



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION

SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Office of the Schools Division
Superintendent

FEB 11 2026

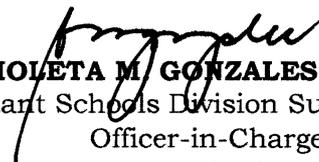
MEMORANDUM

No. 068, s. 2026

GRANT OF FY 2026 MEDICAL ALLOWANCE TO THE ELIGIBLE PERSONNEL

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

- Attached is the DM-OUHROD-2026-0160, titled, "**Instruction on the Implementation and Immediate Processing of the Medical Allowance for Fiscal Year 2026**", the contents of which are self-explanatory, for the information and guidance of all concerned.
- To ensure the expeditious release of Medical Allowance for Fiscal Year 2026, this Memorandum issued instructions to process the benefit via payroll disbursement, particularly through the two (2) individual availment options.
- Please see the following enclosures for reference.
 - Enclosure No. 1 – Important Reminders
 - Enclosure No. 2 – Medical Allowance Registration Form (Annex A)
 - Enclosure No. 3 – Individual Cash Claim Form (Annex B)
- Immediate dissemination of, and compliance to this Memorandum is earnestly desired.


VIOLETA M. GONZALES CESO VI
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent

Encls: As stated.

References:
DepEd Order No. 16, s. 2025
DM-OUHROD-2026-0160

To be indicated in the Perpetual of Index under the following subject

BENEFITS ALLOWANCES PERSONNEL

SRHB/ GRANT OF FY 2026 MEDICAL ALLOWANCE TO THE ELIGIBLE PERSONNEL 068 /February 06, 2026

NUM-2026-068



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

068



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Enclosure 1

IMPORTANT REMINDERS

1. This Office hereby directs all Personnel who are already in the service and who are expected to render at least a total aggregate of six (6) months of service within FY 2026 shall be eligible for the Medical Allowance.
2. Newly Hired personnel **shall be eligible** only after rendering six (6) months of service.
3. All eligible Personnel according to the DepEd Order No. 16 s, 2025 must accomplish and submit the attached Medical Allowance Registration Form (Annex A) indicating their chosen individual mode of availment that will be the basis for the payroll processing.
4. Types of Individual Availment for Medical Allowance and the Documentary Requirements:

A.1 INDIVIDUAL AVAILMENT FOR AVAILING OF NEW/RENEWAL OF HMO:

- a. Upon receipt of the Medical Allowance, DepEd personnel may use the same for the availment of a new or the renewal of an existing HMO-type product.
- b. The concerned personnel **shall submit** proof of enrollment with an HMO provider, which may include, but shall not be limited to any of the following:
 - I. Copy of HMO agreement;
 - II. Valid identification (ID) card issued by the HMO provider reflecting the name of employee; or
 - III. Official receipt for the payment of the membership fee for the HMO product acquired.
- c. 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.
- d. In cases where the HMO-type product availed is below the rate of P7,000.00 medical allowance, the personnel shall not be obliged to refund the excess amount.

Document Requirement:

- ***Proof of enrollment as mentioned in letter B and C.***



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

A.2 INDIVIDUAL AVAILMENT FOR PAYMENT OF MEDICAL EXPENSES

- a. This option **shall be granted** to personnel who fall under one (1) of the three (3) conditions set by the DBM Circular:
 - I. Their localities /communities are identified as GIDA
 - II. Their localities /communities have no adequate HMO branch or office of the licensed HMO company, as certified by the head of agency; or
 - III. Their application in acquiring in HMO coverage has been denied by an HMO company.
- b. DepEd personnel must secure any certification identifying them with any of the following conditions.
- c. Upon issuance of the said certification, the concerned personnel may now be authorized to utilize the Medical Allowance for the payment of medical expenses, such as but not limited to hospitalization, emergency care, diagnostic test, and medicines.
- d. When the Medical Allowance is utilized for the payment of medical expenses, any amount incurred in excess of the Php 7,000.00. shall not be subject to reimbursement.

Document Requirement:

- **Signed Annex B: Individual Cash Claim Form;**
- **Certification of GIDA or Certification of No Adequate HMO branch or office; or Proof of Denial from any HMO including but not limited to letter or electronic mail.**

5. Please take note that through the Individual Availment mode, **personnel are required to submit proof of availment or renewal of an HMO-type product, or proof of payment for medical expenses.** Such proof must bear the name of the concerned DepEd personnel and be accompanied by other supporting documents, subject to the usual accounting and auditing rules and regulations. It is strongly advised that the concerned DepEd personnel submit such documents immediately as soon as able and available. Failure to comply shall result in the withholding of the personnel's Medical Allowance for the succeeding year, until obligations are settled.

6. Personnel who received the Medical Allowance in FY 2025 but have not submitted required proofs or documents are strongly reminded to comply. Failure to do so may affect eligibility for the FY 2026 Medical Allowance.



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

7. An online orientation about the aforementioned Memorandum will be conducted via Microsoft Teams on **February 20, 2026**, at **10:00 a.m.** with the School Heads and Human Resource-in-charge or the School Administrative Officers. <https://tinyurl.com/OrientationMedAllowance2026>.

8. In order to consolidate records the Schools Administrative Officers or Human Resource-in-charge are advised to upload the report through the link provided <https://tinyurl.com/MedicalAllowance2026> on or before **February 25, 2026** and submit the duly filled-out Medical Allowance Registration Form (Annex A) indicating their chosen form of availment and other additional documents needed to the Division Personnel Unit on or before **February 27, 2026**.



Republic of the Philippines
Department of Education
 NATIONAL CAPITAL REGION
 SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

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 as long as necessary to effectively fulfill the stated purpose and managing its related activities.

