



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

July 22, 2025

DIVISION MEMORANDUM

No. 441, s. 2025

**SUBMISSION OF SUMMARY REPORT ON MEDICAL ALLOWANCE MODE
OF AVAILMENT AND ORIGINAL COPY OF ANNEX FORM A
(GRANT OF 7,000.00 MEDICAL ALLOWANCE TO ELIGIBLE SDO
PAMPANGA PERSONNEL)**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Division Unit Heads
Education Program Supervisors
Public Schools District Supervisors
Heads of Public Elementary and Secondary Schools
All Teaching and Non-Teaching Personnel Concerned
All Others Concerned

1. Relative to the implementation of DepEd Order No. 16, s. 2025 on the grant of medical allowance through either group or individual availment, and in line with the guidelines under Republic Act No. 12009 or the New Government Procurement Act, the Division Office has conducted a validation of the submitted Medical Allowance Registration Form (Annex A) and SDO Pampanga Medical Allowance Report as of July 14, 2025 encoded by each schools through a microsoft excel sheet last July 18, 2025.

2. It has been noted that there are discrepancies in the submitted documents (Annex A – Medical Allowance Registration Form), including but not limited to the following:

- a) *Response in Microsoft Form indicated Individual Availment, but Annex A indicates Group (Agency Procurement)*
- b) *Response in Microsoft Form indicated Group (Agency Procurement), but Annex A indicates Individual.*
- c) *Incomplete information in Annex A (e.g., missing employee number, missing signature, missing employment status).*
- d) *Both options (Group and Individual) were checked in the same Annex A form.*
- e) *Submitted Annex A form in Word format instead of a printed and signed PDF or scanned copy.*
- f) *Uploaded screenshot of Microsoft Form response instead of the actual Annex A form.*
- g) *Mismatch between Microsoft Form responses and submitted Annex A (e.g., different employee names)*

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Address: High School Blvd., Brgy. Lourdes, City of San Fernando (P)
Telephone No.: (045) 435-2728; (045) 435-7404
Email Address: pampanga@deped.gov.ph
Website: www.depedpampanga.ph



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h) The total number of personnel per school indicated in the Microsoft Form (Survey based on DM No. 414, s. 2025) does not match the total number of personnel encoded in the Microsoft Excel file (SDO Pampanga Medical Allowance Report as of July 14, 2025).

3. In view of the foregoing, all school heads, with the assistance of their respective Administrative Officer II (AO II) or Administrative Assistant (ADAS), or Administrative Support Staff (ASS), are directed to submit the following documents to the Administrative Services Unit:

A. Updated Summary Report of Medical Allowance Mode of Availment using the Excel template provided by the Division Office (see attached), to be submitted in hard and soft copies. The soft copy in an Excel file shall be uploaded to this link: <https://forms.office.com/r/cERCHg2tSa>

Excel **Template** for the Summary Report of Medical Allowance Mode of Availment: <https://tinyurl.com/srmamoa2025>

B. Original signed copy of Annex Form A of all eligible employees, indicating clearly the chosen mode of availment (Group or Individual), with complete employee details and valid signatures.

Mode of Availment	Document/s to Submit	When to Submit
Mode 1: Group Availment (Agency Procurement)	a. Original hard copy of the (Annex A – Medical Allowance Registration Form)	on or before July 29, 2025
Mode 2: Individual Availment 2.1 Payroll disbursement for the availment of new/renewal of own HMO	a. Original hard copy of the (Annex A – Medical Allowance Registration Form) b. certified photocopy of HMO Agreement, or c. certified photocopy of valid identification (ID) card issued by the HMO provider reflecting the name of the employee; or d. official receipt for the payment of the membership fee for the HMO product acquired	on or before July 29, 2025, for Annex A document b,c or d, immediately as soon as able and available
Mode 2: Individual Availment 2.2 Personnel who are enrolled as supplemental members or dependents under their family's HMO plan	a. Original hard copy of the (Annex A – Medical Allowance Registration Form) b. copy of HMO agreement showing their enrollment or registration as supplemental members/dependents; or c. valid identification card (ID) issued by the HMO provider reflecting the name of the employee;	on or before July 29, 2025, for Annex A document b or c, immediately as soon as able and available

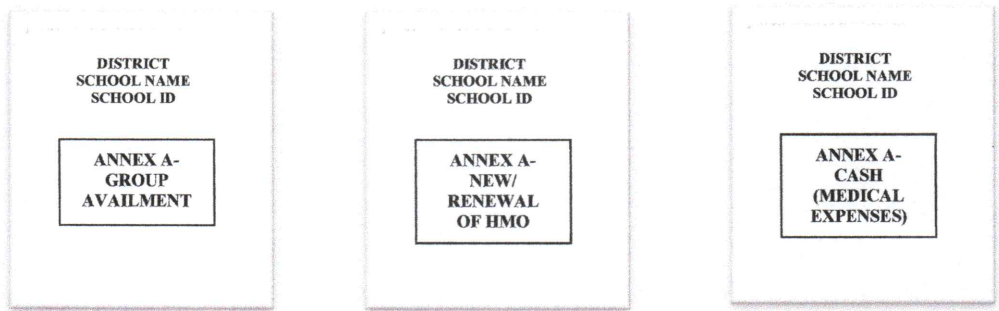


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In cases where the HMO-type product availed is below the P7,000 medical allowance rate , the personnel shall not be obliged to refund the excess amount .		
Mode 3: Individual Availment 3.1 Cash form for payment of medical expenses	a. Original hard copy of the (Annex A – Medical Allowance Registration Form) and b. GIDA Certification from the Schools Division Superintendent; or c. No adequate HMO branch or office of a licensed HMO company Certification, certified by the Schools Division Superintendent; or d. Proof of Application of the personnel concerned in acquiring HMO coverage has been denied by an HMO company. (e.g., Electronic Email/Letter from the HMO company)	Documents a, and b/c/or d, on or before July 29, 2025

4. Furthermore, all schools, through their AO II, ADAS, or Administrative Support Staff (ASS), are directed to submit the consolidated Annex A forms **per governance level (Elementary/Junior HS/SHS/Integrated School)**, securely fastened in separate white folders for each mode of availment. Each folder must have a cover page indicating the school ID and the list of all eligible personnel corresponding to the specific mode of availment.

