

## 国 员 健 康 保 険 異 動 届

(あて先) 八尾市長

★太枠内をご記入の上、必要書類を添えて健康保険課にご提出ください。

令和		住所		受付		入力		渡し		点検		被保険者番号		
												新		
												旧		
世帯主	八尾市	フリガナ						電話番号						
		氏名												
		個人番号												
該当する人全員を記入してください。	該当者氏名		生年月日	性別	マイナ保険証 (喪失届出時は□不要)	国保資格 得喪年月日	取得		喪失		備考			資格確認書 お知らせ
	フリガナ		昭・平・令・西暦 年 月 日	男 ・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無 □有 □無	得・喪 年 月 日	全部	一部	全部	一部	□ ( ) は社保加入			
	個人番号								転入	転出				
	フリガナ		昭・平・令・西暦 年 月 日	男 ・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無 □有 □無	得・喪 年 月 日	出生		死亡		□ ( ) は社保加入			
	個人番号								社保離脱	社保加入				
	フリガナ		昭・平・令・西暦 年 月 日	男 ・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無 □有 □無	得・喪 年 月 日	国組離脱		国組加入		□ ( ) は社保加入			
	個人番号								生保廃止	生保開始				
	フリガナ		昭・平・令・西暦 年 月 日	男 ・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無 □有 □無	得・喪 年 月 日	その他取得		その他喪失		□ ( ) は社保加入			
個人番号								住所地特例取得	住所地特例喪失					
フリガナ		昭・平・令・西暦 年 月 日	男 ・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無 □有 □無	得・喪 年 月 日	世帯変更				□連携了承済		区分		
個人番号														
フリガナ		昭・平・令・西暦 年 月 日	男 ・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無 □有 □無	得・喪 年 月 日	後期高齢 (障がい認定)		旧被扶養者連絡票		受・渡		長		
個人番号														
フリガナ		昭・平・令・西暦 年 月 日	男 ・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無 □有 □無	得・喪 年 月 日	本人 確認 書類 点	マイナンバーカード 運転免許証 パスポート 在留カード	顔写真付公的証明 (障がい者手帳等) 他( )	世帯主				特別	
個人番号														
フリガナ		昭・平・令・西暦 年 月 日	男 ・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無 □有 □無	得・喪 年 月 日	年金手帳 介護保険証 医療証(子ども等) 母子手帳	診察券 社員証 他( )	ギ主取得 特定ギ取得	ギ主喪失 特定ギ喪失					
個人番号														

※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限ります。

受領確認欄	枚数	枚	受領者氏名
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# 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 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

國 品 健 康 保 険 異 動 届		被 保 険 者 番 号			
(あて先) 八尾市長 ★太枠内をご記入の上、必要書類を添えて健康保険課にご提出ください。		受 付	入 力	渡 し	点 檢
令和	・ 〔印〕 該当項目に○印を してください。 取得届出・喪失届出・その他届出				新
住 所		フリガナ			旧
					電話番号

1 健康 Health

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

2 異動 Type of change

Select the type of registration change you are making (moving in, moving out, address change, etc.)

3 受付 Reception

Staff use only - do not fill in

4 入力 Data entry

Staff use only - do not fill in

5 渡し Handed over / Delivered

N/A (this is typically a section header or administrative notation indicating document delivery status)

6 点検 Inspection/Review

N/A (this is a section header for municipal office use to verify form completion)

7 被保険者番号 Insured Person Number

Enter your health insurance member ID number from your insurance card (保険証)

8 (あて先) 八尾市長 Addressee / Yao City

The person or office this form is being sent to This is a pre-printed city name  
- typically not filled in by applicants

9 ★太枠内をご記入の上、必要書類を添えて健康保険課にご提出ください。 Please / Please / Please

This is part of a longer instruction - look for the complete phrase

10 令和 〔印〕 該当項目に○印を取得届出・喪失届出・その他届出 Other / Reiwa era / Loss/Cancellation

Use this section for any additional information not covered in other fields  
Current Japanese era that began May 1, 2019. Used in official dates.

