

執行 伺	課長	係長	担当	公印	年月日

国民健康保険加入期間証明交付申請書

習志野市長 宛て

次の対象者について、国民健康保険加入期間証明書の交付を申請します。

【申請者】		申請日	年月日
氏名		電話	— — —
住所			世帯主との続柄

国保世帯主	氏名		
	住所	習志野市	
	電話	— —	
証明が必要な対象者	①	年月日生	
	②	年月日生	
	③	年月日生	
	④	年月日生	
	⑤	年月日生	
用途			

【市処理欄】				
本人確認	保険証種別	交付方法	被保険者記号・番号	
個人番号カード 運転免許証 運転経歴証明書 パスポート 障害者手帳(精・他) 他()	一般	窓口・郵送	16-	
	特別療養 候補	交付年月日	処理区分	収納状況
		年月日	全部・一部	済・未
代理人	証明期間		受付	発行
・委任状 ・本人確認書類写	全部・一部(一部の場合、期間を記入)			交付
	年月日～年月日	年月日～年月日		

Narashino — 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 incurred during the gap are not covered.

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

執行 伺	1 課長	2 係長	3 担当	4 公印	年 月 日

5. 国民健康保険加入期間証明交付申請書

6. 習志野市長 宛て

7. 次の対象者について、国民健康保険加入期間証明書の交付を申請します。

8. 【申請者】

9 申請日	10 年 月 日
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1. 課長 Section chief

Staff use only - do not fill in

2. 係長 Section Chief

Leave this field blank - it's for the Section Chief's stamp or signature, which will be filled by city hall staff when processing your application.

3. 担当 Person in charge

Leave this field blank - it's for the staff member in charge to stamp or sign, which will be completed by city hall personnel during processing.

4. 年月日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,
2024年12月15日

5. 国民健康保険加入期間証明交付申請書 National Health Insurance

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.

6. 習志野市長 宛て To the Mayor of Narashino City

This is pre-printed text addressing the Mayor of Narashino City - no action needed from you as the applicant.

7. 次の対象者について、国民健康保険加入期間証明書の交付を申請します。 National Health Insurance / .

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.

8. 【申請者】 Applicant / Application

Write the name of the person submitting this form. This indicates the form is an application that requires submission.

9. 申請日 Application date

Write the date you are submitting this form

10. 年月日 Year Month Day

Fill in the date using the Japanese calendar format (e.g., for 2024, write "6" for Reiwa 6)



セクション 2 — Section 2

①【申請者】

④ 氏名	⑤	⑥ 電話	⑦ 申請日	⑧ 年	⑨ 月	⑩ 日
⑪ 住 所				⑫ 世帯主	との続柄	

⑪【対象者】

⑬ 国保世帯主	⑭ 氏名	⑮				
	⑯ 住 所	⑰ 習志野市				
	⑱ 電 話	—				
	⑲			⑳ 年	㉑ 月	㉒ 日生

1 【申請者】 Applicant / Application

Write the name of the person submitting this form. This indicates the form is an application that requires submission.

2 申請日 Application date

Write the date you are submitting this form.

3 年 月 日 Year Month Day

Fill in the date using the Japanese calendar format (e.g., for 2024, write "6" for Reiwa 6).

4 氏名 Full name

Write your full legal name as it appears on your residence card or passport.

5 電 話 Telephone

Enter your phone number where you can be contacted regarding this registration.

6 — — — Write the application date in Japanese format (year-month-day). Use Japanese numerals or Arabic numerals, with the year typically written in the Japanese era system (e.g., 令和6年) or Western calendar year.

7 住 所 Address

Write your complete residential address including postal code, prefecture, city, and building details.

8 との続柄 Relationship to head of household

See relationship terms table.

9 【対象者】 [Target Person/Subject]

This indicates the section where you should fill in information about the person whose residence registration is being changed (yourself or family member).

10 習志野市 Narashino City

This is the municipality name - leave as is if you're registering in Narashino City, Chiba Prefecture.

11 国保世帯主 住 Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.

12 話 - - Phone number

Enter your phone number using the format shown with hyphens (e.g., 03-1234-5678)



セクション 2 — Section 2 (continued)

①【申請者】

④ 氏名	⑤	⑥ 電話	⑦ 申請日	⑧ 年	月	日
⑨ 住所				⑩ 世帯主	との続柄	

⑩【対象者】

⑪ 国保世帯主	⑫ 氏名	⑬
	⑭ 住 所	⑮ 習志野市
	⑯ 電 話	—
	⑰	⑲ 年 月 日生

年 月 日生 Born on ____ year ____ month ____ day

Fill in your birth date using the Japanese calendar format (year/month/day with numbers only)

セクション 3 — Section 3

証明が必要な対象者 <small>⑤</small>	①	① 年 月 日生
	②	② 年 月 日生
	③	③ 年 月 日生
	④	④ 年 月 日生
	⑤	⑤ 年 月 日生
	用 途	

【市処理欄】	本人確認	保険証種別	交付方法
<small>⑬</small> 個人番号カード	<small>⑭</small> 保険証	<small>⑮</small> 郵便	<small>⑯</small> 被保険者記号・番号

1 年 月 日生 Born on ____ year ____ month ____ day

Fill in your birth date using the Japanese calendar format (year/month/day with numbers only)

2 年 月 日生 Born on ____ year ____ month ____ day

Fill in your birth date using the Japanese calendar format (year/month/day with numbers only)

3 証明が必要 Certification required

Check this box if you need official certified copies of your residence registration for other procedures

4 年 月 日生 Born on ____ year ____ month ____ day

Fill in your birth date using the Japanese calendar format (year/month/day with numbers only)

5 な対象者 Target person/Subject person

This refers to the person who the residence registration change applies to - write the name of the person moving/registering.

6 年 月 日生 Born on ____ year ____ month ____ day

Fill in your birth date using the Japanese calendar format (year/month/day with numbers only)

7 年 月 日生 Born on ____ year ____ month ____ day

Fill in your birth date using the Japanese calendar format (year/month/day with numbers only)

8 【市処理欄】 Processing

Staff use - processing status. Do not fill in.

9 保険証種別 Health insurance card

Japanese health insurance card. Can serve as secondary ID at some banks.

10 交付方法 Delivery method

Select how you want to receive your documents (mail, pickup, etc.)

11 被保険者記号・番号 Insured person symbol/number

Found on your health insurance card - copy both the symbol and number exactly

12 個人番号カード My Number Card

Plastic IC card with your 12-digit Individual Number. Can be used as primary ID.

Apply at your ward office after receiving the notification letter.



セクション 4 — Section 4 (Part 1/2)

【申込欄】		被保険者記号・番号	
① 本人確認	② 保険証種別	③ 交付方法	④ 被保険者記号・番号
個人番号カード 運転免許証 運転経歴証明書 パスポート 障害者手帳(精・他) 他()	⑤ 一般 ⑥ 特別療養候補 ⑦ 特別療養	⑧ 窓口・郵送 ⑨ 交付年月日 ⑩ 年 月 日	16- ⑪ 处理区分 ⑫ 全部・一部 ⑬ 済・未
			⑭ 収納状況

① 保険証種別 Health insurance card

Japanese health insurance card. Can serve as secondary ID at some banks.

② 交付方法 Delivery method

Select how you want to receive your documents (mail, pickup, etc.)

③ 被保険者記号・番号 Insured person symbol/number

Found on your health insurance card - copy both the symbol and number exactly

④ 個人番号カード My Number Card

Plastic IC card with your 12-digit Individual Number. Can be used as primary ID.
Apply at your ward office after receiving the notification letter.

⑤ 一般 General

This likely refers to a standard/general type of registration - select this option for typical residence changes unless you have special circumstances.

⑥ 窓口・郵送 Mail/By post / Service counter

Check this if you want to receive documents by mail or are submitting this form by postal mail Staff use only - indicates which counter/window processed your application

⑦ 運転経歴証明書 Certificate

This refers to official documents like residence certificates or income certificates that may need to be attached

⑧ 特別療養 Special Medical Care

Leave blank unless you receive special medical treatment that affects your residence status or municipal services

⑨ 交付年月日 Date / Issuance

Write in YYYY/MM/DD format (e.g., 2024/03/15) Staff use only - do not fill in

⑩ 处理区分 Processing classification

Staff use only - do not fill in

⑪ 収納状況 Collection Status

N/A if it's just instructions/layout text

⑫ 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年12月15日

⑬ 全部・一部 All / Partial

Select this option when requesting all records or information available Used when making changes to only some family members or partial updates to registration

⑭ 済・未 Completed / Not Completed

Check the appropriate box to indicate whether you have completed this section or requirement

⑮ 特別療養 Special Medical Care

Leave blank unless you receive special medical treatment that affects your residence status or municipal services



セクション 4 — Section 4 (Part 2/2)

① 傷害者手帳(精・他) 他(②)	特別療養 ③	年 月 日	全部・一部 ④	済・未 ⑤	
代理人 ⑥	証明期間 ⑦		受付 ⑧	発行 ⑨	交付 ⑩
全部・一部(一部の場合、期間を記入)					

1 他 () Other ()

Write in any reason for address change not covered by the standard options listed above this field.

2 代理人 Proxy/Representative

Fill in if someone else is submitting this form on your behalf

3 証明期間 Certificate/Proof Period

Enter the date range for which you need the residence certificate to be valid (from-to dates)

4 受付 Reception / Received

Staff use - indicates form was received. Do not fill in.

5 発行 Issue/Issuance

Leave this field blank - it will be filled in by the government office when they issue/process your certificate or document.

6 交付 Issuance

Staff use only - do not fill in

7 全部・一部(一部の場合、期間を記入) All / Partial

Select this option when requesting all records or information available Used when making changes to only some family members or partial updates to registration



セクション 5 — Section 5

1 委任状 ・本人確認書類写	2 全部・一部(一部の場合、期間を記入)	3 4 5	6 7 8 9 10
	年 月 日 ~ 年 月 日 年 月 日 ~ 年 月 日		

1 代理人 Proxy/Representative

Fill in if someone else is submitting this form on your behalf

2 証明期間 Certificate/Proof Period

Enter the date range for which you need the residence certificate to be valid
(from-to dates)

3 受付 Reception / Received

Staff use - indicates form was received. Do not fill in.

4 発行 Issue/Issuance

Write the date when the document was issued or published. For official documents like certificates or permits, this date is usually printed on the document itself - look for terms like 発行日 (issue date) or similar date stamps.

5 交付 Issuance

Staff use only - do not fill in

6 全部・一部(一部の場合、期間を記入) All / Partial

Select this option when requesting all records or information available Used when making changes to only some family members or partial updates to registration

7 委任状 Letter of proxy / Power of attorney

Required if someone else is filing on your behalf.

8 年 月 日～年 月 日 Year Month Day ~ Year Month Day

Enter the date range for your residence period - start date on the left, end date on the right (leave end date blank if ongoing)

9 本人確認書類写 Identity verification documents

Documents that prove your identity. Primary: Residence Card, Passport, My Number Card. Secondary: Health Insurance Card, Driver's License.

10 年 月 日～年 月 日 Year Month Day ~ Year Month Day

Enter the date range for your residence period - start date on the left, end date on the right (leave end date blank if ongoing)



Form p.1

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, kokuhō ni kirikae tai desu

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