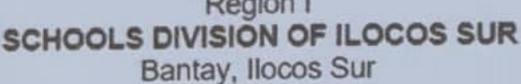


#### Republic of the Philippines Department of Education Region I





October 3, 2019

DIVISION MEMORANDUM No. 357, s. 2019

#### THE FIRST PHILHEALTH DIVISION QUIZ BEE FOR GRADES 10-12 LEARNERS

OIC-ASDS To:

**Chief Education Supervisors Education Program Supervisors Public Schools District Supervisors Public and Private Secondary School Heads** All Others Concerned

- 1. In view of the roll-out on the teaching of Philhealth Leaners' Materials (PLM) to our Grade 10 MAPEH learners, a Division Quiz Bee shall be held at the Local Health Insurance Office (LHIO) Ilocos Sur on October 14, 2019.
- 2. The activity aims to:
  - a. test the knowledge of the students on the Philhealth's products and services;
  - b. enhance and deepen the knowledge of the students about Philhealth;
  - serve as a venue in the improvement of the material;
  - d. encourage students to become advocates of Philhealth; and
  - e. encourage the adoption of the PLM to private secondary schools.
- 3. The mechanics for the said contest is attached to this Memorandum.
- 4. Each participating school must submit the properly accomplished Philhealth Registration and Parental Consent Forms to LHIO Ilocos Sur on or before October 7, 2019. All participants (contestants and coaches) are required to bring with them Identification Cards which will serve as their permit to be allowed inside the contest venue.
- 5. Administrative remedies shall be given to the classes left behind by the teacher participants.
- 6. Travel and other incidental expenses to be incurred in attending the said activity shall be charged against local funds/school MOOE subject to the usual accounting and auditing rules and regulations.
- 7. For information, guidance and compliance.

JORGE M. REINANTE, CSEE, CEO VI, CESO V Schools Division Superintendent

To be indicated in the perpetual index under the following subjects: Learners Teachers





#### Republic of the Philippines

### PHILIPPINE HEALTH INSURANCE CORPORATION PHILHEALTH REGIONAL OFFICE - 1



EMDC Building, Sec. Francisco Q. Duque Jr. Road, Tapuac District, Dagupan City Trunkline: (075) 515-3333/ Telefax: (075) 522-9691 Email: region1@philhealth.gov.ph; www.philhealth.gov.ph

September 27, 2019

#### **TOLENTINO G. AQUINO**

School Division Superintendent
Officer-in-Charge, Office of the Regional Director
Department of Education Region 1
San Fernando City, La Union

Attention: DR. FRANCIS A. DOMINGO

Education Program Supervisor Curriculum and Learning Management Division (CLMD)

#### Dear Director Aquino:

Warm greetings from PhilHealth Regional Office I!

In line with the roll-out of the teaching of PhilHealth Learner's Material (PLM) to Grade 10 students in School Year 2017-2018, please be informed that we will be conducting the First PhilHealth National Quiz Bee in the following levels of competition, schedule, and target contestants:

COMPETITION LEVEL	DATE	CONTESTANTS
Level I-Division Level	October 14, 2019	Grade 10, 11, and 12 Students of Public and Private Schools Nationwide
Level II-Regional & PRO NCR Branch Level	November 21, 2019 (Tentative)	Winners of Division Level
Level III-Area and PRO NCR Level	December 2019	Champions of Regional & PRO NCR Branch Level
Level IV-National Level	14th Feb. 2020	Champions of the Area & PRO NCR Level

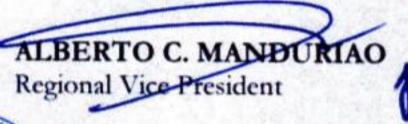
The First PhilHealth National Quiz Bee is a competition for Grade 10 to 12 students nationwide that aims to a) test the knowledge of the students on PhilHealth's product and services, b) enhance and deepen the knowledge of the students about PhilHealth, c) serve as a venue in the improvement of PhilHealth Learner's Material (PLM) which has been rolled-out in the School Year 2017-2018, d) encourage students to become advocates of PhilHealth, and e) encourage/boost the adoption of the PLM by private secondary schools.

Please see attached Mechanics for the Division Level of the competition consistent with Corporate Order 2019-0063 re: General Guidelines in the Conduct of the First PhilHealth National Quiz Bee for your information and reference.