11 してください。 Please

This is typically part of an instruction - look for the preceding text to understand what action is requested

12 住所 Address

Write your current residential address in Japan exactly as it appears on official documents

13 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

14 フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.



## セクション 2 — Section 2 (Part 1/2)

1 住所	してください。取扱店番号：支店番号：窓口番号：			2 フリガナ	3 氏名	4 電話番号			
5 世帯主	八尾市			6 個人番号	( )				
7 該当者氏名		8 生年月日	9 性別	10 マイナ保険証	11 国保資格	12 取得	13 喪失	備考	お知らせ
14 フリガナ		15 年 月 日	16 性別	17 マイナンバーカード(※)の有無	18 取得年月日	19 喪失年月日	20 申請年月日	21 申請年月日	22 お問い合わせ

## 1 住所 Address

Write your current residential address in Japan exactly as it appears on official documents

## 2 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

## 3 フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.

## 4 ( ) (blank field for writing)

Write your phone number in this field. Include the area code and use hyphens to separate the number segments in the standard Japanese format (e.g., 03-1234-5678 for landlines or 090-1234-5678 for mobile phones).

## 5 世帯主 八尾市 Head of household / Yao City / Household

The primary person in a household for registration purposes. If you live alone, you are the head of household. This is a pre-printed city name - typically not filled in by applicants

## 6 氏名 Name

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

## 7 個人番号 My Number (Individual Number)

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

## 8 生年月日性別マイナ保険証国保資格 Date of birth / Date / Gender

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.  
Write in YYYY/MM/DD format (e.g., 2024/03/15)

## 9 お資 Your materials/documents

This section likely refers to where you list or attach required documents for your residence registration change.

## 10 該当者氏名 Name of Applicable Person

Write the full name of the person who is moving/changing residence registration

## 11 取得 Acquisition

Check this box if you're acquiring Japanese nationality or registering acquisition of status/rights

## 12 喪失 Loss

Check this box if you're losing your residence status or registration at this address (e.g., moving out, leaving Japan)

## 13 備考 Remarks

Use this section for any additional notes or special circumstances regarding your residence change that don't fit in other fields.

## 14 (喪失届出時は□不要) 得喪年月日 Date / Loss/Cancellation

Write in YYYY/MM/DD format (e.g., 2024/03/15) Used for losing benefits or insurance coverage when moving or changing status



## セクション 2 — Section 2 (Part 1/2) (continued)

①	住所	してください。 取扱店番号	改変店番号	変更店番号	②	③	④	⑤	⑥
⑦ 世帯主	八尾市	⑧ 氏名	⑨ フリガナ	⑩ 個人番号	⑪ 電話番号	⑫ ( )			
⑬ 該当者氏名	生年月日	性別	マイナ保険証 (喪失届出時は記入不要)	国保資格 得喪年月日	⑭ 取得	⑮ 喪失	⑯ 備考	⑰ お知らせ	⑱ 資格確認
⑲ フリガナ	西暦 西暦	男 女	マイナンバーカード(※)の 登録番号	西暦 西暦	西暦 西暦	西暦 西暦	西暦 西暦		

15 らせ確認 Confirmation

Staff use only - do not fill in

## セクション 2 — Section 2 (Part 2/2)

<b>該当者</b> 1 個人番号	フリガナ	昭・平・令・西暦	男 女	(喪失届出時は□不要) マイナンバーカード(※)の 健康保険証利用登録の有無	得喪年月日 □有 □無	得喪年月日 □有 □無	全部 一部	全部 一部	□ ( ) 転入	□ ( ) 転出	□ ( ) は社保加入	格 知 ら せ る 書
		年　月　日			年　月　日	年　月　日						

**1 フリガナ** Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.

**2 昭・平・令・西暦男マ健イ康ナ保ン陰バ証一利力用一登ド録(の※有)の無得喪全部一部全部一部**

Showa/Heisei/Reiwa / Western calendar / All

Circle the era corresponding to your birth year or relevant date Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

**3 □ ( ) □ ( )**

This is a blank checkbox with an empty field - check the surrounding context or form instructions to determine what information should be filled in here.

