



October 3, 2019

DIVISION MEMORANDUM
No. 357, s. 2019

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

To: OIC-ASDS
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 Learners' 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;
 - c. 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:
Quizzes
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,


ALBERTO C. MANDURIAO
Regional Vice President



1st PhilHealth National **QUIZ 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.
- 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.
- 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.
- The Contest is divided into four (4) levels:
 - Division Level
 - Regional and PRO NCR Branch Level
 - Area and PRO NCR Level
 - National Level
- 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.



PhilHealth National QUIZ BEE



Recent photo
25 mm x 35 mm

REGISTRATION FORM

CONTESTANT'S DETAILS:

Last Name First Name Middle Name Suffix

Address: _____

Year Level: _____ Age: _____ Sex: _____ Telephone Number: _____

Father's Name:

Last Name First Name Middle Name Suffix

Mother's Maiden Name:

Last Name First Name Middle Name Suffix

Guardian (in the absence of the parents):

Last Name First Name Middle Name Suffix

In case of emergency contact: ☐ Father ☐ Mother ☐ Guardian

Address: _____ Telephone No. _____

Contestant
(signature over printed name)

Date

SCHOOL DETAILS:

Name of School: _____

Address: _____

Region: _____ ☐ Public School ☐ Private School

Telephone Number: _____ Email Address: _____

COACH DETAILS:

Last Name First Name Middle Name Suffix

Address: _____

Telephone Number: _____ Email Address: _____

CERTIFICATION AND ENDORSEMENT

This is to certify that _____ (Student's Name) is a bona fide student and his/her coach _____ (Coach's Name) is a faculty member of this institution for SY 2019-2020. Further, the student has no relative who is a PhilHealth or DepEd employee up to the fourth degree of consanguinity or affinity. The undersigned therefore endorses his/her participation in the First PhilHealth National Quiz Bee.

School Division Head/Principal
(signature over printed name)

Date

PARENTAL CONSENT FORM

This is to certify that,

I am giving my full consent for my son/daughter, _____ to participate in the **First PhilHealth National Quiz Bee**;

I am permitting him/her to travel to the designated competition venue in case he/she wins and qualifies to the next level of the competition;

The personal information provided by my son/daughter in the PhilHealth National Quiz Bee Registration Form shall be solely used for his/her participation in the said competition;

We have NO relative who is a PhilHealth or DepEd employee up to the fourth degree of consanguinity or affinity and in relation to this, I am allowing PhilHealth to verify our records;

I understand the rules and regulations of this competition and I acknowledge that any violations of these rules will result to disqualifications; and

I acknowledge that the Philippine Health Insurance Corporation shall NOT be held responsible for any harm or injury that may occur to my son or daughter while traveling for/during the competition.

Name of Parent/Guardian
(Signature over printed name)

Date

GENERAL MECHANICS

1. 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.
3. 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.
4. 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.
6. Contestants are allowed to have one (1) coach, who must be a MAPEH faculty member of the school that the contestant represents.
7. During the contest, the coach shall be assigned a specific area to observe.
8. 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
12. 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 **QUIZ BEE**



OPEN FOR
GRADES 10, 11 & 12!



NATIONAL

SCHOOL:

**COMPUTER
PACKAGE**

Cash & Trophy for
the winners

CHAMPION

PHP100,000

COACH:

PHP 30,000

1st Runner-up :

PHP 50,000.00

Coach :

PHP 20,000.00

School :

PHP 20,000.00

2nd Runner-up :

PHP 30,000.00

Coach :

PHP 10,000.00

School :

PHP 10,000.00

2 Remaining Contestants :

PHP 10,000.00 each

Coach : PHP 5,000.00

School : PHP 5,000.00



AREA & PRO NCR LEVEL

1st Runner-up : PHP 6,000.00
2nd Runner-up : PHP 4,000.00

Cash & Plaque for the winners

Champion : PHP 10,000.00

Coach: PHP 5,000.00

School: PHP 5,000.00

Remaining Contestants :
Area I : PHP 2,000.00 x 1
Area IV : PHP 2,000.00 x 3



REGIONAL & PRO NCR LEVEL

1st Runner-up : PHP 3,000.00
2nd Runner-up : PHP 2,000.00

Cash & Medal for the winners

Champion : PHP 5,000.00

Coach: PHP 2,000.00

School: PHP 2,000.00

2 Remaining Contestants :
PHP 1,000.00 each



DIVISION LEVEL

Champion : PHP 1,000.00
& Certificate of Achievement