



Republic of the Philippines
Department of Education
REGION I

SCHOOLS DIVISION OF THE CITY OF BATAC

DIVISION MEMORANDUM

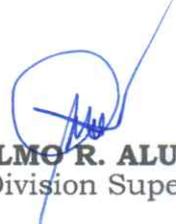
No. **121**, s. 2026

18 FEB 2026

SUBMISSION OF MEDICAL ALLOWANCE REGISTRATION FORM FOR MEDICAL ALLOWANCE FOR FISCAL YEAR 2026

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

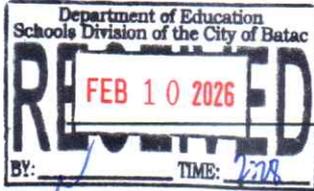
1. Pursuant to Regional Memorandum No. 191, s. 2026 titled Implementation and Immediate Processing of the Medical Allowance for Fiscal Year 2026, all eligible personnel are hereby directed to submit two (2) copies of Medical Allowance Registration Form (Annex A) particularly through Individual Availment – Payroll Disbursement (for availment of new/renewal of own HMO).
2. Annex A must be printed in A4 size, bond paper (1 page only). School Head/Unit Heads will consolidate the registration forms in alphabetical order and submit to the Records Unit of the Division Office of the Schools Division of the City of Batac **on or before 5:00 PM, Friday, February 20, 2026.**
3. Annex A of personnel whose plantilla items are in the Implementing Units (IUs) shall submit to the Office of the School Head of their respective IUs.
4. Attached are the Regional Memorandum and Annex A for reference.
5. For information, guidance and compliance.


ANSELMO R. ALUDINO
Schools Division Superintendent

Encl.: None
Reference: Regional Memorandum No. 191 s. 2026
To be included in the Perpetual Index
Under the following subject:

Medical Allowance Submission

OSDS HRMU MDY/SubmissionofMedicalAllowanceRegistrationFormFY2026
2602498/260013/Feb 16, 2026



Republic of the Philippines
Department of Education
REGION I

FEB 10 2026

REGIONAL MEMORANDUM

No. 191 s. 2026

IMPLEMENTATION AND IMMEDIATE PROCESSING OF THE MEDICAL ALLOWANCE FOR FISCAL YEAR 2026

To: Schools Division Superintendent
All Others Concerned

1. In line with the implementation of DepEd Order No. 16, s. 2025, titled Guidelines on the Grant of Medical Allowance to the Department of Education Personnel, all Schools Division Offices are hereby directed to **immediately facilitate the release of the medical allowance for FY 2026.**

2. For FY 2026, Schools Division Offices (SDOs) are authorized to process the release of medical allowance through payroll disbursement, particularly through the two (2) individual availment options, to ensure the expeditious release of the allowance before the end of Quarter 1 of FY 2026, subject to the availability of funds. SDOs may frontload available Personnel Services (PS) funds, as necessary, to meet this timeline.

3. Please be reminded of the general guidelines in the grant of the Medical Allowance:

3.1 Personnel who are already in the service and who are expected to render at least a total or aggregate of six months of service within FY 2026 shall be eligible for the Medical Allowance.

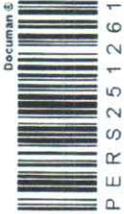
3.2 Newly hired personnel shall be eligible only after rendering six (6) months of services.

3.3 All eligible personnel shall submit Annex A (Medical Allowance Registration Form) indicating their chosen individual mode of availment. The submitted forms shall serve as the basis for payroll processing.

4. Schools Division Offices (SDOs) are likewise enjoined to keep their respective records updated in the online Medical Allowance Monitoring System through the following link: <https://tinyurl.com/Medical-Allowance-Report>.

5. Further, this Office hereby directs all Schools Division Offices to submit their FY 2025 DBM Report Form (Annex C of DepEd Order No. 16, s. 2025), covering all schools within their jurisdiction, including the SDO proper. The accomplished report shall be submitted to ps.region1@deped.gov.ph on or before **February 16, 2026.**

6. To further improve implementation and enhance the policy, employees and Focal Offices (FOs) are encouraged to provide feedback on the FY 2025 Medical Allowance implementation through the official feedback forms accessible via the following links: <https://tinyurl.com/DO16FeedbackFocalOffices>
<https://tinyurl.com/DO16FeedbackPersonnel>



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

8. Immediate and wide dissemination of and strict compliance with this Memorandum are desired.



TOLENTINO G. AQUINO
Director IV

Encl. and Ref: Memorandum DM-OUHROD-2026-0160

To be indicated in the Perpetual Index

Under the following subjects:

MEDICAL ALLOWANCE

BENEFITS

ADMIN/RJLC/roc/lgm/RM_MedicalAllowanceFY2026
February 09, 2026

Republic of the Philippines
Department of Education
REGION I
SCHOOLS DIVISION OF THE CITY OF BATAC

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: _____

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: _____



DepEd Batac City



batac.city@deped.gov.ph



www.csdбатаc.com

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

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