**4 当1 This 1**

This field indicates the household number or family unit number within your residence registration. If you're the primary household member or this is about the first/main household at your address, write '1'. For additional family units at the same address, use sequential numbers (2, 3, etc.).

**5 は社保加入 Social insurance enrollment**

Check if you're enrolled in employee health insurance through your workplace

**6 年　月　日女 Year Month Day Female**

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

**7 □有 □無 None/Not applicable**

Check this box if the item does not apply to you or if you have none to report

**8 転入 Moving In**

Check this box if you are registering your residence after moving into the municipality from another city/ward/town/village

**9 転出 Moving Out**

Check this section when moving out of the current municipality to another city/town

**10 年　月　日 Year Month Day**

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年3月15日

**11 個人番号 My Number (Individual Number)**

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



## セクション3 — Section 3 (Part 1/2)

<b>該当する人</b>	1	昭・平・令・西暦 個人番号	男・女	健康保険証利用登録の有無 <input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	得・喪 年月日	全部 <input checked="" type="checkbox"/> 転入 一部 <input type="checkbox"/> 転出	全部 <input checked="" type="checkbox"/> 出生 一部 <input type="checkbox"/> 死亡
	2	昭・平・令・西暦 個人番号	男・女	マイナンバーカード(※)の 健康保険証利用登録の有無 <input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	得・喪 年月日	社保離脱	社保加入
							<b>口 ( ) は社保加入</b>
							<b>手渡し</b>

1 当1 This 1

2 は社保加入 Social insurance enrollment

Check if you're enrolled in employee health insurance through your workplace

3 年 月 日 女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

4 有 無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report

5 転入 Moving In

Check this box if you are registering your residence after moving into the municipality from another city/ward/town/village

6 転出 Moving Out

Check this section when moving out of the current municipality to another city/town

7 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,  
2024年3月15日

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 手渡 Hand delivery

Check this if delivering the form in person rather than by mail

10 昭・平・令・西暦男マ健イ康ナ保ン陰バ証一利力用一登ド録(の※有)の無得喪 Showa/Heisei/Reiwa / Western calendar

Circle the era corresponding to your birth year or relevant date Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

11 出生 Birth

Check this box if registering a newborn baby's residence for the first time

12 死亡 Death

Check this box if reporting a death in your household for residence registration purposes.

13 年 月 日 女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

14 有 無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report

15 年 月 日 社保離脱 Social insurance withdrawal

Check this if you are leaving your employer's health insurance system



## セクション3 — Section 3 (Part 2/2)

1 人	2 個人番号	年 月 日	・ 女	<input type="checkbox"/> 有	<input type="checkbox"/> 無	年 月 日	社保離脱	3 社保加入	4 登録
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1 社保加入 Social insurance enrollment

Check if you're enrolled in employee health insurance through your workplace

2 個人番号 My Number (Individual Number)

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



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## セクション 4 — Section 4 (Part 1/2)

<b>個人 全員 登録</b>	2	年 月 日	・	<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日	社保離脱	社保加入	<b>郵送 手渡 回</b>
	個人番号	昭・平・令・西暦	男	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	国組離脱	国組加入	
	フリガナ	年 月 日	女	<input type="checkbox"/> 有 <input checked="" type="checkbox"/> 無	年 月 日	生保廢止	生保開始	
3	年 月 日	・	<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日				
	個人番号							

1 年 月 日 女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

2 有 無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report

3 年 月 日 社保離脱 Social insurance withdrawal

Check this if you are leaving your employer's health insurance system

4 社保加入 Social insurance enrollment

Check if you're enrolled in employee health insurance through your workplace

5 個人番号 My Number (Individual Number)

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

6 昭・平・令・西暦男マイナンバーカード(※)の得・喪 My Number Card / My Number Card / Showa/Heisei/Reiwa

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. Japan's national ID card with IC chip - bring original if you have one

7 国組離脱 Withdrawal from national insurance

Check this when leaving Japan's national health insurance system

8 国組加入 National insurance enrollment

Check if enrolling in national health insurance system

9 手送 Hand delivery

Check this box if you are submitting the form in person rather than by mail or other delivery method

