



Republic of the Philippines
Department of Education
Cordillera Administrative Region
SCHOOLS DIVISION OF BAGUIO CITY



July 07, 2025

DIVISION MEMORANDUM
No. 398-2025

GRANT OF CY 2025 MEDICAL ALLOWANCE TO ELIGIBLE EMPLOYEES

To: SDO Personnel
Public School Heads
School Teaching and Non-Teaching Personnel
All Others Concerned

1. In accordance with DepEd Order No. 016, s. 2025 titled "Guidelines on the Grant of Medical Allowance to DepEd Personnel," this Office hereby directs all eligible employees to accomplish the attached Medical Allowance Registration Form (Annex A) and indicate their preferred mode of availment, as follows:
 - a. **Group availment** – through DepEd procurement of HMO-type benefits, facilitated by the Schools Division Office for Non – Implementing Units and School procurement for Implementing Units.
 - b. **Individual availment** – through payroll disbursement for new or renewal of individual HMO plan.
2. For Individual availment, submit any of the following proof of enrollment to Ms. Ezra C. Fiao-ag, AO III, at the Personnel Unit:
 - a. copy of agreement between the HMO provider and employee
 - b. valid HMO-issued ID bearing the employee's name
 - c. official receipt of HMO membership payment
3. Personnel covered as supplemental members or dependents under a family HMO plan must present valid proof of enrollment. Allowance will be granted only upon submission of such documentation.
4. To consolidate records for both group and individual availments, all concerned employees must complete the Survey Form and upload the accomplished Medical Allowance Registration Form (Annex A) via the link provided in the list of eligible employees: <https://tinyurl.com/3z4eawrr> **on or before July 11, 2025.**
5. Immediate dissemination of and strict compliance with this memorandum are directed.

SORAYA T. FACULO PhD, CESO VI
Schools Division Superintendent



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DepEd Tayo Baguio City



<https://depedpines.com>

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: _____
Employee ID Number: _____
Position/Designation: _____
Office: _____
Date of Appointment (dd/mm/yyyy): _____
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

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: _____