Should you have inquiries or comments regarding this matter, you can contact our OIC-Membership & Marketing Section MS. MARIA CITADEL G. ARZADON at (075)515-3333 local 4136 or through email at member.pro1@philhealth.gov.ph or OIC-Public Affairs Unit MR. JOSEPH A. MANUEL at (075) 515 3333 AVAYA 4128 or through email at info.pro1@philhealth.gov.ph.

Thank you very much and we look forward to your positive reply and support in this endeavor.

Very truly yours,







# 1st PhilHealth National CHIZ BEE

## DIVISION LEVEL MECHANICS

 PhilHealth National Quiz Bee Division Level in Region I will be held simultaneously on October 14, 2019 at 8 AM in the following PhilHealth Local Health Insurance Offices:

LHIO Ilocos Norte, Laoag City
for Divisions of Batac City, Laoag City & Ilocos Norte

LHIO Ilocos Sur for Divisions of Candon City, Vigan City & Ilocos Sur

LHIO La Union for Divisions of San Fernando City & La Union

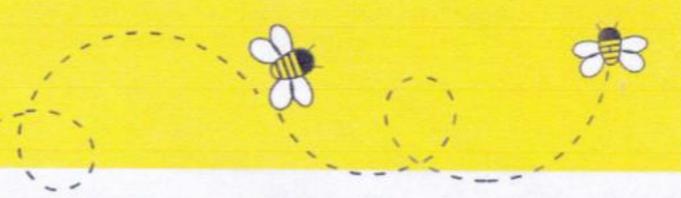
LHIO Eastern Pangasinan for Divisions of Urdaneta City & Pangasinan II

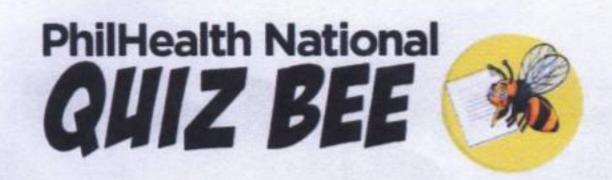
LHIO Central Pangasinan for Divisions of Dagupan City & San Carlos City

LHIO Western Pangasinan
for Divisions of Alaminos City & Pangasinan I

- Competition shall be open to all presently enrolled Grades 10, 11, and 12 Students in public and private schools recognized by DepEd.
- Each school shall be represented by one(1) participant only.
- Each school must submit the properly accomplished PhilHealth National Quiz Bee Registration Form and Parental Consent Form of the participants to the nearest PhilHealth Local Health Insurance Office until October 7, 2019.
- Relatives of PhilHealth and DepEd employees up to the fourth degree of consanguinity or affinity are NOT QUALIFIED TO JOIN the competition.
- Participants are allowed to have one (1) coach, who must be a MAPEH faculty member of the school that the participant represents.
- During the test proper, the coaches are allowed to observe the conduct of the actual quiz bee in a specific area.

- 8. Questions will be derived from the PhilHealth Learner's Material (PLM).
- The questionnaires shall be hand carried by PhilHealth Officers from the Regional Office to the Local Health Insurance Offices on the scheduled date of the competition.
- The questionnaire shall consist of 100 points to be answered within 1 hour and the competition will be facilitated in by PhilHealth Officers.
- Briefing and orientation prior to conduct of the Quiz Bee shall be provided by PhilHealth.
- 12. Failure of the qualified participant/s to appear on the day and time set for the conduct of the competition in each level shall be automatically disqualified from joining the competition. Replacement of participant/s shall NOT BE ALLOWED.
- The official judges shall determine the correctness of the answer.
- 14. The Contest is divided into four (4) levels:
  - a. Division Level
  - b. Regional and PRO NCR Branch Level
  - c. Area and PRO NCR Level
  - d. National Level
- 15. The highest scorer per DepEd Division Office will be automatically declared as the winner and will be the representative for the Regional Level of the competition.
- Participants will be automatically disqualified to join or continue with the competition for any violation committed or non-compliance to competition rules.





(signature over printed name)

