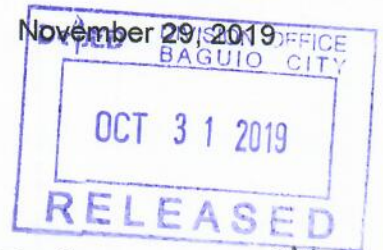




DIVISION MEMORANDUM

No. 563, s. 2019



PARTICIPANTS TO THE "First PhilHealth Division Quiz Bee"

To: PUBLIC SCHOOLS DISTRICT SUPERVISORS – SECONDARY (Junior/ Senior High)
SCHOOL HEADS, MAPEH HEAD TEACHERS
ALL OTHER CONCERNED

1. Pursuant to **Regional Memorandum 222, s. 2018 re: Utilization of the Grade 10 Health Learner's Materials on the Philippine Health Insurance Corporation (PhilHealth)**, there will be a Grade 10,11 and 12 students in Public and private schools nationwide entitled "**First PhilHealth National Quiz Bee**" that will test their knowledge on PhilHealth benefits, services, policies, and spelling ability on health related terms.
2. The competition in 4 levels: 1. Division level, 2. Regional and NCR Branch level,3. Area and PRO NCR level; 4. National level (Final Competition) in which our **Division Quiz B Level will run on November 5,2019 at PhilHealth office, Leonard Wood Road, Baguio City from 8AM on wards.**
3. The activity aims to achieve the following objectives:
 - a. Test the knowledge of the students on PhilHealth's products and services,
 - b. Enhance and deepen the knowledge of the students about PhilHealth,
 - c. Test the spelling ability on the students on health – related terms,
 - d. Serve as a venue in the improvement of PhilHealth Learner's Material (PLM) which has rolled-out in the School Year 2017- 2018
 - e. Encourage students to become advocates of PhilHealth,
 - f. Encourage/ boost the adoption of the PLM by private secondary schools.
4. Please submit entry at the **Division office, CID-MAPEH Supervisor on or before November 4,2019 from 8am- 4PM. Only 45 slots will be accommodated at First come First Serve Basis**
5. Please see **Enclosure 1** for the competition mechanics and prizes, **Enclosure 2** quiz bee registration form with certification and Endorsement, **Enclosure 3** Parental consent Form with General mechanics.
6. Kindly refer also to the attached regional memo for additional details.
7. Immediate dissemination of this Memorandum is desired.


MAPE CAROLYN B. VERANO, CESO VI
Schools Division Superintendent



Enclosure 1

Competition Mechanics and Prizes

1ST PhilHealth National Quiz Bee

GENERAL COMPETITION GUIDELINES

1. The competition shall be open to all presently enrolled Grades 10, 11, and 12 students in public and private schools recognized by DepEd nationwide.
2. Relatives of PhilHealth and DepEd employees up to the fourth degree of consanguinity or affinity are NOT QUALIFIED TO JOIN the contest.
3. All contestants shall accomplish the Registration Form (available at all LHIOs) and submit to the nearest PhilHealth Office at least five working days before the day of Division Level Competition.
4. Contestants are allowed to have one (1) coach, who must be a MAPEH faculty member of the school that the contestant represents.
5. During the contest, the coach shall be assigned a specific area in the competition venue where he/she can observe the contestant.
6. The PhilHealth National Quiz Bee will be in four levels:
 - a. Level 1 – Division Level. In this level, the DepEd Division Offices shall conduct the elimination or selection of the contestants who will join the Regional and PRO- NCR Branch Level. Each Division shall only have one (1) contestant in the Level II competition.
 - b. Level II – Regional and PRO NCR Branch Level. Contestants are the Champions from the Division Levels.
 - c. Level III – Area and PRO NCR Level. Contestants are the Champions in the Regional and PRO NCR Branch Levels.
 - d. Level IV – National Level. Contestants are the Champions in the Area and PRO NCR Level. At this point, there shall be five final contestants (one representative per Area and in PRO NCR).
7. An Official Timekeeper shall be assigned by the PhilHealth on the day of Levels II, III and IV of the competition. He/she shall be responsible in monitoring the time allotted for each question.
8. Failure of the qualified contestant/s to appear on the day and time set for the conduct of the competition in each level shall be automatically disqualify him/her from joining the competition. Replacement of contestant/s shall NOT BE ALLOWED.
9. The questions will cover the PhilHealth Corporate Profile, policies on benefits, products and services, other matters concerning PhilHealth and UHC Act 11223, and spelling on health- related terms. Reference Materials include the PhilHealth Learner's Material and PhilHealth Website.
10. Types of Questions – Division & regional Levels: Answerable by True or False, Multiple Choice, Identification, Enumeration or Spelling on Health-related terms
11. Specific rules on the actual conduct of the Quiz Bee shall be discussed at the beginning of the competition.
12. The official judges shall determine the correctness of the answers given by the contestants. They will also oversee and settle any disputes or complaints that may occur during the competition.
13. Level II competition will be in October to November 2019 while the Level III of the competition shall be on November to December 2019 which shall take place during any corporate event conducted by the PRO/Area. Level IV competition will be held in February 2020 as one of the activities during PhilHealth's 25th Anniversary Celebration within Metro Manila.



14. At the end of each competition level, the Champion and Runners-up shall be formally recognized but only the Champion advances to the next round.
15. Contestants will be automatically disqualified to join or continue with the competition for any violation committed or non-compliance to competition rules.

