
2 ACCIDENTAL DEATH	97,469,600,000.00	31,190,272.00
	TOTAL :	97,469,600.00

WARRANTIES AND CLAUSES AT THE TIME OF ISSUE :

SUBJECT TO GSIS STANDARD PERSONAL ACCIDENT INSURANCE

24HOUR ACCIDENT RIDER INCLUDING ALL COMMERCIAL FLYING (TERRITORIAL LIMIT-WORLDWIDE)

THIS POLICY COVERS AGAINST LOSS RESULTING DIRECTLY AND INDEPENDENTLY OF ALL
 OTHER CAUSES, FROM BODILY INJURIES CAUSED BY ACCIDENT. HOWEVER, COVERAGE AS
 RESPECTS FLYING IS LIMITED TO LOSS OCCURRING WHILE THE INSURED IS RIDING
 SOLELY AS A PASSENGER, NOT AS AN OPERATOR OR CREW MEMBER, IN, BOARDING OR
 ALIGHTING FROM:

- a. A certified passenger aircraft provided by a commercial airline on any regular, scheduled or non-scheduled, special or chartered flight and operated by a properly certified pilot flying between duly established and maintained airports, or

USER : PHX_GSIS

INTERMEDIARY UND

Documentary Stamps to the value stated above have been affixed and properly cancelled on the office copy of the Policy.

- b. Any transport type aircraft operated by the Military Air Transport Service (MATS) of the United States of America or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world.

BENEFITS

The Insurance afforded is only with respect to injuries which, directly or indirectly of all other causes, result in death, dismemberment, total disability or medical expense, as stated hereunder, within the time limits indicated, but only against so many of the benefits as are specifically indicated in the Declaration page by the insertion of a premium charge or charges.

PART I. LOSS OF LIFE INDEMNITY

When the injury results in loss of life of the Insured within one hundred eighty (180) days after the date of the accident the FUND will pay the LOSS OF LIFE INDEMNITY stated in the Schedule.

PART II. DISMEMBERMENT, LOSS OF SIGHT, HEARING, SPEECH INDEMNITY

When injury does not result in loss of life of the Insured within one hundred eighty (180) days after the occurrence of the accident but does result in any of the following losses within said one hundred eighty (180) days, the FUND will pay for loss of:

Two limbs	100%	of the Principal Sum
Both Hands or all		
Fingers and both thumbs	100%	of the Principal Sum
Both Feet	100%	of the Principal Sum
Sight of Both Eyes	100%	of the Principal Sum
Arm at or above elbow	70%	of the Principal Sum
Arm between elbow and wrist	60%	of the Principal Sum
One Hand	50%	of the Principal Sum
Four Fingers & Thumb of one hand	50%	of the Principal Sum
Four Fingers	35%	of the Principal Sum
Thumb	15%	of the Principal Sum
Index Finger	10%	of the Principal Sum
Middle Finger	6%	of the Principal Sum
Ring Finger	5%	of the Principal Sum
Little Finger	4%	of the Principal Sum
Metacarpals		
First or second (additional)		

Documentary Stamps to the value stated above have been affixed and properly cancelled on the office copy of the Policy.

ATTACHED TO AND FORMING PART OF POLICY ID 1000775262

Third, fourth or fifth (additional) ..2%	of the Principal Sum
Leg at or above knee	60% of the Principal Sum
Leg below Knee	50% of the Principal Sum
One Foot	50% of the Principal Sum
Toes-	
All of one Foot	25% of the Principal Sum
Big Toe	5% of the Principal Sum
Any Toe other than big toe, each	1% of the Principal Sum
Sight of one Eye	50% of the Principal Sum
Hearing-	
Both Ears	50% of the Principal Sum
One Ear	25% of the Principal Sum
Speech	100% of the Principal Sum

The occurrence of any specific loss for which indemnity is payable under this Part shall at once terminate all insurance under this Policy, but such termination shall be without prejudice to any claim originating out of the accident causing such loss.

No indemnity will be paid under any circumstances for more than one of the losses, the greatest, for which provision is made in this Part.