Recent photo 25 mm x 35 mm

#### REGISTRATION FORM

	CONTE	STANT'S DETA	AILS:	HE RESTREET	STATE OF THE PARTY OF
Last Name	Fir	st Name		Middle Name	Suffix
Address:					
Year Level:	Age: Sex:	Telep	phone Numb	er:	a restrict
Father's Name:					
Last Name	Fir	st Name		Middle Name	Suffix
Mother's Maiden Name:					
Last Name	Fir	st Name		Middle Name	Suffix
Guardian (in the absence of the par	ents):				
Last Name	Fir	rst Name		Middle Name	Suffix
In case of emergency contact:	Father	Mot	her	Guardian	
Address:		Telephone No			
	estant			Date	
(signature over	r printed name)		Eine		
	SC	HOOL DETAILS	:	THE RESERVE OF THE PARTY OF THE	VIEW PROPERTY.
Name of School:					
Address:					
Region:		_ L Pub	lic School	Private School	
Telephone Number:		Email Address:			
THE RESERVE OF THE PERSON NAMED IN	C	DACH DETAILS:	ALC: UNITED IN	NAME OF STREET	
Last Norman	-	Nt		Asiddle Nesses	C. 66
Last Name	ri	rst Name	1 .	Middle Name	Suffix
Address:					
Telephone Number:		Email Addres	Part		
·					
	CERTIFICATIO	N AND END	ORSEN	MENT	
This is to certify that				(Student's Name) is a b	
and his/her coach	or the student has no	plativo who is a DI	nil Hoalth or	(Coach's Name) is a facult	
institution for SY 2019-2020. Furth consanguinity or affinity. The under					
School Division Head/Principal			Date		

#### PARENTAL CONSENT FORM

This is to certify that,	
am giving my full consent for my son/daughter,	to
participate in the First PhiHealth National Quiz Bee;	
I am permitting him/her to travel to the designated competition to the next level of the competition;	venue in case he/she wins and qualifies
The personal information provided by my son/daughter in the Pl Form shall be solely used for his/her participation in the said cor	hilHealth National Quiz Bee Registration mpetition;
We have NO relative who is a PhilHealth or DepEd employee up to affinity and in relation to this, I am allowing PhilHealth to verify o	to the fourth degree of consanguinity or our records;
l understand the rules and regulations of this competition and I a rules will result to disqualifications; and	acknowledge that any violations of these
l acknowledge that the Philippine Health Insurance Corporation harm or injury that may occur to my son or daughter while trave	shall NOT be held responsible for any ling for/during the competition.
Name of Parent/Guardian	Date
(Signature over printed name)	

#### GENERAL MECHANICS

- Contest shall be open to all presently enrolled Grades 10, 11 and 12 students in public and private schools nationwide.
- 2. Each school shall be represented by one (1) student only.
- Failure of the qualified contestant/s to appear on the day and time set for the conduct of the competition in each level shall automatically disqualify him/her from joining the competition. Replacement of contestant/s shall be NOT BE ALLOWED.
- Relatives of PhilHealth and DepEd employees up to the fourth degree of consanguinity or affinity are NOT QUALIFIED TO JOIN the contest.
- 5. All contestants shall accomplish the Registration Form and submit to the nearest PhilHealth Office.
- Contestants are allowed to have one (1) coach, who must be a MAPEH faculty member of the school that the contestant represents.
- During the contest, the coach shall be assigned a specific area to observe.
- Questions will cover the PhilHealth Corporate Profile, policies on benefits, products and services, other matters concerning PhilHealth, UHC Act 11223, and health matters in general.
- 9. Specific rules on the actual conduct of the Quiz Bee shall be discussed at the beginning of the contest.
- 10. The official judges shall determine the correctness of the answer.
- 11. The Contest is divided into four (4) levels:
  - a. Division Level
  - b. Regional Level and PRO NCR Branch Level
  - c. Area Level and PRO NCR Level
  - d. National Level
- Contestants will be automatically disqualified to join or continue with the competition for any violation committed or non-compliance to competition rules.



1st PhilHealth National

## GIIIZ BEE





OPEN FOR GRADES 10, 11 & 12!



1st Runner-up:

Coach:

School:

PHP 50,000.00

PHP 20,000.00

PHP 20,000.00



Cash & Trophy for the winners

**CHAMPION** 

PHP100,000

2 Remaining Contestants : PHP 10,000.00 each

Coach: PHP 5,000.00

School: PHP 5,000.00

2nd Runner-up :
PHP 30,000.00
Coach :
PHP 10,000.00
School :
PHP 10,000.00

COACH:

PHP 30.000



#### AREA & PRO NCR LEVEL

1st Runner-up : PHP 6,000,000

Cash & Plaque for the winners

Champion:

Coach: PHPE 00000

School: PRESIDENCE

**Remaining Contestants:** 

Area IV: PHP 2000000 II 1

#### REGIONAL & PRO NCR LEVEL

1st Runner-up : PHP 200000

Cash & Medal for the winners

Coach: PHP 2000000 School: PHP 2000000

2 Remaining Contestants:

#### DIVISION LEVEL

& Certificate of Achievement