

第1号様式(第4条関係) 練馬区長殿 国民健康保険異動届 年 月 日 届出

事由	取得(適用開始) 全部・一部	喪失(適用終了) 全部・一部			取得日 喪失日	取得事由 喪失事由	世帯主 その他	変更 旧国保 在留資格 在留期間	届制 普通	記号	番号
住所	練馬区 丁目 番 号					世帯主		TEL 自宅・携帯 勤務先		得・喪 年月日	
届出人	1 世帯主本人 2 世帯主以外 (右欄も記入してください)					氏名		世帯主との関係 ()		変更 前	
本通	フリガナ 氏 名		世帯主 との続柄	性別	生年月日	職業・収入等	非 宛名	在留資格 在留期限	特記事項	変更 後	
本通	1		男 M	女 F	昭平令西暦		新 再			前後 記番	
本通	2		男 M	女 F	昭平令西暦		新 再			他保険等加入脱退情報	
本通	3		男 M	女 F	昭平令西暦		新 再			会社名	
本通	4		男 M	女 F	昭平令西暦		新 再			TEL 担当者	
本通	5		男 M	女 F	昭平令西暦		新 再			保険者名	
本通	6		男 M	女 F	昭平令西暦		新 再			協会けんぽ 健康保険 国保共済	
本通	7		男 M	女 F	昭平令西暦		新 再			記号	
本通	8		男 M	女 F	昭平令西暦		新 再			番号	
本通	9		男 M	女 F	昭平令西暦		新 再			退職日	
本通	10		男 M	女 F	昭平令西暦		新 再			得・喪年月日	
取得	1 転入(特別区) 2 転入(国内) 3 転入(国外) 4 社保喪失 5 生保廃止 6 国保組合脱退 7 出生 8 回復 9 その他 10 職権		喪失 1 転出(特別区) 2 転出(国内) 3 転出(国外) 4 社保加入 5 生保開始 6 国保組合加入 7 後期高齢加入 8 死亡 9 その他 10 職権		変更 1 世帯主変更 2 世帯合併/分離 3 世帯変更 4 転居 5 取得/喪失日変更 6 事由変更 7 その他()		備考 個人番号カード 運転免許証 障害者手帳 写真付住基カード 在留カード パスポート 年金手帳(通知書)・証書 資格喪失証明書 ()		退職日 得・喪年月日 被扶養認定・削除年月日		
受付	資格審査	入力	発行		特別療養	回収	入力審査	電話 社・健 本・龍			
			通常・外短・高齢		窓 郵	速 番	期限	整理 世帯 収入 口座 保険 交付 先 非 自 被 扶 養 家 内 申 込 内 税 健 馬 他 庁 申 込 税 務 署 主 任 任 務 し お り			

第1号様式(第4条関係)

練馬区長殿

国保加入届記載例

国民健康保険異動届

年 月 日 届出

[illegible]

Nerima — 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

タイトル・届出日 — Header & Dates (Part 1/2)

第1号様式(第4条関係) 練馬区長殿 国民健康保険異動届 年 月 日 届出

取得(適用開始)	喪失(適用終了)	変更	記号	番号
全部・一部	全部・一部	取得事由 喪失事由 世帯主 旧国保 在留資格 在留期間	擬制 普通	
練馬区	丁目	番	号	組・座

- 1 第1号様式 (第4条関係) Form No. 1 (Related to Article 4)
This is a form header indicating 'Form No. 1 (Related to Article 4)' - you don't need to fill anything in this field as it's pre-printed administrative information identifying the specific government form type.
- 2 国民健康保険異動届 National Health Insurance Change Notification
Fill this out if you're enrolled in National Health Insurance and changing address, as your insurance coverage needs to be updated with your new municipality.
- 3 練馬区長殿 To the Mayor of Nerima Ward
N/A if it's just instructions/layout text
- 4 年 月 日 届出 Year __ Month __ Day __ Notification/Report
Fill in the date you are submitting this residence registration form (format: year/month/day)
- 5 取得 (適用開始) Acquisition (Application Start)
Fill in the date when you first acquired or became eligible for a particular status or benefit (e.g., health insurance, resident status)
- 6 喪失 (適用終了) Loss (End of Coverage)
Check this box if you're losing eligibility for services like national health insurance due to moving out of the municipality or other qualifying changes.
- 7 変更 Change
Check this box if you're making changes to existing registration information rather than moving in/out
- 8 記号 Symbol/Code
Leave blank unless specifically instructed by municipal office staff - this is typically for internal administrative use
- 9 番号 Number
Leave blank - this field is typically filled by municipal office staff for internal tracking purposes.
- 10 擬制 Deemed/Legal fiction
This field is for cases where legal status is assigned by law rather than actual circumstances - typically handled by city office staff, not filled by applicant
- 11 喪失日 喪失事由 その他 () Other
Use this section for any additional information not covered in other fields
- 12 練馬区 Nerima Ward
This indicates the municipal jurisdiction - if you live in Nerima Ward, this form is for you
- 13 丁目 Block/District Number
Enter the numbered district section of your address (e.g., if your address is "1-2-3 Shibuya", enter "1" for 1-chome)



