

Hadano — 国民健康保険異動届出書 — National Health Insurance Application

Deadline: Must be submitted within 14 days of the qualifying event (losing employer insurance, moving in, birth, etc.) | Cost: Free | Penalty: Late enrollment means you still owe premiums from the eligibility date, and medical costs in

WHAT TO BRING

>> Enrolling after leaving employer insurance

- | | |
|---|-------------|
| * Certificate of Health Insurance Loss (from former employer) | 健康保険資格喪失証明書 |
| * Residence Card | 在留カード |
| * My Number Card (or My Number notification) | マイナンバーカード |
| Bank passbook & registered seal (for auto-debit setup) | 通帳・届出印 |

>> Enrolling after moving to a new ward

- | | |
|--|-----------|
| * Residence Card | 在留カード |
| * My Number Card | マイナンバーカード |
| Moving-Out Certificate (from previous ward) (If also doing residence registration) | 転出証明書 |

>> Leaving NHI (got employer insurance)

- | | |
|---|-------------|
| * New health insurance card (from employer) | 新しい健康保険証 |
| * NHI qualification confirmation document | 国民健康保険資格確認書 |
| * My Number Card | マイナンバーカード |

COMMON MISTAKES

- X Not enrolling within 14 days
 - > You owe premiums retroactively from the eligibility date, but medical expenses during the gap are not covered.
- X Forgetting to disenroll from NHI after getting employer insurance
 - > You will be double-billed for premiums. NHI does not automatically cancel.
- X Not bringing the Certificate of Health Insurance Loss
 - > The ward office cannot process your enrollment. Ask your former employer to issue this document.

AFTER YOU SUBMIT

1. You receive a qualification confirmation document (資格確認書) — keep this as proof of insurance
2. Monthly premium notices arrive by mail. Pay at convenience stores, banks, or set up auto-debit
3. Dependents can be enrolled on the same form — list all household members
4. Premiums are calculated based on your previous year's income

セクション 1 — Section 1

[illegible]

- 1 第5号様式(省令第27条、第28条の2、第83条の6関係)
[第5号様式(省令第27条、第28条の2、第83条の6関係)]
- 2 介護保険 被保険者証等再交付申請書 Long-term Care Insurance
Insurance for elderly care services. Mandatory for residents 40+. Premiums
deducted with health insurance.
- 3 年 月 日 [年 月 日]
- 4 (宛先) [(宛先)]
- 5 秦野市長 [秦野市長]
- 6 申請者 [申請者]
- 7 本人との関係 [本人との関係]
- 8 話 () [話 ()]
- 9 次のとおり申請します。
- 10 被保険者番号 Insured Person Number
Enter your health insurance member number found on your insurance card (国民健康保険証
or employee insurance card)
- 11 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you
after.

The image shows a sample of a Japanese tax form (Form 1040) with a red box highlighting the 'Income' section. The form includes fields for personal information, income details, and tax calculations.

Form 1040

Income

Personal Information

姓 (Surname): [Blank]
 名 (First Name): [Blank]
 生年 (Year of Birth): [Blank]
 性別 (Gender): [Blank]
 職業 (Occupation): [Blank]
 住所 (Address): [Blank]
 電話番号 (Phone Number): [Blank]

Income

所得の種類 (Type of Income): [Blank]
 所得の金額 (Amount of Income): [Blank]
 所得の源泉徴収額 (Amount of Income Tax Withheld): [Blank]

Tax

所得税 (Income Tax): [Blank]
 住民税 (Municipal Resident Tax): [Blank]
 地方教育税 (Local Education Tax): [Blank]

Summary

所得の総額 (Total Income): [Blank]
 所得の源泉徴収額 (Total Income Tax Withheld): [Blank]
 所得の税額 (Total Income Tax): [Blank]

セクション 2 — Section 2 (Part 1/2)

1 ふりがな		2 性別	3 生年月日
4 被保険者氏名		5 男・女	6 年 月 日
7 住 所	8 電話 ()		
9 医療保険者名	第2号被保険者のみ記入	10 医療保険証記号番号	
11 再交付する	12 1 被保険者証 2 資格者証	13 1 紛失・焼失 2 破損・汚損	

- 1
ふりがな Furigana (phonetic reading)
Write the phonetic pronunciation of your name in hiragana characters above or next to where you write your name in kanji/katakana
- 2
性別 Gender
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 3
生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 4
被保険者氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.
- 5
男・女 Male・ Female
Circle or check the appropriate gender
- 6
年 月 日 [年 月 日]
- 7
住 所 [住 所]
- 8
電話 () [電話 ()]
- 9
第2号被保険者のみ記入 [第2号被保険者のみ記入]
- 10
医療保険者名 [医療保険者名]
- 11
医療保険証記号番号 Health insurance card
Japanese health insurance card. Can serve as secondary ID at some banks.
- 12
1 被保険者証 [1 被保険者証]
- 13
2 資格者証 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 14
1 紛失・焼失 [1 紛失・焼失]
- 15
再交付する To do/perform
This is typically part of a longer phrase on forms - look for the complete text before filling



