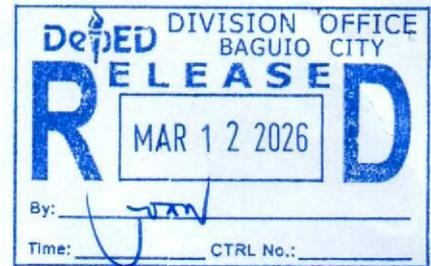




Republic of the Philippines
Department of Education
 Cordillera Administrative Region
SCHOOLS DIVISION OF BAGUIO CITY



March 12, 2026

DIVISION MEMORANDUM
 No. 200-2026

GRANT OF FY 2026 MEDICAL ALLOWANCE TO ELIGIBLE EMPLOYEES

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

1. Pursuant to Memorandum DM-OUHROD-2026-0160 titled "Instructions on the Implementation and Immediate Processing of the Medical Allowance for FY 2026," all eligible employees are directed to submit the duly accomplished Medical Allowance Registration Form (Annex A) indicating the mode of availment.
2. The mode of availment shall be Individual (via payroll disbursement). Employees may opt to avail of medical services or HMO packages through duly registered employee cooperatives or associations. **Please note that choosing an HMO provider must be voluntary.**
3. Employees who received the CY 2025 Medical Allowance but failed to submit the required proof of availment may affect their FY 2026 Medical Allowance eligibility.
4. Schools are required to submit **both hard copies and scanned copies**. Scanned copies must be uploaded to the designated folders through the links provided below. Hard copies must be submitted at the **Personnel Unit** to **Ms. Ezra Fiao-ag**.

DOCUMENT	ATTACHMENT	LINK	DEADLINE
List of Eligible Employees (Annex B)	Medical Allowance Registration Form (Annex A)	https://tinyurl.com/8kvn8ett	March 19, 2026
Proof of Availment (Annex C)	Official Receipt	https://tinyurl.com/yejzuecm	October 31, 2026

5. Immediate dissemination of and strict compliance with this memorandum are hereby directed.


 Digitally signed by Soraya T. Faculo
 Date: 2026.03.12 14:55:52 +08'00'
SORAYA T. FACULO PhD, CESO V
 Schools Division Superintendent

SDS/AS/Personnel/ecf



Address: 82 Military Cutoff Rd, Baguio, Benguet, 2600
 Telephone No.: (074) 665-1231
 Email Address: baguio.city@deped.gov.ph
 DepEd Tayo Bagulo City  <https://depedpines.com>



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Annex C

Name of School: _____

PROOF OF AVAILMENT

No.	Employee No.	Name of Employee	HMO Provider	OR No.	Date of OR
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Prepared by:

Administrative Officer

Certified by:

School Head



Address: 82 Military Cutoff Rd, Baguio, Benguet, 2600

Telephone No.: (074) 665-1231

Email Address: baguio.city@deped.gov.ph

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Employee's Signature: _____ Date: _____

Annex B

Name of School: _____

LIST OF ELIGIBLE EMPLOYEES

No.	Employee No.	Name of Employee	Mode of Availment
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

Prepared by:

Administrative Officer

Certified by:

School Head



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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 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.