タイトル・届出日 — Header & Dates (Part 2/2)

第1号様式(第4条関係)

練馬区長殿

国保加入届記載例

国民健康保険異動届

年 月 日 届出

事由	取得(適用開始)	喪失(適用終了)	取得日 喪失日	取得事由 喪失事由	世帯主 その他	変更 旧国保 在留資格 在留期間	届制 普通	記号	番号		
	全部・一部	全部・一部									
	練馬区	曲工業	6	丁目	12	番	1	号	注1)	練馬区長	練馬区

- 1 国保加入届記載例 Example of How to Fill Out National Health Insurance Enrollment Application
- This is just a header indicating this is an example form showing how to properly fill out a National Health Insurance enrollment application - you don't need to write anything here.
- 2 注 1) Note 1)
- This refers to a footnote or additional instruction that will be explained elsewhere on the form - look for the corresponding note below for specific guidance on how to fill out that particular section.



事由 全部・一部	全部・一部	取得日 喪失日	取得事由 喪失事由	世帯主 その他	旧国保 在留資格	在留期間	強制 普通	変更前		変更後	
								特	喪 年月日		
住所 練馬区	丁目	番	号	世帯主							
(建物名と部屋番号)				TEL 自宅・携帯 勤務先	個人番号						
届出人	1 世帯主本人	住所 ※世帯主以外の方はご記入ください					変更前	変更後	氏名	TEL 自宅・携帯 勤務先	世帯主との関係
	2 世帯主以外 (本欄に記載してください)										

-
- Figure 1 shows a completed Form 990, which is a tax document for non-profit organizations. The form is divided into several sections, with a red box highlighting the top section (Part I) and another red box highlighting a section in the middle (Part VII). The top section contains information about the organization's name, EIN, and other identifying details. The middle section, highlighted by the second red box, appears to be related to the organization's mission and governance, specifically focusing on the board of directors and their responsibilities. The form is filled out with various details, including financial information and organizational structure.

届出人情報 — Who Is Filing (Part 2/2)

出 所	練馬区	豊玉北	6	丁目	12	番	1	号	注1) 世帯主	練馬 太郎	得・喪 年月日	
(建物名と部屋番号)	ベルデ練馬301号室		TEL 自宅 (携帯)		090-3993-〇〇〇〇		個人番号		1 2 3 4 5 6 7 8 9 0 1 2	変		

- 1 注 1) Note 1)
This is a reference note field - you typically don't need to fill this in as it's just indicating 'Note 1' which refers to instructions elsewhere on the form.
- 2 豊玉北 Toyotama-kita
This is a neighborhood/district name - write your actual district name here if different
- 3 1 2 12
This appears to be a day field (showing '12') - enter the day portion of a date, likely your birthday or the date you're filing the form, as a two-digit number.
- 4 練馬 太郎 Nerima Taro
This is a sample name showing the format (last name first, then first name) - replace with your actual name in this order.
- 5 TEL 自宅・携帯090-3993-〇〇〇〇個人番号123456789012 My Number (Individual Number) / Mobile phone / Home address
12-digit number. Leave blank on first registration — it will be mailed to you after. Enter your mobile/cell phone number including area code
- 6 (建物名と部屋番号) ベルデ練馬 3 0 1 号室 (Building name and room number) Verde Nerima Room 301
Enter your apartment/condo building name followed by your specific room/unit number



住所 — Addresses (Part 1/3)

