



Republic of the Philippines
Department of Education
Region VI – Western Visayas
SCHOOLS DIVISION OF CAPIZ

Division Advisory No. 044, s. 2025

05 JUN 2025

In compliance with DepEd Order (DO) No. 8, s. 2013

This advisory is issued not for endorsement per DO 28, s. 2001, but only for the information of DepEd Capiz officials, personnel/staff, as well as the concerned public.

(Visit www.deped.gov.ph)

Attached is the Boy Scouts of the Philippines, Capiz Council Memorandum No. 8, s. 2025 titled **Group Insurance Coverage for All Members of the Boy Scouts of the Philippines Capiz Council**.

Participation to this is voluntary. The details and overview of this program are attached for reference.

For more information and verification, contact:

WARREN L. PAREDES

Officer-In-Charge

Office of the Council Scout Executive

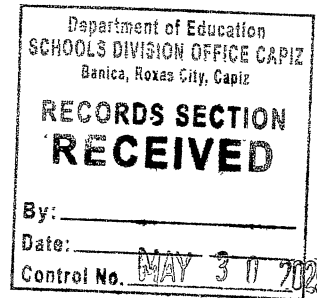
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Boy Scouts of the Philippines
CAPIZ COUNCIL
City of Roxas



May 30, 2025

COUNCIL MEMORANDUM

No. **8** s. 2025

**TO: BSP Executive Board Members
Municipal/District Chairpersons
District Scouting Commissioners (PSDS)
Institutional Heads & Representatives of Secondary Schools
(Public & Private)
District Field Scout Commissioners
(Langkay, Kawan, Troop, Outfit Advisors) All Concerned**

**SUBJECT: GROUP INSURANCE COVERAGE FOR ALL MEMBERS OF THE
BOY SCOUTS OF THE PHILIPPINES, CAPIZ COUNCIL**

1. Attached is the National Office Memorandum No. 30 s. 2025 dated 12 March 2025, that pertains to the Financial Assistance of the BSP. The National Executive Board (NEB) of the Boy Scouts of the Philippines (BSP), in its Regular Meeting on September 24, 2024, approved the outsourcing of the Financial Assistance Program (FAP) of the BSP which will extend the coverage to NON-SCOUTING related incidents and accidents effective upon the issuance of the corresponding guidelines in 2025 through NEB Resolution No. 45, 2024.
2. All registered members of the BSP, aged between 5 to 65 years old, residing in the Philippines, and in good standing will be covered by the insurance program effective March 4, 2025.
3. For more information and other details, please refer to BSP National Office Memorandum No. 30 s.2025
4. For information, guidance, and wide dissemination.

WARREN L. PAREDES

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"Laging Handa"

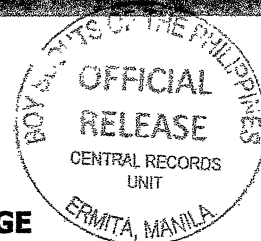
12 MAR 2025

NATIONAL OFFICE MEMORANDUM

No. **30** series of 2025

TO : **REGIONAL YOUTH DEVELOPMENT OFFICERS
COUNCIL SCOUT EXECUTIVES AND OFFICERS-IN-CHARGE
ALL CONCERNED**

SUBJECT : **GROUP INSURANCE COVERAGE FOR ALL MEMBERS OF THE
BOY SCOUTS OF THE PHILIPPINES**



1. The National Executive Board (NEB) of the Boy Scouts of the Philippines (BSP), in its Regular Meeting on September 20, 2024, approved the outsourcing of the Financial Assistance Program (FAP) of the BSP which will extend the coverage to non-Scouting related incidents and accidents effective upon the issuance of the corresponding guidelines in 2025 through NEB Resolution No. 45, s. 2024.
2. Upon fully complying with the requirements of the public bidding process pursuant to Republic Act No. 9184 and its Revised Implementing Rules and Regulations, the BSP awarded the contract of providing a group insurance coverage for all bonafide members of the BSP to 1 Cooperative Insurance System Philippines (1CISP) on a 24/7 basis.
3. Hereunder is the Schedule of Benefits:

BENEFITS (for each member)	SUM INSURED
Accidental Death and Disablement <i>This coverage provides financial assistance to the member's family in the event of the member's accidental death or permanent disability resulting from accidental, violent, external, and visible means.</i>	Php15,000.00
Medical Reimbursement <i>This coverage provides financial assistance to the member during the medication/hospitalization. It helps cover the costs that may arise from the medical treatment.</i> <i>Sub-limits:</i> 1. <i>In-patient Hospitalization</i> 2. <i>Out-patient Expenses</i>	Php10,000.00 Php3,000.00
Bereavement Assistance <i>This coverage provides financial assistance to the members' family during the burial to cover the additional costs that may arise from the burial and funeral expenses. This covers death due to accident and natural causes.</i> 1. <i>Death during Scouting activities</i> 2. <i>Death outside of Scouting activities</i>	Php12,500.00 Php5,000.00

4. All registered members of the BSP, aged between 5 to 65 years old, residing in the Philippines, and in good standing will be covered by the insurance program **effective March 4, 2025.**

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5. Documentary Requirements:

5.1. **Basic Requirements**

- a. Insurance Claim Form (accomplished)
- b. Proof of membership such as Membership Card, Application for Unit Registration, Additional Scout Registration, and Additional Adult Registration
- c. One (1) valid government ID with 3 specimen signatures of parents/guardian
- d. Photos of the accident

5.2. **Additional Requirements:**

- a. Accidental Death/Bereavement
 - i. Certified true copy of Death Certificate (PSA certified/Local Civil Registrar copy)
- b. Permanent and Total Disability
 - i. Original copy of Medical Certificate
 - ii. Photos of the injury as proof of disability
- c. Medical Reimbursement
 - i. Original copy of Medical Certificate or Abstract
 - ii. Statement of Account during Confinement
 - iii. Official Receipts of Hospital and Medicine Bills (Original Copy)
- d. Vehicular Accident
 - i. Police Report

6. Claims Procedures:

- a. Eligible members shall fill out the Insurance Claim Form. The same form shall be submitted to the Local Council together with the required documents for review as to completeness and validity to avoid unwarranted delay in the process of the claim.
 - b. The Local Council shall submit, **within 30 days from the date of incident or accident**, the required documents to 1CISP at **1CISP Building, #11 Mapagbigay corner Maunlad Street, Barangay Pinyahan, Quezon City**.
 - c. The Local Council, however, shall send an advance copy of the required documents through email at trishaga@1cisp.org to facilitate the initial processing of the claim pending the submission of the original documents copy furnished the Field Operations Division (FOD) at afcvillapando@scouts.gov.ph
 - d. Original copies of the documents received beyond the 30 days prescriptive period shall no longer be processed.
7. The mode of payment shall be in the form of check or fund transfer to the claimant's account through bank/mobile wallet platform which shall be made within 10 days upon receipt by 1CISP of the filed claim with complete supporting documents.
8. All queries and concerns of the claimant shall be addressed to 1CISP through trishaga@1cisp.org.
9. Claims for accidents/incidents that occurred prior to March 4, 2025, shall be covered by and processed under the BSP Financial Assistance Program Guidelines.
10. For information, guidance, and wide dissemination.



KIM ROBERT C. DE LEON
Director IV (Secretary General)

INSURANCE CLAIM FORM

INSTRUCTIONS:

1. Kindly fill-up this form completely and accurately.
2. Submit within 30 days from the date of incident or accident to 1CISP at **1CISP Building, #11 Mapagbigay corner Maunlad Street, Barangay Pinyahan, Quezon City**

CLAIMANT DETAILS:

Local Council:

Address:

Name of Member:

Name of Parents/Guardian:

Contact No.:

PREFERRED MODE OF PAYMENT:

☐ **Fund Transfer/ Mobile Wallet**

Name of Depository Bank/
Mobile Wallet Platform:

Account Name:

Account Number:

☐ **Check Payment**

DOCUMENTARY REQUIREMENTS:

Basic Requirements:

- ☐ Proof of membership (Membership Card/
Application for Unit/Adult/Scout Registration)
- ☐ One (1) valid government ID with 3 specimen
signatures of parent/guardian
- ☐ Photos of the accident

Additional Requirements:

Death/Bereavement

- ☐ Certified True Copy of Death Certificate (PSA
certified/ Local Civil Registrar copy)

Permanent and Total Disability

- ☐ Original/Certified True Copy of Medical Certificate
Photos of the injury as proof of disability

Medical Reimbursement

- ☐ Original/Certified True Copy of Medical Certificate or
Abstract
- ☐ Statement of Account during confinement
- ☐ Official Receipts of hospital and medicine bills
(original copy)

Vehicular Accident

- ☐ Police Report

BRIEF NARRATION OF INCIDENT/ACCIDENT

Endorsed By:

Signature Over Printed Name
(Claimant/Beneficiary)

Council Scout Executive