

Republika ng Pilipinas
Kagawaran ng Edukasyon
REHIYON V (BIKOL)

TANGGAPANG PANSANGAY NG MGA PAARALAN NG CATANDUANES

13 February 2026


DIVISION MEMORANDUM
NO. 234 s. 2026

GRANT OF MEDICAL ALLOWANCE FOR FISCAL YEAR 2026

TO: Assistant Schools Division Superintendent
CID and SGOD Chiefs & Personnel
OSDS Unit Heads & Personnel
Elementary and Secondary School Heads
All Teaching and Non-Teaching Personnel
All Others Concerned

1. In line with implementation of DepEd Order No. 16, s. 2025 titled "Guidelines on the Grant of Medical Allowance to the Department of Education Personnel" and DM-OUHROD-2026-0160 "Re: Instructions on the Implementation and Immediate Processing of the Medical Allowance for Fiscal Year 2026," all eligible personnel including implementing units are directed to accomplish and submit the Medical Allowance Registration Form (Annex A) indicating their preferred individual mode of availment to the Administrative Office through the Records Section **not later than February 24, 2026 (Tuesday)**.
2. For FY 2026, the medical allowance will be released via payroll disbursement only, particularly through the two (2) individual availment options.
3. Employees may opt to avail medical services of 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.
4. Personnel who received the Medical Allowance in FY 2025 but have not submitted required proof or documents are strongly reminded to comply. Failure to do so may affect the eligibility for the FY 2026 Medical Allowance.
5. Likewise, all eligible personnel are hereby advised to retain all original receipts and prescribed forms related to medical expenses upon release of the said allowance. The schedule for the submission of all reportorial requirements for the FY 2026 Medical Allowance will be announced in a separate memorandum.
6. Enclosed is the Medical Allowance Registration Form.
7. For information, guidance and strict compliance.

By Authority of the OIC-SDS:


EVA S. TOLENTINO
Administrative Officer V
Officer-In-Charge



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Enclosure 1 to the DM 234 s. 2026

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 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: 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:** _____



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