1	世帯主本人	住所 ※世帯主以外の方はご記入ください	TEL 自宅・携帯 勤務先	変更後
2	世帯主以外 (右欄も記入してください)	氏名	世帯主との関係	変更後
	フリ 氏	ガナ 名	世帯主 との続柄	変更後
		性別	生年月日	職業・収入等
		男 女	昭 平 令 西 暦	非 宛 名 在留資格 在留期限 特記事項
				新 前

- 1 (資 (Documents
- This section is for document verification - leave blank as it will be filled by the government office staff when they process your form.
- 2 届1世帯主本人 Head of household
- The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 3 人2世 (右帯欄主も以記外入してください) 氏名 Full name
- Write in katakana for foreign names. Some forms accept romaji.
- 4 TEL自勤宅務・先携帯 Mobile phone
- Enter your mobile/cell phone number including area code
- 5 世帯主との関係 Head of household
- The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 6 確認 Confirmation
- This is a confirmation field that will be checked/stamped by the office staff after they verify your information - do not write anything here.
- 7 在留資格特記事項後 Residence status / Visa type / Qualification
- e.g. 技術・ 人文知識・ 国際業務, 日本人の配偶者等, 留学, 永住者 Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 8 フリ ガナ Furigana (phonetic reading)
- Write the phonetic reading of your name in katakana characters above where you write your actual name
- 9 世帯主性別 Head of household / Gender
- The primary person in a household for registration purposes. If you live alone, you are the head of household. 男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 10 生年月日 Date of birth
- Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 11 職業・収入等 Occupation
- e.g. 会社員 (company employee), 自営業 (self-employed), 学生 (student)
- 12 宛名 Addressee/To
- Write the full name of the person this form concerns or who should receive correspondence about this registration - typically your own name if filing for yourself.
- 13 新新 New New
- This appears to be a formatting error or duplicate text - check if this should be "新住所" (new address) or contact the municipal office for clarification
- 14 男女昭 平 令 西 暦 Western calendar
- Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 15 郵便 Postal code
- Enter your 7-digit postal code (〒xxx-xxxx format)



[illegible]

- 1 **よる** by/through

This is likely part of a longer phrase indicating the method or reason for registration change - check the full context around this word to determine what specific information is being requested.
- 2 **注通** Notification

This likely refers to a notification section - follow instructions provided or check with municipal office staff if unsure what notifications are required.
- 3 **個人番号** My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.
- 4 . . .

Write the date you moved to this address in the format MM.DD (month.day). Use numbers only, for example '04.15' for April 15th.
- 5 **会社名他保険等加入脱退情報** Company name and other insurance enrollment/withdrawal information

Enter your employer's name and details about joining or leaving health insurance, employment insurance, or other workplace benefits
- 6 . . .

Write the date you moved out from a previous address in the format MM.DD (month.day). Leave blank if this is your first address registration in Japan or if you're moving from outside Japan.

Figure 1 shows a sample of a Japanese medical insurance claim form. The form is a complex grid with various sections for patient information, medical history, and billing. A red box highlights a specific section in the middle, likely related to the medical procedure or diagnosis being billed.

住所 — Addresses (Part 3/3)

注2)	フリガナ	氏名	世帯主との続柄	性別	生年月日	職業・収入等	非	宛名	在留資格 在留期限	特記事項	更 後	書 の 普 通 郵 便 に よ る 送 付 を し て い た で ま す
1	練馬	太郎	主	男	昭和7.1.1	失業保険 受給予定	新				前	
2	練馬	ハナコ	妻	女	昭和7.1.1	無職						