Sample:



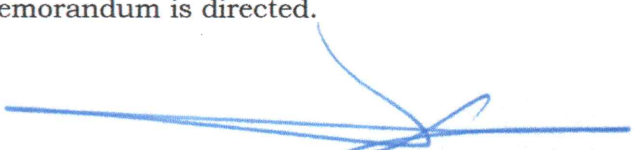
5. After consolidation, the list of qualified personnel to avail the Medical Allowance per Mode of Availment shall be announced through a division memorandum per Section V, C.2.2.1, of DepEd Order 16, s. 2025.

6. Please take note that through the Individual Availment modes, personnel are required to submit proof of availment or renewal of 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.



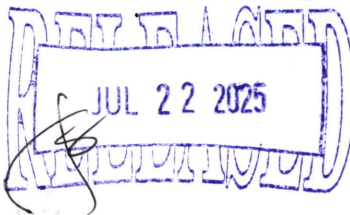
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7. **School Heads, with the assistance of their AO II, ADAS, and/or Administrative Support Staff (ASS), shall ensure the accurate, valid, correct, and complete submission of the aforementioned reports. Failure to comply shall release this Office from any administrative liability resulting from such omission or error.**
8. This Memorandum shall also serve as the **final** opportunity for personnel who wish to revise their previously indicated mode of availment. Requests for changes shall be entertained only until **July 29, 2025**. The revised original copy of their duly signed Annex Form A must be submitted on or before the said deadline. **Sample accomplished Annex A per mode of availment is attached for your reference.**
9. For inquiries and clarifications, school heads may coordinate directly with the Administrative Services Unit through the official email: aoas.pampanga@deped.gov.ph or contact us at (045) 435 9998.
10. Strict compliance with this Memorandum is directed.


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

AOAS/07-054-25

000000057692



EXAMPLE FOR GROUP (AGENCY PROCUREMENT)

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:	Juana A. Dela Cruz		
Employee ID No.	4000012		
Position/Designation:	Teacher I		
Office:	District – School ES		
Date of Appointment:	January 5, 2022		
Sex:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):	June 21, 1988
Mobile Number:	0919-000-0000		
Email:	juana.delacruz@deped.gov.ph		

For teaching personnel

Region:	3
Division:	Pampanga
School:	District - School ES

Employment Status: ☒ Permanent ☐ Contractual
☐ Casual ☐ Substitute

Section 2: 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 medical allowance to DepEd personnel, including the submission of required documents for verification and processing.

Employee's Signature: _____

Date: _____

SAMPLE FOR INDIVIDUAL CASH (MEDICAL EXPENSES)

Annex A

Medical Allowance Registration 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 over a period of (10) ten years for the effective implementation and management of its activities.

Section 1: Employee Information

Full Name:	Juan A. Dela Cruz		
Employee ID No.	4000011		
Position/Designation:	Administrative Assistant II		
Office:	Division of Pampanga – Personnel Unit		
Date of Appointment:	January 5, 2024		
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):	July 21, 1987
Mobile Number:	0919-001-3333		
Email:	juan.delacruz@deped.gov.ph		

For teaching personnel

Region:	
Division:	
School:	

Employment Status: ☒ Permanent ☐ Contractual
☐ Casual ☐ Substitute

Section 2: 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 medical allowance to DepEd personnel, including the submission of required documents for verification and processing.

Employee's Signature: _____

Date: _____

SAMPLE FOR INDIVIDUAL CASH (new /renewal of individual HMO)

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:	Maria A. Ana		
Employee ID No.	4000000		
Position/Designation:	Teacher III		
Office:	Bacolor South District - Juan Dela Cruz ES		
Date of Appointment:	January 5, 2024		
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy):	July 21, 1987
Mobile Number:	0919-0000-1111		
Email:	maria.ana@deped.gov.ph		

For teaching personnel

Region:	3
Division:	Pampanga
School:	District - Juan Dela Cruz ES

Employment Status: ☒ Permanent ☐ Contractual
☐ Casual ☐ Substitute

Section 2: 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 medical allowance to DepEd personnel, including the submission of required documents for verification and processing.

Employee's Signature: _____

Date: _____

SUMMARY OF PERSONNEL PER SCHOOL FOR THE MEDICAL ALLOWANCE (MODE OF AVAILMENT) REPORT

[illegible]

Prepared by:

Reviewed/Certified true and correct:

Administrative Officer II/Administrative Assistant

School Head

SUMMARY OF PERSONNEL PER SCHOOL FOR THE MEDICAL ALLOWANCE (MODE OF AVAILMENT) REPORT

[illegible]

Prepared by:

Reviewed/Certified true and correct:

Administrative Officer II/Administrative Assistant

School Head