

Fujisawa — 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 (Part 1/2)

1

介護保険送付先指定等届出書

2

年 月 日

3

藤 沢 市 長

4

次のとおり届け出ます。

被 保 険 者	5
------------------	---

氏 名

フリガナ

7

生年月日

8

明・大・昭

9

年 月 日

| 10 |

被保険者
番号

11

電話番号

| 12 |

住 所

- 1 介護保険送付先指定等届出書 [介護保険送付先指定等届出書]
- 2 年 月 日 Year __ Month __ Day __
Fill in the date using the Japanese calendar format (year/month/day with numbers only)
- 3 次のとおり届け出ます。
- 4 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 5 明・大・昭 [明・大・昭]
- 6 氏 名 [氏 名]
- 7 生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 8 年 月 日 Year __ Month __ Day __
Fill in the date using the Japanese calendar format (year/month/day with numbers only)
- 9 被保険者 [被保険者]
- 10 電話番号 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 11 住 所 [住 所]
- 12 届出の区分 [届出の区分]
- 13 ☐ 2・資格関係書類（65歳到達・住所異動・居宅届出・再交付等に伴う被保険者証） Address / Qualification
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 14 送付先の指定 [送付先の指定]
- 15 ☐ 4・認定関係書類（認定結果通知と被保険者証等、負担限度額認定証、負担割合証）
[☐ 4・認定関係書類（認定結果通知と被保険者証等、負担限度額認定証、負担割合証）]



セクション 1 — Section 1 (Part 2/2)

<input checked="" type="checkbox"/>	5・給付関係書類（給付費支給等決定通知書等）
<input type="checkbox"/>	住民登録地と居所が異なるため

1

☐ 住民登録地と居所が異なるため

☐ 住民登録地と居所が異なるため



- 1 送付先の指定 [送付先の指定]
2 (退院等された場合は「終了」の届け出をしてください。) [(退院等された場合は「終了」の届け出をしてください。)]
3 ☐ 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
- 4 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 5 (宛名) [(宛名)]
- 6 住所 Address
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 7 方書 (施設名等) Building name / room number
Apartment/mansion name and room number. e.g. ○○マンション 301号室
- 8 被保険者 [被保険者]
- 9 電話番号 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 10 ☐ 送付先変更について、被保険者本人及びその関係する親族 了承済み Change / To do/perform
Check this box if you are making changes to existing information This is typically part of a longer phrase on forms - look for the complete text before filling
- 11 ☐ 送付先と同じ ☐ 被保険者と同じ (チェックを入れた場合、下記は記入不要)
[☐ 送付先と同じ ☐ 被保険者と同じ (チェックを入れた場合、下記は記入不要)]
- 12 電話 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 13 氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.
- 14 続柄 Relationship to head of household
See relationship terms table.

The image shows a portion of a Japanese tax form, specifically the 'Income' section. A red box highlights the area containing the following fields:

- 所得の種類** (Type of Income): A dropdown menu with '給与所得' (Salary Income) selected.
- 所得の金額** (Amount of Income): A text input field containing '1,000,000'.
- 所得の源泉徴収額** (Amount of Income Tax Withheld at Source): A text input field containing '100,000'.
- 所得の課税額** (Amount of Income Tax): A text input field containing '100,000'.
- 所得の控除額** (Amount of Income Tax Deduction): A text input field containing '100,000'.
- 所得の課税額** (Amount of Income Tax): A text input field containing '100,000'.
- 所得の控除額** (Amount of Income Tax Deduction): A text input field containing '100,000'.

15 住所 Address
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

セクション 3 — Section 3

※届出人が被保険者以外の場合には委任欄に被保険者が署名をしてください。

委任欄

私は、介護保険送付先指定等届出書に関する一切の権限を、上記届出人に委任します。
年 月 日
被保険者（委任者）氏名 (自署)

介護保険課 記入欄

受付

介護保険課確認
☐来庁申請 ☐郵送申請
☐届出人確認書類
(免・マ・介保・負割)
☐届出人資格確認
(ケアマネジャー・ケースワーカー)

☐委任欄自署確認済
☐同時に他申請有 ()
処理後：後続処理者へ連絡済☐

入力者
確認者

- 1

※届出人が被保険者以外の場合には委任欄に被保険者が署名をしてください。 Applicant / Person filing the form / Signature
The person physically submitting the form. Usually yourself. Sign your name.
Foreigners can use a written signature instead of a seal (inkan).
- 2

私は、介護保険送付先指定等届出書に関する一切の権限を、上記届出人に委任します。
Long-term Care Insurance / Applicant / Person filing the form / .
Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance. The person physically submitting the form.
Usually yourself.
- 3

被保険者（委任者）氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.
- 4

(自署) [(自署)]
- 5

介護保険課 記入欄 Long-term Care Insurance
Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance.
- 6

入力者 Data entry
Staff use - data entry field. Do not fill in.
- 7

介護保険課確認 Long-term Care Insurance
Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance.
- 8

☐郵送申請 [☐郵送申請]
- 9

☐同時に他申請有 () [☐同時に他申請有 ()]
- 10

確認者 [確認者]
- 11

(免・マ・介保・負割) 処理後：後続処理者へ連絡済☐ Processing
Staff use - processing status. Do not fill in.
- 12

(ケアマネジャー・ケースワーカー) [(ケアマネジャー・ケースワーカー)]



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