10 健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No

Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context

11 年 月 日 女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

12 有 無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report

13 年 月 日 生保廢止 Welfare termination

Staff use only - do not fill in

14 生保開始 Welfare benefit start

Staff use only - do not fill in

15 し回 Number of times

Leave blank - this is typically filled by city office staff to track how many times you've submitted residence change forms



## セクション 4 — Section 4 (Part 2/2)

記入用紙	個人番号	年月日	性別	<input type="checkbox"/> 有 <input type="checkbox"/> 無	年月日	生保廃止	生保開始	回収用紙
	フリガナ	昭・平・令・西暦	男	マイナンバーカード(※)の 健康保険証利用登録の有無		得 喪	その他取得	その他喪失

## 1 個人番号 My Number (Individual Number)

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

## 2 昭・平・令・西暦男マイナンバーカード(※)の得喪その他取得その他喪失

My Number Card / My Number Card / Showa/Heisei/Reiwa

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. Japan's national ID card with IC chip - bring original if you have one

## 3 郵・ 郵便番号 Postal/Mail

This is likely part of a longer field for postal code or mailing address - complete the full field as indicated on the form

## 4 健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No

Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context



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## セクション 5 — Section 5 (Part 1/2)

記入してください	個人番号	昭・平・令・西暦	男・女	マイナンバーカード(※)の健康保険証利用登録の有無	得・喪	その他取得	その他喪失	郵送・未回収・紛失
	4 個人番号	昭・平・令・西暦	男・女	<input type="checkbox"/> 有 <input type="checkbox"/> 無	年月日	住所地特例取得	住所地特例喪失	
	5 個人番号	昭・平・令・西暦	男・女	<input type="checkbox"/> 有 <input type="checkbox"/> 無	年月日	⑩世帯変更	⑪後期高齢(障がい認定)	
						⑫特定所属者連絡票	⑬受・渡	
						⑭旧被扶養者連絡票	受・渡	

1 昭・平・令・西暦男マイナンバーカード(※)の得・喪その他取得その他喪失

My Number Card / My Number Card / Showa/Heisei/Reiwa

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. Japan's

national ID card with IC chip - bring original if you have one

2 郵・ Postal/Mail

This is likely part of a longer field for postal code or mailing address - complete the full field as indicated on the form

3 健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No

Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context

4 入4 Moving in 4

This likely refers to the 4th person moving into the residence - fill in details for the fourth individual being registered at this address.

5 年 月 日女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

6 □有 □無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report

7 年 月 日住所地特例取得住所地特例喪失 Address / Special provision / Loss/Cancellation

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address. Check this box if special circumstances apply to your registration

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 □連携了承済 □Coordination/linkage consent completed

This is typically checked by municipal staff to indicate inter-agency data sharing has been approved - generally not for applicants to fill out

10 昭・平・令・西暦男マイナンバーカード(※)の得・喪 My Number Card / My Number Card / Showa/Heisei/Reiwa

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. Japan's national ID card with IC chip - bring original if you have one

11 世帯変更 Change of household (head of household change, merge, split)

Check this box only if you are making changes to your household registration such as changing the head of household, merging households, or splitting into separate households. Most routine address changes or new registrations should leave this unchecked.

12 特定所属者連絡票 Specific Affiliated Person Contact Form

This is typically a separate form for residents with special affiliations (military, diplomatic, etc.) - most regular foreign residents can skip this section



## セクション 5 — Section 5 (Part 1/2) (continued)

記入してください	個人番号	フリガナ	昭・平・令・西暦 年　月　日	男・女	マイナンバーカード(※)の健康保険証利用登録の有無 <input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	得・喪 年　月　日	その他取得 住所地特例取得	その他喪失 住所地特例喪失	郵送 □連携了承済	受・渡 特定所属者連絡票 受・渡	受・渡 後期高齢 (障がい認定) 旧被扶養者連絡票 受・渡	収・未回収・紛失
	4											
5	個人番号	フリガナ	昭・平・令・西暦 年　月　日	男・女	マイナンバーカード(※)の健康保険証利用登録の有無 <input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	得・喪 年　月　日	⑩世帯変更					

