



Republic of the Philippines
Department of Education
REGION IX, ZAMBOANGA PENINSULA
SCHOOLS DIVISION OF DAPITAN CITY

Office of the Schools Division Superintendent

August 19, 2026

DIVISION MEMORANDUM

No. 400, s. 2026

SUBMISSION OF THE REPORT ON THE GRANT OF MEDICAL ALLOWANCE FOR FY 2026

To: All Public Elementary and Secondary School Heads
Administrative Officers II
This Division

1. In compliance with DepEd Order No. 016, s. 2025, "Guidelines on the Grant of Medical Allowance to the Department of Education Personnel," particularly Section V (General Procedures for Granting Medical Allowance), Part F (Roles and Responsibilities), Subsection 3 (SDO), Item 3.1, the Schools Division Office (SDO), through its Administrative Unit as the designated Focal Office (FO), is required to submit the Report on the Grant of Medical Allowance (Annex C – DBM Report Form) to the Regional Office before the end of the 3rd and 4th quarters of the fiscal year.

2. In this regard, all School Heads and Administrative Officers II are directed to accomplish and submit the required Annex C report for their respective schools/offices, following the format and data requirements prescribed under DepEd Order No. 016, s. 2025, to allow the Division Administrative Unit to consolidate and validate the reports for onward submission to the Regional Office within the prescribed deadlines.

3. The Annex C report shall reflect, among others, the total number of qualified teaching and non-teaching personnel, the rate and total amount of medical allowance paid, and the form of availment, cash form for new/renewed HMO-type benefit, or cash form under GIDA/no adequate HMO/denied application conditions), consistent with Sections V.A to V.D of DepEd Order No. 016, s. 2025.

4. The schedule of submission is as follows:

Reporting Period	School/Office Submission Deadline	SDO Submission to RO
3rd Quarter, FY 2026	On or before September 4, 2026	On or before September 30, 2026
4th Quarter, FY 2026	On or before December 4, 2026	On or before December 31, 2026

5. School Heads shall coordinate with their respective Administrative Officers II in gathering and validating the required data prior to submission. Duly accomplished Annex C reports, together with supporting documents (e.g., consolidated Medical Allowance Registration Forms/Annex A, Individual Cash Claim Forms/Annex B, as applicable), shall be submitted to the SDO Administrative Unit through on or before the school-level deadlines indicated above.



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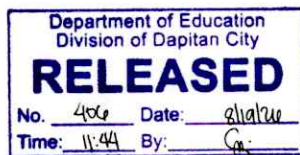


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6. For schools identified or requesting to be designated as an Implementing Unit pursuant to Section F.3.1 of DepEd Order No. 016, s. 2025, School Heads are likewise directed to ensure strict compliance with the eligibility verification requirements under Section V.A (Eligible Personnel) and the applicable availment procedures under Section V.C of the same Order prior to endorsement of their reports.
7. Non-submission or late submission of the required report may affect the timely consolidation and submission of the Division's report to the Regional Office. School Heads and Administrative Officers II are enjoined to give this matter their utmost attention and cooperation.
8. Immediate dissemination of and strict compliance with this Memorandum is directed.

JAY S. MONTEALTO, CESO V
Schools Division Superintendent

Enclose: Report on the Grant of Medical Allowance (Annex C)



Report on the Grant of Medical Allowance for the FY _____

Region: _____ Division: _____ School: _____

I. Total Paid for Medical Allowance:

A. Number of Qualified Personnel

i. Teaching Personnel _____

ii. Non-Teaching Personnel _____

Total A: _____

B. Rate of Medical Allowance

P7,000.00

C. Total Amount Paid

P _____

II. Form of Medical Allowance

☐ Procurement by Agency

Name of HMO Provider: _____

Unit Price of HMO-type benefit: _____

Total No. of Qualified Personnel _____

Teaching: _____

Non-Teaching: _____

☐ In Cash Form

☐ Availed New HMO-type Benefit

Total No. of Qualified Personnel _____

Teaching: _____

Non-Teaching: _____

☐ Payment of Existing or Renewal of HMO-type Benefit

Total No. of Qualified Personnel _____

Teaching: _____

Non-Teaching: _____

☐ Localities Identified as GIDA

Total No. of Qualified Personnel _____

Teaching: _____

Non-Teaching: _____

☐ Localities which have no adequate HMO branch or Office

Total No. of Qualified Personnel _____

Teaching: _____

Non-Teaching: _____

☐ Application of Personnel Denied by HMO Company

Total No. of Qualified Personnel _____

Teaching: _____

Non-Teaching: _____

Prepared by: _____

Certified Correct: _____

Chief/Head of Administrative Division

Regional Director/SDS

(Signature)

(Signature) 70 *(Signature)*