



Republic of the Philippines
Department of Education
National Capital Region
Schools Division Office – Muntinlupa City

2024-G-330+12

Office of the Schools Division
Superintendent

AUG 15 2024

MEMORANDUM
No. **236**, s. 2024

GSIS GROUP PERSONAL ACCIDENT INSURANCE (GSIS-GPAI)

To: Assistant Schools Division Superintendent
Chief Education Supervisor, Curriculum Implementation Division
OIC-Chief Education Supervisor, School Governance and Operations Division
Public Elementary and Secondary School Heads
Administrative Officer V
All Others Concerned

1. Attached is the **Memorandum OUF- 2024-0549**, dated July 16, 2024, on the above-captioned title, the contents which are self-explanatory, for the information and guidance of all concerned.
2. Inviting attention to paragraph 4, the instruction to report the accident immediately to GSIS thru **Division Office**. In view hereof, claimants must send the required details to SDO-Personnel Unit email address: recruitment.sdomuntinlupa@deped.gov.ph.
3. Immediate and wide dissemination of this memorandum is desired.

For: **VIOLETA M. GONZALES, CESO VI**
Assistant Schools Division Superintendent
Officer –in-charge
Office of the Schools Division Superintendent

By: **Dr. ARMIDA S. OBLINADA**
Education Program Supervisor
Officer-in-charge

Encl: As stated
Reference: As stated
To be indicated in Perpetual Index
Under the following subjects:
ACCIDENT INSURANCE

DLM/DM – GSIS GROUP PERSONAL ACCIDENT INSURANCE
236 August 14, 2024

NUM-2024-236

236



Student Center for Life Skills Bldg., Centennial Ave, Brgy. Tunasan, Muntinlupa City
8805-9935, 8805-9940
sdo.muntinlupa@gmail.com
deped-muntinlupa.com



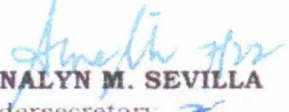
Republic of the Philippines
Department of Education
Office of the Undersecretary for Finance

MEMORANDUM

OUF-2024-0549

July 16, 2024

TO : REGIONAL DIRECTORS
DIRECTOR IV, BUREAU OF HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT
DIRECTOR IV, INFORMATION AND COMMUNICATIONS TECHNOLOGY SERVICE
SCHOOLS DIVISION SUPERINTENDENTS
SCHOOL HEADS
ALL OTHERS CONCERNED

FROM : 
ANNALYN M. SEVILLA
Undersecretary

SUBJECT : **GSIS GROUP PERSONAL ACCIDENT INSURANCE (GSIS-GPAI)**

This is to reiterate that DepEd personnel who are involved in work and non-work-related accidents may file a claim under the Government Service Insurance System (GSIS) Group Personal Accident Insurance (GPAI) policy.

Under the GSIS-GPAI, DepEd personnel can claim for accidental death or dismemberment of up to Php100,000.00. GPAI also offers medical reimbursement feature for accident-related injuries of up to Php30,000.00.

The said policy includes injuries sustained in accidents encountered by covered DepEd personnel both locally and internationally, whether work-related or not. Furthermore, 100% of the principal sum will be received by the beneficiaries of the DepEd personnel in case of unprovoked murder or assault.

Claims must be reported to nonmotorclaims@gsis.gov.ph which includes the complete contact details of the claimant/victim, including email address, landline or phone number, contact person, and mailing address. The claim should be filed within 120 days of the date of the accident. Attached as Annex A are the required documents to be submitted in filing claims.

For dissemination and compliance.

Copy Furnished:

1. **Wilfredo E. Cabral**
Undersecretary for Human Resource and Organizational Development
2. **Francis Cesar B. Bringas**
Assistant Secretary for Operations

JUL 23 2024

2:00



Address: 2F Rizal Bldg., DepEd Complex Meralco Avenue, Pasig City
Telephone Nos.: (02) 8633-9342 Telefax No: (02) 8638-3703
Email Address: ouf@deped.gov.ph

ANNEX A

GOVERNMENT SERVICE INSURANCE SYSTEM - GROUP PERSONAL ACCIDENT INSURANCE (GSIS GPAI)

COVERAGE: From October 05, 2023 to October 04, 2024

REQUIREMENTS:

MEDICAL REIMBURSEMENT CLAIM

1. **Original** Endorsement of Claim by the Office of the Insured Person to GSIS
2. **Original** Medical Certificate
3. **Original** Official Receipts for medical expenses incurred
4. **Original** Doctor's Prescription (for over the counter medicines)
5. Photos of bodily injuries
6. Vaccination Schedule (if injury caused by Animal Bite /Scratch)
7. Statement of Account (if hospitalized)
8. Hospital Records (Clinical Abstract, Laboratory, X-Ray, CT Scan Results)
9. **For Vehicular Accident: Original** Police Report or **Originally Signed CTC** of the Police Report.

For Non-Vehicular Accident:

- **Original** Affidavit on the Circumstances of the Accident (**Notarized**) *with attached photocopy of valid ID w/ signature & picture*
- **Original** Affidavit of Two Disinterested Witness (**Notarized**) *with attached photocopy of valid ID w/ signature & picture*

ACCIDENTAL DEATH/DISEMBEUREMENT

1. **Original** Endorsement of Claim to GSIS by Head of Office of the Insured Person
2. **Original** PSA Death Certificate
3. **Original** Certificate of Employment prior to death w/ Service Record
4. **Original** or CTC of Police/Traffic Investigation Report
5. Photos of bodily injury/incident
6. Statement of account (if hospitalized)
7. Hospital Records (Clinical Abstract, Laboratory, X-ray, CT Scan Results)
8. Autopsy Report, if any
9. **Original** Certificate of Legal Heirs from the assured's Human Resources Dept.
10. **If the deceased is married:**
 - **Original** PSA Marriage Certificate
 - **Original** PSA Birth Certificate of Children
 - For minor children: **Original** Affidavit of Guardianship
11. **If the deceased is single :**
 - **Original** PSA Birth Certificate of Insured
 - **Original** PSA Marriage Certificate of Parents
12. Extrajudicial Affidavit & Waiver of Rights, if applicable