注3) 個人番号 123456789012

注1) 世帯主名欄には住民票上の世帯主のお名前を
ご記入ください

- 1 注 2) Note 2
- This refers to a note or instruction elsewhere on the form - check the bottom or margins of the document for 'Note 2' which will contain specific guidance about filling out this section.
- 2 本1 練馬 太郎 Main 1 NERIMA TAROU
- This shows an example entry - "本1" indicates the main applicant (#1), followed by name in katakana (surname first: NERIMA TAROU)
- 3 失業保険 Unemployment Insurance
- Check this box if you are currently receiving unemployment benefits or are eligible to receive them.
- 4 後記 Notes below
- This section is for additional notes or remarks that will be referenced later in the form - leave blank unless you have special circumstances that require explanation.
- 5 7 . 1 . 1 7 . 1 . 1
- This appears to be a date format template showing spaces for entering a date as year.month.day (likely using Japanese calendar year 7, which would be 2025 in the Reiwa era)
- 6 練馬 太郎 Nerima Taro
- This is a sample name showing the format (last name first, then first name) - replace with your actual name in this order.
- 7 <旧ご記入にあたっての注意> <Notes for filling out the old [address section]>
- This introduces instructions for completing the previous address section - read the following guidelines carefully before filling out your old address information.
- 8 注 3) 個人番号123456789012 My Number (Individual Number)
- 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 9 赤線本2 練 ネリマ 花ハナ子コ Red line book 2 Nerima Hanako
- This appears to be an example entry showing the format: write your address district (練馬/Nerima) and name (花子/Hanako) following the same pattern with your actual information.
- 10 新注新 1) 世ご帯記主入名くだ欄さには。住民票上の世会社帯名他主保の険お等加名入前脱を退情報
- New Registration Note 1) Please enter the name of the head of household in the household head name field. Please enter the name of the head of household. Enter the exact name of the household head as registered on your resident certificate (住民票) - this is needed for insurance processing.
- 11 男M女F昭7 平 . 令 1 . 西 1 曆 Male M Female F Showa 7 Heisei . Reiwa 1 . Western Calendar
- Check M for male or F for female, then fill in your birth date using the appropriate era format (Showa/Heisei/Reiwa) or Western calendar year
- 12 付ごを Household members
- List all family members who will be registered at this address, including their relationship to the head of household

練馬太郎	昭和7.1.1	失業保険受給予定
練馬ハナコ	昭和7.1.1	無職

ここには何も記入しないでください

住所 — Addresses (Part 3/3) (continued)

13

無職 Unemployed

Select this if you are currently not working or employed

異動者 — Person Table (Part 1/5)

注 赤線の中を記入してください

2	個人番号	男	女	昭	平	令	西	暦	新	再	他保険等加入脱退情報	1
本		M	F						新	再	会社名	
通	個人番号								新	再		
3		男	女	昭	平	令	西	暦	新	再	担当者	2
本	個人番号	M	F						新	再		
通									新	再	保険者名	3
4		男	女	昭	平	令	西	暦	新	再	協会けんぽ	4
									新	再		

も通付をご希望の方はお申し出

1 会社名他保険等加入脱退情報 Company name and other insurance enrollment/withdrawal information

Enter your employer's name and details about joining or leaving health insurance, employment insurance, or other workplace benefits

2

Enter your birth date using the Japanese calendar format (Showa, Heisei, or Reiwa era). If unsure of the era conversion, you can ask at the municipal office or use online converters to change your Western calendar birth date.

3 希望 Preference/Request

Check this box or fill this field if you have a specific request related to your residence registration

4 中通 Naka-dori

This is likely part of an address - write the district/area name as it appears on your residence card or lease agreement

5

Write your birth date again in the same Japanese era format for verification. Make sure this matches exactly with field 2 to avoid processing delays.

6 男M女F昭 平 令 西暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

7 記入本3 Entry Book 3

This indicates which registration book number this form belongs to - typically filled by office staff. Leave blank unless specifically instructed to fill it yourself.

8 方は person/individual

This is typically part of a larger phrase indicating which person the form section refers to (e.g., "the person who is moving" or "the household head")

9

Enter your birth date in Japanese era format once more. This appears to be for a different person or family member listed on the same form.

10 担当者 Person in charge / Staff member

Sign your name or write the name of the person responsible for submitting this form. This is typically the applicant themselves or their legal representative.

11 て通 Via/Through

This indicates the method of submission or processing route - may need to specify how you're submitting the form (in person, by mail, etc.)

12 個人番号 My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.

13

Write the birth date in Japanese era format for the person listed in this section. Ensure consistency with the era year system used throughout the form.

Form p.1

異動者 — Person Table (Part 1/5) (continued)

- 14

昭平令西暦Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 15

保険者名Insurer Name

Write the name of your health insurance provider (e.g., your employer's name if you have employer-based insurance, or the municipality name for National Health Insurance)

異動者 — Person Table (Part 2/5)

4. 本通 男 M 昭平令西暦 新 旧 係族署名 協金けんほ 璽保 国保 共済

5. 本通 男 M 昭平令西暦 新 旧 記号 記号

個人番号 個人番号 再 番号

- 1 **男女** Male/Female
Check the appropriate box for your gender as it appears on your official identification documents.
 - 2 **協会けんぽく** Health Insurance Association
Check this if you have health insurance through the Japan Health Insurance Association (協会けんぽ) - common for company employees at small to medium businesses
 - 3 **さ本** Previous
This refers to your previous address - write your old address before moving to the current municipality.
 - 4 **健保だ** Health Insurance
Enter your health insurance information or check the appropriate box for your insurance type (National Health Insurance, employee insurance, etc.)
 - 5 . . .
This appears to be a date field based on the dot pattern. Enter the relevant date in Japanese format (year/month/day), likely related to residence or registration dates.
 - 6 **。通** . Mail/Correspondence
This is for correspondence/mailing preferences. Check the appropriate box to indicate how you want to receive official communications from the government office.
 - 7 **共済い** Mutual aid/pension
Check this if you participate in a mutual aid society or certain pension schemes (共済組合)
 - 8 **個人番号** My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
 - 9 . . .
Another date field indicated by the dot pattern. Fill in the applicable date in Japanese format, which may relate to application submission or effective dates.
 - 10 **昭平令 西暦** Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
 - 11 **男女** Male/Female
Check the appropriate box for your gender as it appears on your official identification documents.
 - 12 **記号** Symbol/Code
This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.
 - 13 . . .
This is a date entry field following Japanese format conventions. Enter the appropriate date (year/month/day) as specified in the form instructions, likely for official record-keeping purposes.

The image shows a Japanese tax form (Form 1040) with red boxes highlighting specific areas. The top box highlights the 'Taxable Income' section, and the bottom box highlights the 'Total Tax' section.

異動者 — Person Table (Part 2/5) (continued)

- 14

番号

Number

Enter your residence card number or other identifying number as specified in the form instructions.
- 15

個人番号

My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.

異動者 — Person Table (Part 3/5)

通	取得	喪失	変更	個人番号	再	出	番号
1 転入(特別区)	1 転出(特別区)	1 世帯主変更	個人番号カード	備考	退職日	特・喪年月日	
2 転入(国内)	2 転出(国内)	2 世帯合併/分離	運転免許証				
3 転入(国外)	3 転出(国外)	3 世帯変更	障害者手帳				
4 社保喪失	4 社保加入	4 転居	写真付住基カード				
5 社保廃止	5 社保開始	5 取得/喪失日変更	在留カード				
6 国民健康保険	6 国民健康保険	6 世帯変更	パスポート				

- 1 This appears to be a date field with dot separators. Enter the relevant date in Japanese format (year.month.day), likely related to when you moved or when the form is being filed.
- 備考 Remarks
- 2 Use this section for any additional information or special circumstances regarding your address change that doesn't fit in other fields.
- 取得 Acquisition
- 3 Check this box if you're acquiring Japanese nationality or registering acquisition of citizenship status.
- 喪失 Loss
- 4 Check this section if you're reporting the loss of resident status (e.g., moving abroad permanently)
- 変更 Change
- 5 Check this section when updating existing information on your residence registration (like name change, household composition change, etc.)
- 退職日 Date of retirement/resignation
- 6 Enter the date you left your job in YYYY/MM/DD format if applicable to your move
- 個人番号カード My Number (Individual Number)
- 7 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 1 転入 (特別区) 1 転出 (特別区) Moving in (from another municipality or abroad) / Moving out
- 8 Check box 1 if you are moving into a special ward (Tokyo's 23 wards) from another location. This is for transfers within Tokyo's special ward system.
- 得・喪年月日 Date of Acquisition/Loss
- 9 Enter the date when you gained or lost your status (e.g., marriage, divorce, naturalization, or loss of citizenship)
- 2 世帯合併/分離 2. Household merger/separation
- 10 Check this section if you're combining households with family members or splitting from an existing household registration
- 3 転入 (国外) Moving in (from another municipality or abroad)
- 11 Check box 3 if you are moving in from outside Japan (international move). This would apply to foreign residents who have just arrived in Japan and are registering their residence.
- 本 写真付住基カード Original photo-attached resident registration card
- 12 Attach your photo-bearing Juki Card (Basic Resident Registration Card) to this section if you have one
- 4 社保加入 4. Social Insurance Enrollment
- 13 Check this box if you are enrolled in social insurance (health insurance through your employer)
- 被扶養認定・削除年月日 Date of Dependent Recognition/Deletion
- 14 Enter the date when you were added to or removed from someone's dependent status for tax/insurance purposes (format: YYYY/MM/DD)

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
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異動者 — Person Table (Part 3/5) (continued)

15

5 取得/喪失日変更 Change

Check this box if you are making changes to existing information

5 生保廃止	5 生保開始	5 取得/喪失日変更	ハの 確認	仕留カード パスポート	被扶養認定・削除年月日
6 国保組合脱退	6 国保組合加入	6 事由変更	年金手帳(通知書)・証書	資格喪失証明書	
7 出生	7 後期高齢加入	7 その他()			
8 回復	8 死亡				
9 その他	9 その他				
10 葬送					

電話	整	世	保	税	関
社・健	収	帯	込	付	付
	口	口	機	他	
	陵	機	簡		

6. 国保組合脱退 6. 国保組合加入
6. National Health Insurance Association Withdrawal 6. National Health Insurance Association Enrollment

Check the appropriate box if you're leaving or joining a national health insurance association (different from regular municipal health insurance)

2 確 年金手帳(通知書)・ 証書 Pension
Select your pension type (National Pension, Employee Pension, etc.)

7 後期高齢加入 7. Late-stage Elderly Insurance Enrollment
Check this box if you (or anyone moving) are 75+ years old and enrolled in the late-stage elderly medical insurance system (後期高齢者医療制度)

4 7 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

5 9 その他 Other
Use this section for any additional information not covered in other fields

6 9 その他 Other
Use this section for any additional information not covered in other fields

異動者 — Person Table (Part 5/5)

注1 赤線の中を記入してください。

		注3) 個人番号																										
2	本 通	ネリマ ハナコ		妻	男	女	1	2	3	4	5	6	7	8	無職		注1) 世帯主名欄には住民票上の世帯主のお名前をご記入ください。				注2) 今回国保に加入する方全員のお名前(世帯主の方を含む)をご記入ください。				注3) 個人番号がわからない場合には記入を省略してもかまいません。			
		個人番号	9		8	7	6	5	4	3	2	1	0	9														
3	本 通				男	女	昭平令西暦																					
		個人番号																										
4	本 通				男	女	昭平令西暦																					
		個人番号																										
5	本 通				男	女	昭平令西暦																					
		個人番号																										

取得		喪失		変更	
1 転入(特別区)	1 転出(特別区)	1 世帯主変更		1 個人番号カード	備考
2 転入(国内)	2 転出(国内)	2 世帯合併/分離		2 運転免許証	
3 転入(国外)	3 転出(国外)	3 世帯変更		3 障害者手帳	
4 社保喪失	4 社保加入	4 転居		4 住民票	
5 社保廃止	5 社保停止	5 世帯主変更		5 年金手帳(通知書)	
6 国保組合脱退	6 国保組合加入	6 事由変更		6 資格喪失証明書	
7 出生	7 後期高齢加入	7 その他()			
8 回復	8 死亡				
9 その他	9 その他				
10 葬送	10 葬送				

保険者名		協会けんぽ		健保		国保		共済	
TEL									
記号									
番号									
退職日									
得・喪年月日									
被扶養認定・前除年月日									

ここには何も記入しないでください

電話
社・個

整
収

世帯
主

保
険

口
送

税
付

関
係

1 赤線本2 練 ネリ馬マ 花ハナ子コ Red line book 2 Nerima Hanako

This appears to be a pre-filled name field showing 'Nerima Hanako' as an example. If this is your section, verify the name is correct or fill in your full name in katakana/kanji as it appears on your residence card.

2 新注新 1) 世ご帯記主入名くた欄さには。住民票上の世会社帯名他主保の險お等加名入前脱を退情報
New Registration Note 1) Please enter the name of the head of household in the household head name field. Please enter the name of the head of household.
Enter the exact name of the household head as registered on your resident certificate (住民票) - this is needed for insurance processing.

男M女F昭7 平 . 令 1 . 西 1 曆 Male M Female F Showa 7 Heisei . Reiwa 1 . Western Calendar

Check M for male or F for female, then fill in your birth date using the appropriate era format (Showa/Heisei/Reiwa) or Western calendar year

付ごを Household members

List all family members who will be registered at this address, including their relationship to the head of household

 無職 Unemployed

Select this if you are currently not working or employed

再注2) 今回国保 に 加 入 す る方全員のお名前 (世帯主の Head of household / Person who

The primary person in a household for registration purposes. If you live alone, you are the head of household. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

個人番号987654321098 My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.

方を含む)をご記入ください。 Please fill in (including the method/way).

This appears to be a partial instruction - fill in the requested information including any specified details or methods mentioned in the preceding context.

新注新 3) 個人番号がわからない場合に TEL は記入を省略して My Number (Individual Number) / From

12-digit number. Leave blank on first registration — it will be mailed to you after. Used to indicate the starting point (previous address, etc.)

旧もかまいません。 Your old one is also acceptable.

If you have an expired or old version of a document (like passport or residence card), you can still use it for this form.

[illegible]

異動者 — Person Table (Part 5/5) (continued)

- 11

入しないでください得・喪年月日

Do not

This typically appears before other text to indicate something should not be done or does not apply
- 12

2 転出 (こ国内) こに 2 世帯合は併/分離何も 障害者記手帳

Moving out

This relates to household changes like moving out domestically or combining/separating households. Only fill this if you're reporting a change in household composition or moving within Japan.
- 13

社・健収帯口

Social Insurance/Health Insurance Coverage Status

Check the box that matches your current insurance situation (company health insurance, national health insurance, etc.)

本人確認書類 — ID & Documents (Part 1/2)

8 回復
9 その他
10 職権

8 死亡
9 その他
10 職権

認定
資格喪失証明書

〔 〕

受付 資格審査 入力 発行 特別療養 回収 入力審査

通常・外短・高齢 窓速 期限 未回収

電話
社・健
本職

世帯
内
被扶養
者

保険
料
口座
番号

送付
先
住所

税
務
課
馬
場
町
支
所

間
接
付
コ
ビ
シ
お
り

1

9 その他 Other

Use this section for any additional information not covered in other fields

2

9 その他 Other

Use this section for any additional information not covered in other fields

3

保険・訓練他簡 Insurance, benefits, training, other, simplified

This appears to be a header for administrative processing categories - you likely don't need to fill anything in this section as it's for municipal office use.

4

発行 Issue/Issuance

Enter the date when the document or permit was issued by the government office.
Use the Japanese date format (year/month/day) and convert Western years to Japanese era years if required.

5

特別療養回収入力審査 Data entry

Staff use - data entry field. Do not fill in.

6

受付資格審査 Reception / Received / Qualification

Staff use - indicates form was received. Do not fill in. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

7

入力 Input

Input or enter the required information as specified in the form instructions.
Double-check all entered data for accuracy before proceeding.

8

旧非不遡 Former non-retroactive

This relates to previous non-retroactive status - if you had a former status that doesn't apply retroactively, mark this section accordingly. Leave blank if not applicable to your situation.

9

番号被自当及代ギ任し Number, individual, subject, self, applicable, and representative responsibility

Fill in your personal identification number and indicate your individual responsibility status. Foreign residents should use their residence card number and confirm they understand their legal responsibilities.

10

期限 Deadline

This refers to the deadline by which you must submit the form (typically within 14 days of moving)

11

通常・外短・高齢 Regular/Foreign Short-term/Elderly

Check the box that matches your residence status - "Regular" for standard residents, "Foreign Short-term" for temporary foreign residents, or "Elderly" if applicable to your situation.

12

窓速 Window speed

Indicate your preferred processing speed at the government window - standard or expedited service. Note that expedited service may require additional fees.

13

未回収 Not collected/Uncollected

Check this box only if you have documents that were not collected from previous applications. Most applicants should leave this unmarked.

14

本職養案申内内 Main occupation/business application details

Enter your primary job title or type of business if self-employed

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本人確認書類 — ID & Documents (Part 2/2)

8 回復 9 その他 10 職権	8 死亡 9 その他 10 職権	認 真 性 表 明 書	電話 社・健 保・保 険・料 先・馬 行・中 心・	世帯 口 座 メ モ リ オ ン 	税 引 額 の 通 知 書 等 の 添 付
------------------------	------------------------	-------------	---	---	---

- 1

社・ 健収帯口

Social Insurance/Health Insurance Coverage Status

Check the box that matches your current insurance situation (company health insurance, national health insurance, etc.)
- 2

案×座

Address/Location

Write your current residential address in Japan using the standard Japanese address format (prefecture, city, district, block, building, room number)



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