<p>LEVEL I (Division Level)</p> <p><u>Champion:</u> P1,000.00 plus Certificate of Achievement for the qualified student to join the Regional & PRO NCR Branch Level</p> <p>Students who were not qualified will receive a Certificate of Appreciation</p>	<p>LEVEL II (Regional Level)</p> <p>Cash and Medal for the winning contestants/students</p> <p><u>Champion:</u> P5,000.00</p> <p>Coach: P2,000.00</p> <p>School: P2,000.00</p> <p><u>1st Runner-up:</u> P3,000.00</p> <p><u>2nd Runner-up:</u> P2,000.00</p> <p><u>5 Remaining Contestants:</u> P1,000.00 each</p>
<p>LEVEL III (Area and PRO NCR Level)</p> <p><u>Champion:</u> P10,000.00</p> <p>Coach: P5,000.00</p> <p>School: P5,000.00</p> <p><u>1st Runner-up:</u> P6,000.00</p> <p><u>2nd Runner-up:</u> P4,000.00</p> <p><u>Remaining Contestants:</u> P2,000.00</p>	<p>LEVEL IV (National Level)</p> <p><u>Champion:</u> P100,000.00</p> <p>Coach: P30,000.00</p> <p>School: computer package</p> <p><u>1st Runner-up:</u> P50,000.00</p> <p>Coach: P20,000.00</p> <p>School: P20,000.00</p> <p><u>2nd Runner-up:</u> P30,000.00</p> <p>Coach: P10,000.00</p> <p>School: P10,000.00</p> <p><u>2 Remaining Contestants:</u> P10,000.00 each</p> <p>Coach: P5,000.00</p> <p>School: P5,000.00</p>



Enclosure No. 2



Recent photo
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R E G I S T R A T I O N F O R M

CONTESTANT'S DETAILS:

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Address: _____

Year Level: _____ Age: _____ Sex: _____ Telephone Number: _____

Father's Name:

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Mother's Maiden Name:

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Guardian (in the absence of the parents):

Last Name _____ First Name _____ Middle Name _____ Suffix _____

In case of emergency contact: Father Mother Guardian

Address: _____ Telephone No. _____

Contestant _____ Date _____
(signature over printed name)

SCHOOL DETAILS:

Name of School: _____

Address: _____

Region: _____ Public School Private School

Telephone Number: _____ Email Address: _____

COACH DETAILS:

Last Name _____ First Name _____ Middle Name _____ Suffix _____

Address: _____

Telephone Number: _____ Email Address: _____

CERTIFICATION AND ENDORSEMENT

This is to certify that _____ (Student's Name) is a bona fide student and his/her coach _____ (Coach's Name) is a faculty member of this institution for SY 2019-2020. Further, the student has no relative who is a PhilHealth or DepEd employee up to the fourth degree of consanguinity or affinity. The undersigned therefore endorses his/her participation in the First PhilHealth National Quiz Bee.

 School Division Head/Principal
(signature over printed name)

 Date



Enclosure No. 3

PARENTAL CONSENT FORM

This is to certify that,

I am giving my full consent for my son/daughter, _____ to participate in the **First PhiHealth National Quiz Bee**;

I am permitting him/her to travel to the designated competition venue in case he/she wins and qualifies to the next level of the competition;

The personal information provided by my son/daughter in the PhilHealth National Quiz Bee Registration Form shall be solely used for his/her participation in the said competition;

We have NO relative who is a PhilHealth or DepEd employee up to the fourth degree of consanguinity or affinity and in relation to this, I am allowing PhilHealth to verify our records;

I understand the rules and regulations of this competition and I acknowledge that any violations of these rules will result to disqualifications; and

I acknowledge that the Philippine Health Insurance Corporation shall NOT be held responsible for any harm or injury that may occur to my son or daughter while traveling for/during the competition.

Name of Parent/Guardian
(Signature over printed name)

Date

GENERAL MECHANICS

- Contest shall be open to all presently enrolled Grades 10, 11 and 12 students in public and private schools nationwide.
- Each school shall be represented by one (1) student only.
- Failure of the qualified contestant/s to appear on the day and time set for the conduct of the competition in each level shall automatically disqualify him/her from joining the competition. Replacement of contestant/s shall be NOT BE ALLOWED.
- Relatives of PhilHealth and DepEd employees up to the fourth degree of consanguinity or affinity are NOT QUALIFIED TO JOIN the contest.
- All contestants shall accomplish the Registration Form and submit to the nearest PhilHealth Office.
- Contestants are allowed to have one (1) coach, who must be a MAPEH faculty member of the school that the contestant represents.
- During the contest, the coach shall be assigned a specific area to observe.
- Questions will cover the PhilHealth Corporate Profile, policies on benefits, products and services, other matters concerning PhilHealth, UHC Act 11223, and health matters in general.
- Specific rules on the actual conduct of the Quiz Bee shall be discussed at the beginning of the contest.
- The official judges shall determine the correctness of the answer.
- The Contest is divided into four (4) levels:
 - Division Level
 - Regional Level and PRO NCR Branch Level
 - Area Level and PRO NCR Level
 - National Level
- Contestants will be automatically disqualified to join or continue with the competition for any violation committed or non-compliance to competition rules.