



Republic of the Philippines
Department of Education
REGION IV-A CALABARZON
SCHOOLS DIVISION OF BATANGAS

August 18, 2025

DIVISION MEMORANDUM

No. 420, s. 2025

**SUBMISSION OF DOCUMENTARY REQUIREMENTS FOR MEDICAL ALLOWANCE
INDIVIDUAL AVAILMENT 2025**


TO: Assistant Schools Division Superintendents
Chief- Curriculum Implementation Division (CID)
Chief- School Governance and Operations Division (SGOD)
Education Program Supervisors
Section Heads
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All Non-Teaching Personnel
All Others Concerned

1. Pursuant to DepEd Order No. 016, s. 2025, or the "Guidelines on the Grant of Medical Allowance to the Department of Education personnel", this Division hereby informs the submission of documentary requirements for those who opted the individual availment of medical allowance.
2. The eligible and ineligible personnel to grant medical allowance was stated in DepEd Order 016, s.2025 highlighting further that personnel are already in government service and are to render services for at least an total or an aggregate of six (6) months of service in a particular fiscal year, including leaves of absences with pay, and services rendered under any alternate work arrangement prescribed by the Civil Service Commission.
3. For those who opted to avail **group availment**, the Agency will process the procurement of the HMO.
4. For those who opted to avail the **individual availment** of medical allowance, the following guidelines must be take into consideration
 - 4.1 Personnel who already have an HMO-type product must submit the following documentary requirements.
 - a. Duly Filled Up Medical Allowance Registration Form (Annex A) (*see enclosure 2*)
 - b. Proof of enrollment with their HMO provider such as but not limited to **ANY** of the following:
 - Copy of HMO agreement.
 - Valid identification card (ID) issued by the HMO provider reflecting the name of the employee; or
 - Official receipt for the payment of the membership fee for the HMO product acquired



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- 4.2 Personnel enrolled as supplemental members or dependents, under their family's HMO plan must present **any** valid proof of enrollment or registration that verifies such conditions. Entitlement to the medical allowance shall be granted only upon submission of such proof.
- 4.3 Cash form for payment of medical expenses shall be granted to personnel who fall under the **ONE** of the three conditions set by DBM Circular:
- Their localities / communities are identified as Geographically Isolated and Disadvantaged Areas (GIDA) as certified by the Head of Agency supported by relevant data from the LGU or other applicable government agencies.
 - Their localities have no adequate HMO branch or office of a licensed HMO company, as certified by the head of agency.
 - Application of the personnel concerned in acquiring HMO coverage has been denied by an HMO company
5. Under the **individual availment mode**, personnel who received the medical allowance are required to submit the necessary reportorial requirements as soon as they become available. These submissions are subject to the usual accounting and auditing rules and regulations. **Failure** to comply will result in the withholding of the medical allowance for the succeeding year until all obligations are fully met.
6. The **deadline for submission of documents** (see enclosure 1) for **individual availment** will be on **August 22, 2025**, consolidated per sub office per level: Elementary, Junior High School (Non-Implementing Units) and Senior High School.
7. Wide dissemination and strict compliance to this memorandum are enjoined.


MARITES A. IBANEZ, CESO V
Schools Division Superintendent

JBP/ Medical Allowance Individual Availment/
S2-111064/ 08/18/2025



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Enclosure 1

Requirements for Individual Availment of Medical Allowance

1. Duly Filled Up Medical Allowance Registration Form (Annex A) (check the individual availment box) **(REQUIRED TO BE SUBMITTED IN 2 COPIES)**
2. Proof of enrollment with their HMO provider such as but not limited to **ANY** of the following: **(IF ALREADY AVAILABLE, SUBMIT IN 2 COPIES)**
 - Copy of HMO agreement.
 - Valid identification card (ID) issued by the HMO provider reflecting the name of the employee; or
 - Official receipt for the payment of the membership fee for the HMO product acquired
 - Personnel enrolled as supplemental members or dependents, under their family's HMO plan must present any valid proof of enrollment or registration that verifies such conditions. Entitlement to the medical allowance shall be granted only upon submission of such proof.
3. If the Localities/ communities are identified as Geographically Isolated and Disadvantaged Areas (GIDA)
 - Their localities / communities are identified as Geographically Isolated and Disadvantaged Areas (GIDA) as certified by the Head of Agency supported by relevant data from the LGU or other applicable government agencies.
 - Their localities have no adequate HMO branch or office of a licensed HMO company, as certified by the head of agency.
 - Application of the personnel concerned in acquiring HMO coverage has been denied by an HMO company

***** Failure to comply with the documentary requirements will result in the withholding of medical allowance for the succeeding year until all obligations are fully met.**