13 受・渡 Receipt/Delivery

Staff use only - do not fill in

14 健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No

Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context

15 年　月　日女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

## セクション 5 — Section 5 (Part 2/2)

<input type="text" value="K"/>	5	<input type="text" value="個人番号"/>	年 月 日	・ <input checked="" type="radio"/> 有 <input type="radio"/> 無	・ <input checked="" type="radio"/> 有 <input type="radio"/> 無	年 月 日	後期高齢 (障がい認定)	・ <input checked="" type="radio"/> 旧被扶養者連絡票 Former Dependent Contact Form	・ <input checked="" type="radio"/> 受・渡 Receipt/Delivery	失
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1  有  無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report

2 旧被扶養者連絡票 Former Dependent Contact Form

Fill out if you were previously listed as a dependent on someone else's health insurance or pension and need to update your status due to moving

3 受・渡 Receipt/Delivery

Staff use only - do not fill in

4 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,

2024年3月15日



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## セクション 6 — Section 6 (Part 1/2)

く だ さ い	5	年 月 日	・	<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日	後期高齢 (障がい認定)	1旧被扶養者連絡票	受・渡	失
	個人番号	年 月 日	年 月 日	本人	マイナンバーカード 運転免許証 パスポート 在留カード	顔写真付公的證明 (障がい者手帳等)	世帯主	区分	
	6	年 月 日	・	<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日	得 補	他( )	世帯主変更	國主取得
	個人番号	年 月 日	年 月 日	本人	1点	顔写真付公的證明 (障がい者手帳等)	世帯主	長	

1 年 月 日 女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

2 有 無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report

3 旧被扶養者連絡票 Former Dependent Contact Form

Fill out if you were previously listed as a dependent on someone else's health insurance or pension and need to update your status due to moving

4 受・渡 Receipt/Delivery

Staff use only - do not fill in

5 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,  
2024年3月15日

6 個人番号 My Number (Individual Number)

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

7 (障がい認定) (Disability certification)

Check this box if you have an official disability certification from Japanese authorities

8 昭・平・令・西暦男・マ健イ康ナ保ン陰バ証一力用一登ド録(の※有)の無得 補 本1マ運イ転ナ免ン許バー証カド顔 (障写が真) Showa/Heisei/Reiwa / Western calendar

Circle the era corresponding to your birth year or relevant date Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

9 さ6フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.

10 世帯主 Head of Household

Write the full name of the person who is registered as the head of the household at your residence

11 区分 Category

Select the type of registration change (e.g., moving in, moving out, address change)

12 年 月 日 人点パスポート Passport

Bring your passport as identification when submitting this form

13 他( ) 世帯主変更 Head of household / Change / Household

The primary person in a household for registration purposes. If you live alone, you are the head of household. Check this box if you are making changes to existing information

14 年 月 日 女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

15 有 無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report



## セクション 6 — Section 6 (Part 2/2)

い。	6	個人番号	年月日	・	□有 □無	年月日	本人確認	点(パスポート在留カード)	他( )	<input checked="" type="checkbox"/> 世帯主変更 死亡主変・同一世帯内主変	<input checked="" type="checkbox"/> 國主取得	長
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## 1 国主取得 Nationality Acquisition

Enter the date you acquired your current nationality if different from birth nationality

## 2 個人番号 My Number (Individual Number)

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

## 3 在留カード Residence Card

ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.

## 4 死亡主変・同一世帯内主変 Household / Death

Refers to your household unit - all people living together and sharing living expenses Check this box if reporting a death in the family



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## セクション 7 — Section 7 (Part 1/2)

さ い。	6	年月日	年月日	本人確認	1 連転免許証 点パスポート 在留カード	(障がい者手帳等) 他( )	市工	長
	個人番号	年月日	年月日	有無	2 年金手帳 介護保険証 点医療証(子ども等)	診察券 社員証 他( )	世帯主変更 死亡主変・同一世帯内主変 ギ主取得 ギ主喪失 特定ギ取得	国主取得 特別 特定ギ喪失
	フリガナ	昭・平・令・西暦	男 女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪認書類			
7	個人番号	年月日	年月日	有無				

## 1 年月日人点パスポート Passport

Bring your passport as identification when submitting this form

## 2 他( ) 世帯主変更 Head of household / Change / Household

The primary person in a household for registration purposes. If you live alone, you are the head of household. Check this box if you are making changes to existing information

## 3 年月日女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

## 4 □有 □無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report

## 5 国主取得 Nationality Acquisition

Enter the date you acquired your current nationality if different from birth nationality

## 6 個人番号 My Number (Individual Number)

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

## 7 在留カード Residence Card

ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.

## 8 死亡主変・同一世帯内主変 Household / Death

Refers to your household unit - all people living together and sharing living expenses. Check this box if reporting a death in the family

## 9 昭・平・令・西暦男マイナンバーカード(※)の得・喪認 My Number Card / My Number Card / Showa/Heisei/Reiwa

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. Japan's national ID card with IC chip - bring original if you have one

## 10 診察券 Medical examination card

If you have one, provide your medical examination card (the card given by hospitals/clinics for appointments and medical records)

## 11 ギ主喪失 Loss/Cancellation / Chief mourner

Used for losing benefits or insurance coverage when moving or changing status. The person who takes primary responsibility for funeral arrangements and ceremonies

## 12 特別 Special

Usually refers to special circumstances or status - check with municipal office staff if this section applies to your situation

## 13 健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No

Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context

## 14 類点医療証(子ども等)他( ) Medical certificate category (children, etc.) Other ( )

If you have any medical certificates or cards for children (like child medical subsidies) or other medical documentation, write the type in the parentheses.



## セクション 7 — Section 7 (Part 1/2) (continued)

さ い。	6	個人番号	年月日	性別	健康保険証利用登録の有無	本人確認書類	1 連絡免許証 点バスポート 在留カード	(障がい者手帳等) 他( )	市 工	長
	フリガナ	昭・平・令・西暦	年月日	男 女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	2 年金手帳 介護保険証 医療証(子ども等)	診察券 社員証 他( )	世帯主変更 <small>死亡主変・同一世帯内主変</small> ギ主取得 ギ主喪失	国主取得 特別
	7	個人番号	年月日	性別	□有 □無	年月日	母子手帳		特定ギ取得 特定ギ喪失	

15 年 月 日 女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

## セクション 7 — Section 7 (Part 2/2)

7 個人番号	年 月 日	性別 <input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日	類別 <input checked="" type="checkbox"/> 医療証(子ども等) <input type="checkbox"/> 他( 母子手帳)	<input checked="" type="checkbox"/> 特定ギ取得 <input type="checkbox"/> 特定ギ喪失	
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※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限ります。

1 有 無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report

2 特定ギ取得 Special Status Acquisition

Leave blank unless you're acquiring a special residence status - this field is for specific visa/status changes that require notation on your residence record.

3 特定ギ喪失 Loss/Cancellation

Used for losing benefits or insurance coverage when moving or changing status

4 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,  
2024年3月15日

5 個人番号 My Number (Individual Number)

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

6 母子手帳 Mother and Child Health Handbook

Bring your mother and child health handbook if you have one (issued during pregnancy for health record tracking)

7 ※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限ります。

My Number Card / My Number Card / My Number

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. Japan's

national ID card with IC chip - bring original if you have one



## セクション 8 — Section 8

※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限ります。

受領確認欄 枚数 枚 受領者氏名

### 1 個人番号 My Number (Individual Number)

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

### 2 母子手帳 Mother and Child Health Handbook

Bring your mother and child health handbook if you have one (issued during pregnancy for health record tracking)

※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限ります。

### 3 My Number Card / My Number Card / My Number

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. Japan's national ID card with IC chip - bring original if you have one

### 4 受領確認欄 Confirmation section / Confirmation

Staff use only - do not fill in Staff use only - do not fill in

### 5 枚数 Number of copies

Enter the number of copies of this form you are submitting (usually 1)

### 6 枚 受領者氏名 Full name

Write in katakana for foreign names. Some forms accept romaji.



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## 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