



2407-1669

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

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

No. 218, s. 2024

GSIS GROUP PERSONAL ACCIDENT INSURANCE (GSIS-GPAI)

To: Assistant Schools Division Superintendent
Division Chiefs (CID and SGOD)
Section Heads / Unit Heads
Public School Heads
Teaching and Non-Teaching Personnel
All others concerned

1. The Department of Education released Memorandum OUF-2024-0549 which reiterates the GSIS Group Personal Accident Insurance benefits for DepEd personnel involved in work and non-work-related accidents.
2. Be guided that DepEd personnel can claim for accidental death or dismemberment of up to Php 100,000.00. GPAI also offers medical reimbursement feature accident-related injuries up to Php 30,000.00.
3. 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.
4. Claims must be reported to nonmotorclaims@gsis.gov.ph with a copy furnished sent to vigan.city@deped.gov.ph
5. Claims must be filed within 120 days of the date of the accident and include the following:
 - i. Complete contact details of the claimant/victim



Address: Mena Crisologo St. corner Rivero St., Brgy. IX, Vigan City, Ilocos Sur
Telephone No: (077) 722-20-23 / (077) 632-05-33
Email Address: vigan.city@deped.gov.ph
Website: www.depedvigancity.com
Your Feedback is important to us. Visit this link bit.ly/SDOViganCityCSM





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

- ii. E-mail address, landline or phone number, contact person, or mailing address.
 - iii. Documentary requirements (Annex A)
6. Immediate and widest dissemination of this memorandum is desired.



VILMA D. EDA, CESO V
Schools Division Superintendent



Address: Mena Crisologo St. corner Rivero St., Brgy. IX, Vigan City, Ilocos Sur
Telephone No: (077) 722-20-23 / (077) 632-05-33
Email Address: vigan.city@deped.gov.ph
Website: www.depedvigancity.com
Your Feedback is important to us. Visit this link bit.ly/SDOViganCityCSM






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
SCHOOL HEADS
ALL OTHERS CONCERNED

FROM : 
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 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
2. **Francis Cesar B. Bringas**
Assistant Secretary for Operations



Address: 2F Rizal Bldg., DepEd Complex Meralco Avenue, Pasig City
Telephone Nos.: (02) 8633-9342 TeleFax No: (02) 8638-3703
Email Address: usec.financebpm@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