セクション 2 — Section 2 (Part 2/2)

再交付する証明書	2 資格者証 3 受給資格証明書 4 負担割合証	申請理由	1 紛失・焼失 2 破損・汚損 3 その他()
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- 1 申請 [申請]
- 2 3 受給資格証明書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 3 2 破損・汚損 [2 破損・汚損]
- 4 証明書 [証明書]
- 5 理由 [理由]
- 6 4 負担割合証 [4 負担割合証]
- 7 3 その他() Other
Use this section for any additional information not covered in other fields



セクション 3 — Section 3 (Part 1/2)

再交付申請書

3 受給資格証明書

4 負担割合証

5 負担限度額認定証

申請理由

2 破損・汚損

3 その他()

再交付申請について上記申請者に委任します。

委任者 住所

氏名 (署名又は記名押印)

※ 処理欄	課長	課長代理	担当	受付	起案	・	・
上記申請について、交付し	丁				決裁	・	・

- 1 証明書 [証明書]
- 2 理由 [理由]
- 3 4 負担割合証 [4 負担割合証]
- 3 3 その他() Other
- Use this section for any additional information not covered in other fields
- 5 5 負担限度額認定証 [5 負担限度額認定証]
- 6 再交付申請について上記申請者に委任します。
- 7 委任者 住所 Address
- Write your complete residential address including postal code, prefecture, city, and building details
- 8 氏名 (署名又は記名押印) Full name / Signature / Seal (inkan / hanko)
- Write your full legal name as it appears on your residence card or passport Sign your name. Foreigners can use a written signature instead of a seal (inkan).
- 9 ※ 処理欄 Processing
- Staff use - processing status. Do not fill in.
- 10 課長 [課長]
- 11 課長代理 [課長代理]
- 12 担当 [担当]
- 13 受付 Reception / Received
- Staff use - indicates form was received. Do not fill in.
- 14 起案 ・ ・ [起案 ・ ・]
- 15 決裁 ・ ・ [決裁 ・ ・]



セクション 3 — Section 3 (Part 2/2)

	1 上記申請について、交付してよろしいでしょうか。	丁					2 決裁 交付	・ ・	・ ・	

- 1 上記申請について、交付し [上記申請について、交付し]
- 2 交付 ・ ・ [交付 ・ ・]



セクション 4 — Section 4 (Part 1/2)

2 上記申請について、交付してよろしいでしょうか。	丁	氏名	性別	生年	交付	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 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768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 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- 1 決裁 ・ ・ [決裁 ・ ・]
- 2 上記申請について、交付し [上記申請について、交付し]
- 3 交付 ・ ・ [交付 ・ ・]
- 4 代理権確認 [代理権確認]
- 5 個人番号確認 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 6 身元確認書類 [身元確認書類]
- 7 本人 Self (head of household)
- 8 ☐運転免許証 Driver's license
Bring your physical driver's license as identification
- 9 1 ☐介護支援専門員証 [1 ☐介護支援専門員証]
- 10 ☐その他 () Other (/ Other)
Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields
- 11 ☐通知カード [通知カード]
- 12 代理人 ☐登記事項証明書 ☐個人番号カード
Certificate of Registered Matters (company registry extract) / My Number (Individual Number)
Issued by the Legal Affairs Bureau (法務局). Must be from the last 6 months.
¥480-600. 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 13 ☐個人番号入り住民票等 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 14 ☐年金手帳 Pension
Select your pension type (National Pension, Employee Pension, etc.)
- 15 ☐その他 () Other (/ Other)
Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields



セクション 4 — Section 4 (Part 2/2)

	<input type="checkbox"/> その他 ()		<input checked="" type="checkbox"/> 官公署発行書類、通知書 <input type="checkbox"/> その他 ()
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□その他 () Other (/ Other

Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields

[illegible]

COUNTER PHRASES

Point and show these to ward office staff

FINDING THE COUNTER

すみません、国民健康保険の窓口はどこですか？

Sumimasen, kokumin kenkō hoken no madoguchi wa doko desu ka?

Excuse me, where is the National Health Insurance counter?

ENROLLING

国民健康保険に加入したいのですが

Kokumin kenkō hoken ni kanyū shitai no desu ga

I would like to enroll in National Health Insurance

CANCELLING

国民健康保険をやめたいのですが

Kokumin kenkō hoken wo yametai no desu ga

I would like to cancel my National Health Insurance

SHOWING PROOF

資格喪失証明書を持っています

Shikaku sōshitsu shōmeisho wo motteimasu

I have my Certificate of Health Insurance Loss

ASKING ABOUT PREMIUMS

保険料はいくらですか

Hokenryō wa ikura desu ka?

How much is the insurance premium?

LEFT PREVIOUS JOB

会社を辞めたので、国保に切り替えたいです

Kaisha wo yameta node, kokuho ni kirikae tai desu

I left my company and want to switch to National Health Insurance