



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OF BULACAN

DIVISION MEMORANDUM
No. 340, s. 2025

July 10, 2025

**GRANT OF MEDICAL ALLOWANCE TO SCHOOLS DIVISION OF BULACAN
TEACHING, TEACHING-RELATED AND NON-TEACHING PERSONNEL**

To: Assistant Schools Division Superintendent
Division and District Supervisors
Chiefs-CID & SGOD
Heads of Public Elementary and Secondary Schools
All others Concerned

1. In accordance with DepEd Order No. 16 s. 2025, **Guidelines on the Grant of Medical Allowance to the Department of Education Personnel**, which establish guidelines on the grant of medical allowance to all eligible teaching and non-teaching personnel.
2. This aims to ensure access to essential healthcare services for DepEd personnel through the provision of a medical allowance, thereby promoting their overall well-being and enhancing their financial security.
3. The medical allowance may be granted either by group or individual ailment and shall follow the guidelines provided therein.
4. The Personnel Unit shall generate the list of qualified personnel to avail the medical allowance as stipulated in DepEd Order No. 16 s. 2025 Guidelines on the Grant of Medical Allowance to the Department of Education Personnel, through accomplishment of the SDO Bulacan Medical Allowance Registration google form (<https://bit.ly/SDOBulacanMedicalAllowanceRegistration>).
5. The google form contains separate excel files for Elementary, Junior High School and Senior High Schools. All schools are required to accomplish the said file except those in autonomous schools.
6. The accomplished excel file must be uploaded by the School Head or School personnel in the last page of the same link (<https://bit.ly/SDOBulacanMedicalAllowanceRegistration>) and must be submitted on or before July 14, 2025.



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7. All eligible personnel shall fill-out the Medical Allowance Registration Form- Annex A of DepEd Order No. 16 s 2025 (see attached), indicating their chosen form of availment. Signed copies should be consolidated and submitted to the Division Office Records Section on or before July 21, 2025.
8. The finance unit and budget unit shall use the consolidated registration forms to determine the total pooled budget for procurement (Group Availment and Individual Availment)
9. The group availing of HMO-Type product/ benefit shall be through DepEd procurement and shall follow the procurement process as defined in existing laws, rules, and regulations.
10. HMO packages are greatly encouraged to include benefits for high-risk cases such as pregnant women, senior citizens, or persons with disabilities (PWDs) for a period of 12 months. The coverage shall include In-patient benefit, Out-patient benefit, Emergency care benefit, Annual Physical Exam; and Dental benefit.
11. Enclosure 1 shows the Timeline of Activities.
12. Immediate and wide dissemination is desired.


NORMA P. ESTEBAN, EdD, CESO V
Schools Division Superintendent



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Enclosure 1. Timeline of Activities

| Date | Activity | Person-in-Charge |
|---------------|---|--|
| July 14, 2025 | Deadline of accomplishment of master list of all schools | All personnel concerned |
| July 21, 2025 | Deadline of submission of Medical Allowance Registration Form | Administrative Officer or Administrative Assistant |
| July 22, 2025 | Start of consolidation of forms | Administrative Officer V |
| July 29, 2025 | Submission of proposal for procurement | SGOD Medical Personnel |

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

[Handwritten signature]

[Handwritten initials]

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

Employee's Signature: _____ **Date:** _____

Handwritten signature
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