PART III. PERMANENT TOTAL DISABILITY

When as the result of injury and commencing within 180 days of the date of the accident, the Insured is totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which he is reasonably qualified by reason of his education, training or experience, the FUND will pay, provided such disability has continued for a period of twelve consecutive months and is total, continuous and permanent at the end of this period, the Principal Sum less any other amount paid or payable under this Policy as the result of the same accident, at the rate of one percent per month for 100 months.

PART IV. MEDICAL EXPENSE REIMBURSEMENT

When by reason of injury, the Insured shall require treatment by a legally qualified physician or surgeon, confinement in a hospital or the employment of a licensed or graduate nurse, the FUND will pay the actual expense incurred within fifty two weeks from the date of the accident for such treatment, hospital charges and nurses' fees which is in excess of the deductible amount (if any) stated in the Schedule, but not exceed the aggregate amount payable stated in the Schedule as the result of any one accident.

Documentary Stamps to the value stated above have been affixed and properly cancelled on the office copy of the Policy.

PART V. EXCLUSIONS

The insurance with respect to the above hazards shall not apply:

- a. to loss caused directly or indirectly, wholly or partly by:
 1. bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound);
 2. any other kind of disease;
 3. medical and surgical treatment (except such as may be necessary solely for injuries covered by this policy and performed within the time provided in the policy);
 4. murder, assault or any attempt thereat.
- b. to suicide or any attempt thereat (sane or insane);
- c. to loss occasioned by war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege, seizure, quarantine, or customs regulations or nationalization by or under the order of any government or public or local authority, or any weapon or instrument employing atomic fission or radioactive force, whether in time of peace or war. Provided that those Insured assigned or located in Bangsamoro Autonomous Region in Muslim Mindanao shall be covered under this policy unless it is found that the Insured has actively participated in the activity.

This exclusion shall not be affected by any endorsement which does not specifically refer to it, in whole or in part. The Insured, shall, if so required, and as a condition precedent to any liability of the FUND, prove that the loss did not any way arise under or through any of the above excepted circumstances or causes.

INCLUSION OF UNPROVOKED MURDER OR ASSAULT - PA - 100%

IT IS HEREBY DECLARED AND AGREED THAT policy Provision under Item 4-exclusion (a) Twenty Four Hour Accident Rider A-5, attachment of this policy, is amended to read as follows:

"IT IS FURTHER DECLARED AND AGREED that the Principal Sum hereunder for loss of life arising from directly or indirectly due to unprovoked murder or assault is ONE HUNDRED (100%) OF THE PRINCIPAL SUM BUT NOT TO EXCEED P100,000.00".

ATTACHED TO AND FORMING PART OF POLICY ID 1000775262

CIVIL CODE ARTICLE 1250 WAIVER CLAUSE

IT IS HEREBY DECLARED AND AGREED that the provision of Article 1250 of the Civil Code of the Philippines (Republic Act No. 386) which reads:

"In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment,"...shall not apply in determining the extent of liability under the provisions of this Policy.

PROVISION ON GSIS APPLICABLE TAXES & DOCUMENTARY STAMP TAX:

It is understood that all applicable taxes, including Documentary Stamp Tax (DST), if any shall be borne by the Insured.

PROVISION ON GSIS NON-ISSUANCE OF PROVISIONAL RECEIPT

GSIS does not issue a provisional receipt as proof of premium payment for all insurance policies issued. An official receipt shall be issued upon payment by the Assured.

NOTICE OF LOSS/CLAIM

File the notice of loss/claim of the DepEd teaching and non-teaching personnel within sixty (60) calendar days from date of accident or discovery of loss by actual notification via different modes of communication; and

DOCUMENTARY REQUIREMENTS

Submit the complete basic documentary requirements for claims processing within one hundred twenty (120) calendar days from date of accident or discovery of loss. Additional requirements shall be submitted within thirty (30) calendar days from receipt of GSIS' written request.

IN WITNESS WHEREOF, the company has caused this policy to be signed by its duly authorized officer/representative at Financial Center, Pasay City as of the date of issue.

Documentary Stamps to the value stated above have been affixed and properly cancelled on the office copy of the Policy.