Section 1: Employee Information

Full Name: _____ Employee ID Number: _____
 Position/Designation: _____ Office: **SDO MUNTINLUPA**
 Service Duration: (From – To): _____
 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 own HMO)
 - Reimbursement (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:** _____



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
 NATIONAL CAPITAL REGION
 SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Annex B
Individual Cash Claim 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 ten years for the effective implementation and management of its activities.

Section 1: Employee Information

Full Name: _____
 Employee ID Number: _____
 Position/Designation: _____
 Office: _____
 Service Duration: (From - To): _____

 Sex: ____ Date of Birth (dd/mm/yyyy): _____
 Mobile Number: _____
 DepEd Email Address: _____

For teaching personnel

Region: _____
 Division: _____
 School: _____
 Employment Status: [] Permanent [] Contractual
 [] Casual [] Substitute

Section 2: Pre-requisite Requirements.

Supported with applicable documents, check any of the following condition below that applies.

- GIDA Certification
- Certification of area with no HMO
- Letter or email from HMO denying the application

Section 3: Details of Medical Expenses Incurred

Name of Provider/Facility Medical	Address	Date(s) of Medical Consultation/Service



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
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF MUNTINLUPA CITY

Description of Expense	Amount (in PHP)	Receipt No./Reference
Consultation Fee		
Laboratory/Diagnostic Tests		
Medication		
Hospitalization		
Others (please specify)		
Total Amount		

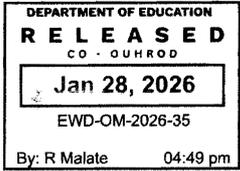
Please attach original receipts

Section 4: Certification

I, the undersigned, hereby certify that the information provided in this claim form is true and correct to the best of my knowledge, and the medical expenses listed above were incurred for legitimate medical purposes. I understand that submission of false claims shall be subject to disciplinary action and other legal consequences as determined necessary by the Department of Education.

Employee's Signature: _____

Date: _____



EWD-OM-2026-35

Republika ng Pilipinas
Department of Education
OFFICE OF THE UNDERSECRETARY
HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT

MEMORANDUM
DM-OUHROD-2026-0160

TO : **REGIONAL DIRECTORS**
SCHOOLS DIVISION SUPERINTENDENTS
ALL OTHERS CONCERNED

FROM : **WILFREDO E. CABRAL**
E-signed by
Wilfredo Cabral
1/27/2026, 8:48:07 PM
*Undersecretary for Human Resource and
Organizational Development and Infrastructure*

SUBJECT : **INSTRUCTIONS ON THE IMPLEMENTATION AND
IMMEDIATE PROCESSING OF THE MEDICAL ALLOWANCE
FOR FISCAL YEAR 2026**

DATE : 26 January 2026

In line with the implementation of DepEd Order (DO) No. 16, s. 2025 titled *Guidelines on the Grant of Medical Allowance to the Department of Education Personnel*, all Focal Offices (FOs) identified under Section V.F (Roles and Responsibilities) for the Regional Offices (ROs), Schools Division Offices (SDOs), and the Central Office (CO) are hereby directed to **immediately facilitate the release of the medical allowance for FY 2026.**

For FY 2026, FOs across all governance levels are authorized to only process the release of medical allowance via payroll disbursement, particularly through the two (2) individual availment options. This is done to ensure the expeditious release **before the end of Quarter 1 of FY 2026, subject to the availability of funds.** To help meet this timeline, ROs and SDOs may frontload available Personnel Services (PS) funds as necessary.

Personnel who are already in the service and who are expected to render at least a **total or aggregate of six (6) months of service within FY 2026** shall be eligible for the Medical Allowance. **Newly hired personnel** shall be eligible **only after rendering six (6) months of service.** All eligible personnel **must submit Annex A (Medical Allowance Registration Form)** indicating their chosen individual mode of availment. FOs shall consolidate these forms as the basis for payroll processing.

Employees **may opt to avail of medical services or HMO packages through duly registered employee cooperatives or associations**, which may offer more comprehensive coverage or discounted rates. While this is encouraged to support employee welfare initiatives, it is hereby emphasized that **no official or employee shall coerce, compel, or unduly influence any personnel** to avail of services from any HMO provider.

All ROs and SDOs are likewise enjoined to keep their respective records updated in **the nationwide online Medical Allowance monitoring system** through the following link: <https://tinyurl.com/Medical-Allowance-Report>

Further, all ROs and SDOs are reminded to submit the **FY 2025 DBM Report Form (Annex C of DO 16, s. 2025), consolidated into one report per Region only**, to the Central Office BHROD – Employee Welfare Division on or before **March 1, 2026**. For guidance:

- SDOs shall accomplish a consolidated DBM report covering all schools within their jurisdiction including the SDO proper, to be submitted to their respective Regional Focal person.
- ROs shall accomplish a consolidated DBM report covering all SDOs within their jurisdiction including the RO proper, to be submitted to the Central Office.

All Regional Offices are requested to upload the duly approved/signed consolidated reports through this link: <https://tinyurl.com/Regional-Data-Availment>

To further improve implementation and for the enhancement of the policy, employees and FOs are encouraged to provide feedback on the FY 2025 Medical Allowance implementation through the official feedback form, accessible via the links: <https://tinyurl.com/DO16FeedbackFocalOffices>
<https://tinyurl.com/DO16FeedbackPersonnel>

Personnel who received the Medical Allowance in FY 2025 but have not submitted required proofs or documents are strongly reminded to comply. Failure to do so may affect eligibility for the FY 2026 Medical Allowance.

For inquiries or further clarifications, kindly contact the BHROD-EWD through Viber at 0962 895 1363 or email bhrod.ewd@deped.gov.ph.

This memorandum is issued for your information and strict compliance.