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TANGGAPANG PANSANGAY NG MGA PAARALAN NG LUNGSOD IRIGA 2026 - 02 - 07 3

February 9, 2026

**DIVISION MEMORANDUM**

No. 073, S. 2026

**IMMEDIATE PROCESSING OF FY 2026 MEDICAL ALLOWANCE**

To: Assistant Schools Division Superintendent  
Chief Education Supervisors, CID, and SGOD  
School Division Office Section Heads  
School Heads, Secondary Schools, IUs and Non-IUs  
School Heads, Elementary Schools  
All Other Concerned Personnel

In line with DepEd Memorandum **DM-OUHROD-2026-0160** dated **January 26, 2026**, titled "*Instructions on the Implementation and Immediate Processing of the Medical Allowance for Fiscal Year 2026*," the following guidelines are hereby issued for information, guidance, and compliance:

1. All eligible personnel are required to accomplish **Annex A (Medical Allowance Registration Form)**, indicating their chosen mode of availment.
2. School Heads shall ensure the consolidation and timely submission of the duly accomplished Annex A (Medical Allowance Registration Form) together with the attached Report on Preferred Modes of Availment for Medical Allowance to the Payroll Office on or before February 13, 2026.
3. For clarifications and other concerns, please coordinate with the Payroll Section, Schools Division Office.
4. For information, guidance, and compliance.

**MARIA-MAGNOLIA F. BRIOSO**  
OIC-Schools Division Superintendent



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SPRINGS**

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## 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** *10/27/2026, 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](mailto:bhrod.ewd@deped.gov.ph).

This memorandum is issued for your information and strict compliance.

**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 (10) ten years for the effective implementation and management of its activities.

**Section 1: Employee Information**

Full Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Office: \_\_\_\_\_

Date of Appointment (dd/mm/yyyy): \_\_\_\_\_

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 individual HMO

Cash form 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: \_\_\_\_\_

**REPORT ON PREFERRED MODES OF AVAILMENT FOR MEDICAL ALLOWANCE**

**School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Total Number of Eligible Employees:** \_\_\_\_\_

No.	NAME	OPTION 1	OPTION 2	OPTION 3
		Group Availment	Individual for Availment of New/ Renewal of own HMO	Individual for payment of Medical Expenses
1	JUAN M. DE LA CRUZ			
2				
3				
4				
5				
6				
7				
<b>TOTAL</b>				

Prepared by:

Certified Correct: