

受付者	受付印

国民健康保険葬祭費支給申請書

(あて先)八尾市長

被 保 険 者	記 号	八 国	番 号
世 帯 主 氏 名		世帯主の個人番号	
支 給 金 額	5 0 , 0 0 0 円		
死亡した被保険者	氏 名		
	生 年 月 日	昭和・平成・令和	年 月 日
	個 人 番 号		
	死 亡 年 月 日	平成・令和	年 月 日
	葬儀執行年月日	平成・令和	年 月 日
	世帯主との続柄		申請者(喪主)との続柄
上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。			
令和 年 月 日			
※喪主の住所・氏名・電話番号お振込み口座をご記入ください。			
申請者(喪主)住所 〒			
申請者(喪主)氏名			
電 話 番 号 (— —)			
振込希望金融機関		銀行 ・ 信用金庫 農協 ・ 信用組合	
本店	支店 ・ その他 ()		
普通 ・ 当座	口座番号		
口座名義人(喪主)		金融機関コード	
カタカナで記入		店 番 号	

備考

Yao — 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 the future will be higher.

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

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

セクション 1 — Section 1

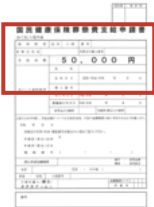
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国民健康保険葬祭費支給申請書

(あて先)八尾市長

2	被保険者	記号	3	八国	番号			
4	世帯主氏名	世帯主の個人番号						
5	支給金額	50,000 円						
6	死亡した被保険者	氏名						
		7	生年月日	8	昭和・平成・令和	年	月	日
		9	個人番号					

- 1 国民健康保険葬祭費支給申請書 National Health Insurance / National Health Insurance / Application
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance
- 2 (あて先)八尾市長 Yao City
This is a pre-printed city name - typically not filled in by applicants
- 3 被保険者 Insured person
The person covered by the insurance policy (usually yourself when applying)
- 4 記号 Symbol/Code
Leave blank unless you have a specific identification symbol or code number assigned by the municipality
- 5 世帯主氏名 Head of household name
If you live alone, YOU are the head of household — write your own name.
- 6 番号 Number
Enter your residence card number or other relevant identification number as specified in the form instructions.
- 7 支給金額 Payment Amount
Enter the monetary amount you are receiving or entitled to receive from the municipality
- 8 世帯主の個人番号 My Number (Individual Number) / Head of household / Individual
12-digit number. Leave blank on first registration — it will be mailed to you after. The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 9 生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 10 氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.
- 11 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 12 死亡した被保険者 Insured person / Death
The person covered by the insurance policy (usually yourself when applying)
Check this box if reporting a death in the family



セクション 2 — Section 2

1	死亡年月日	平成・令和	年	月	日
2	葬儀執行年月日	平成・令和	年	月	日
3	世帯主との続柄	申請者(喪主)との続柄			

上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。

令和 年 月 日

※喪主の住所・氏名・電話番号お振込み口座をご記入ください。

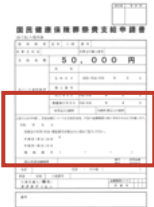
申請者(喪主)住所 〒

申請者(喪主)氏名

電話番号 (— —)

10	振込希望金融機関	銀行 ・ 信用金庫 農協 ・ 信用組合
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- 1死亡年月日 Date / Death
Write in YYYY/MM/DD format (e.g., 2024/03/15) Check this box if reporting a death in the family
- 2葬儀執行年月日 Date
Write in YYYY/MM/DD format (e.g., 2024/03/15)
- 3申請者(喪主)との続柄 Applicant / Relationship to head of household / Application
Write the name of the person submitting this form See relationship terms table.
- 4世帯主との続柄 Head of household / Relationship to head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household. See relationship terms table.
- 5上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。
Financial institution / . / Application
Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal This indicates the form is an application that requires submission
- 6※喪主の住所・氏名・電話番号お振込み口座をご記入ください。 Please fill in / Please / Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 7申請者(喪主)住所 Applicant / Address / Application
Write the name of the person submitting this form Write in kanji if possible.
Ward office staff can help you look up the correct kanji for your address.
- 8申請者(喪主)氏名 Applicant / Full name / Application
Write the name of the person submitting this form Write in katakana for foreign names. Some forms accept romaji.
- 9電話番号 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 10信用金庫 Credit union
Select if your bank account is with a credit union (shinkin bank)
- 11銀行 Bank
Enter the name of your bank for direct deposit or payment purposes
- 12振込希望金融機関 Financial institution
Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal



セクション 3 — Section 3

本店		支店		その他 ()	
普通	当座	口座番号		金融機関コード	
口座名義人(喪主)		カタカナで記入		店番号	
備考					

- 1 支店 Branch
For bank branch name when providing financial information
- 2 その他 Other
Use this section for any additional information not covered in other fields
- 3 本店 Head office
Enter the main office address of your company or organization
- 4 普通 Regular
This typically refers to regular/standard processing or service type
- 5 当座 Temporary/Interim
Staff use only - do not fill in
- 6 口座番号 Account number
Your bank account number (usually 7 digits).
- 7 金融機関コード Financial institution
Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal
- 8 口座名義人(喪主) Account holder name
Must match the name on the account exactly — usually in katakana.
- 9 店番号 Store number
Enter the identification number assigned to your store or business establishment
- 10 カタカナで記入 Write in katakana
Use katakana characters only (not hiragana or kanji)
- 11 備考 Remarks / Notes
Space for additional information or special circumstances. Usually optional.



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