



Republic of the Philippines  
**Department of Education**  
 Office of the Undersecretary for Finance



2024-01218  
 DepEd-SDO Batanes  
**RECEIVED**  
 By: *ky*  
 Date/Time: 8/1/24 12:58

MEMORANDUM  
 OUF-2024-0543  
 July 16, 2024

DepEd REGIONAL OFFICE 02  
**RECEIVED**  
 DATE: 07-23-24  
 BY: *[Signature]*  
 RECORDS SECTION

TO: REGIONAL DIRECTORS  
 DIRECTOR IV, BUREAU OF HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT  
 DIRECTOR IV, INFORMATION AND COMMUNICATIONS TECHNOLOGY SERVICE  
 SCHOOLS DIVISION SUPERINTENDENTS  
 SCHOOL HEADS  
 ALL OTHERS CONCERNED

FROM: *[Signature]*  
**ANNALYN M. SEVILLA**  
 Undersecretary

SUBJECT: **GSIS GROUP PERSONAL ACCIDENT INSURANCE (GSIS-GPAI)**

This is to reiterate that DepEd personnel who are involved in work and non-work related accidents may file a claim under the Government Service Insurance System (GSIS) Group Personal Accident Insurance (GPAI) policy.

Under the GSIS GPAI, DepEd personnel can claim for accidental death or dismemberment of up to Php100,000.00. GPAI also offers medical reimbursement feature for accident-related injuries of up to Php30,000.00.

The said policy includes injuries sustained in accidents encountered by covered DepEd personnel both locally and internationally, whether work-related or not. Furthermore, 100% of the principal sum will be received by the beneficiaries of the DepEd personnel in case of unprovoked murder or assault.

Claims must be reported to [nonmotorclaims@gsis.gov.ph](mailto:nonmotorclaims@gsis.gov.ph) which includes the complete contact details of the claimant/victim, including email address, landline or phone number, contact person and mailing address. The claim should be filed within 120 days of the date of the accident. Attached as Annex A are the required documents to be submitted in filing claims.

For dissemination and compliance:

Wendee E. Galano

Francis Cesar B. Bragas

JUL 23 2024

2-00



Address: 24 Rizal Bldg., DepEd Complex, Meralco Avenue, Pasig City  
 Telephone Nos.: (02) 8631-9342; Telefax No. (02) 8638-3723  
 Email Address: [ouf@deped.gov.ph](mailto:ouf@deped.gov.ph)

DEPED REGIONAL OFFICE 02  
**RELEASED**  
 DATE: 08-01-2024  
 BY: *[Signature]*  
 RECORDS SECTION

July 30, 2024  
**To: All Schools Division Superintendents**  
**All DepEd Regional Office Employees**  
 For information, guidance and compliance.  
*[Signature]*  
**BENJAMIN D. PARAGAS, PhD CESO III**  
 Director IV/Regional Director



Republic of the Philippines  
**Department of Education**  
Office of the Undersecretary for Finance



**MEMORANDUM**  
OUF-2024-0549  
July 16, 2024

**TO :** REGIONAL DIRECTORS  
DIRECTOR IV, BUREAU OF HUMAN RESOURCE AND ORGANIZATIONAL DEVELOPMENT  
DIRECTOR IV, INFORMATION AND COMMUNICATIONS TECHNOLOGY SERVICE  
SCHOOLS DIVISION SUPERINTENDENTS  
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ALL OTHERS CONCERNED

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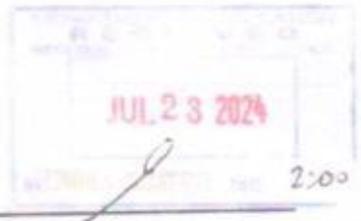
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Claims must be reported to [nonmotorclaims@gsis.gov.ph](mailto:nonmotorclaims@gsis.gov.ph) which includes the complete contact details of the claimant/victim, including email address, landline or phone number, contact person, and mailing address. The claim should be filed within 120 days of the date of the accident. Attached as Annex A are the required documents to be submitted in filing claims.

For dissemination and compliance.

Copy Furnished:

- 1. **Wilfredo E. Cabral**  
Undersecretary for Human Resource and Organizational Development
- 1. **Francis Cesar B. Bringas**  
Undersecretary for Information



Address: 2F Rizal Bldg., DepEd Complex Meralco Avenue, Pasig City  
Telephone Nos.: (02) 8633-9342 TeleFax No: (02) 8638-3703  
Email Address: [uofinancebpm@deped.gov.ph](mailto:uofinancebpm@deped.gov.ph)

## ANNEX A

### GOVERNMENT SERVICE INSURANCE SYSTEM - GROUP PERSONAL ACCIDENT INSURANCE (GSIS GPAI)

**COVERAGE:** From October 05, 2023 to October 04, 2024

#### **REQUIREMENTS:**

##### **MEDICAL REIMBURSEMENT CLAIM**

1. **Original** Endorsement of Claim by the Office of the Insured Person to GSIS
2. **Original** Medical Certificate
3. **Original** Official Receipts for medical expenses incurred
4. **Original** Doctor's Prescription (for over the counter medicines)
5. Photos of bodily injuries
6. Vaccination Schedule (if injury caused by Animal Bite /Scratch)
7. Statement of Account (if hospitalized)
8. Hospital Records (Clinical Abstract, Laboratory, X-Ray, CT Scan Results)
9. **For Vehicular Accident: Original** Police Report or **Originally Signed CTC** of the Police Report

##### **For Non-Vehicular Accident:**

- **Original** Affidavit on the Circumstances of the Accident (**Notarized**) *with attached photocopy of valid ID w/ signature & picture*
- **Original** Affidavit of Two Disinterested Witness (**Notarized**) *with attached photocopy of valid ID w/ signature & picture*

##### **ACCIDENTAL DEATH/DISEMBEUREMENT**

1. **Original** Endorsement of Claim to GSIS by Head of Office of the Insured Person
2. **Original** PSA Death Certificate
3. **Original** Certificate of Employment prior to death w/ Service Record
4. **Original** or CTC of Police/Traffic Investigation Report
5. Photos of bodily injury/incident
6. Statement of account (if hospitalized)
7. Hospital Records (Clinical Abstract, Laboratory, X-ray, CT Scan Results)
8. Autopsy Report, if any
9. **Original** Certificate of Legal Heirs from the assured's Human Resources Dept.
10. **If the deceased is married:**
  - **Original** PSA Marriage Certificate
  - **Original** PSA Birth Certificate of Children
  - For minor children: **Original** Affidavit of Guardianship
11. **If the deceased is single :**
  - **Original** PSA Birth Certificate of Insured
  - **Original** PSA Marriage Certificate of Parents
12. Extrajudicial Affidavit & Waiver of Rights, if applicable