



Republic of the Philippines
Department of Education

REGION I

SCHOOLS DIVISION OF THE CITY OF BATAC

DIVISION MEMORANDUM

No. **607**, s. 2025

12 SEP 2025

SUBMISSION OF REPORTORIAL REQUIREMENTS FOR MEDICAL ALLOWANCE LIQUIDATION

To: **Assistant Schools Division Superintendent
Chief Education Supervisors
Elementary and Secondary School Heads
All Others Concerned**

1. Relative to the release of medical allowance as mandated by DepEd Order No. 016, s.2025, all personnel who availed of the Individual Availment Form are hereby directed to submit the reportorial requirements listed below, on or before **October 15, 2025**.
2. Those who availed of the *Individual Availment Form through payroll disbursement for the availment of new/renewal of individual HMO* shall submit proof of enrollment with their HMO provider, such as but not limited to, any of the following:
 - a. Copy of HMO agreement;
 - b. Valid identification card (ID) issued by the HMO provider reflecting the name of the employee; or
 - c. Official receipt for the payment of the membership fee for the HMO product acquired.
3. Personnel whose availment is through *Cash Form/Reimbursement for payment of medical expenses* shall submit the following:
 - a. Signed Individual Cash Claim Form (Annex B of DO 16, s.2025);
 - b. Certification that the area is Geographically Isolated and Disadvantaged Area (GIDA), signed by the Schools Division Superintendent; or
 - c. Certification of No Adequate HMO branch or office; or
 - d. Proof of Denial from any HMO including but not limited to letter or electronic mail.
4. Personnel enrolled as supplemental members or dependents under their family's HMO plan shall submit any valid proof of enrolment or registration that verifies such conditions.
5. Employees who have been separated from service but are entitled to receive their medical allowance shall also submit the above-mentioned requirements.
6. Administrative Officers or Administrative Assistants in schools shall submit the documentary requirements in the following manner:
 - a. Transmittal letter or indorsement with summary or checklist
 - b. Two (2) copies of the documentary requirement by each employee in alphabetical order



SDCB RECORDS UNIT

2513931

Asuncion Street, 16-S Quiling Sur,
City of Batac, Ilocos Norte
Telephone No.: (077) 677-1993



DepEd Batac City



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www.csdbatac.com

7. For Implementing Units (IU), same manner of submission as above-mentioned, provided that the submission is per IU.

8. The submission of Schools Division Office (SDO) is per functional division, also following the manner of submission mentioned in item #6.

9. Documents must also be uploaded in this link: <https://tinyurl.com/2025-MA-Documents> with file name format:

HMO of Last Name_First Name_Middle Initial
e.g. HMO of Dela Cruz_Juan_A.

10. Failure to comply shall result in the withholding of the personnel's Medical Allowance for the succeeding year until such obligations have been satisfactorily settled.

11. For information, guidance and strict compliance.

Encl.: None
Reference: DO 16, s. 2025

To be included in the Perpetual Index
Under the following subject:

SUBMISSION MEDICAL ALLOWANCE

OSDS HRMU JMP/SubmissionReportorialRequirementsMedicalAllowance
25072/September 09, 2025

ANSELMO R. ALUDINO
Schools Division Superintendent

By the Authority of the SDS:


ARNEL S. BANDIOLA
Assistant Schools Division Superintendent