

第五十六号様式（第二十八条関係）国民健康保険異動届出書

国民健康保険異動届出書

（宛先）中央区長

届出日		年 月 日		被保険者記号番号		0 2 -		職員記入欄								
届出者		氏名		電話		受付印										
		住所														
		世帯主からみた関係		<input type="checkbox"/> 世帯主本人 <input type="checkbox"/> 世帯員（ ） <input type="checkbox"/> その他（ ）												
世帯主		氏 名		住所		異動事由										
		個人番号														
1	ふりがな		男・女		続柄		生年月日		職業		マイナンバーカードの健康保険証利用登録の有無(※)		異動年月日		異動事由	
	氏 名						年 月 日		<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生 <input type="checkbox"/> 社保非該当 <input type="checkbox"/> その他		<input type="checkbox"/> 有 <input type="checkbox"/> 無		年 月 日			
	個人番号															
2	ふりがな		男・女		続柄		生年月日		職業		マイナンバーカードの健康保険証利用登録の有無(※)		異動年月日		異動事由	
	氏 名						年 月 日		<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生 <input type="checkbox"/> 社保非該当 <input type="checkbox"/> その他		<input type="checkbox"/> 有 <input type="checkbox"/> 無		年 月 日			
	個人番号															
3	ふりがな		男・女		続柄		生年月日		職業		マイナンバーカードの健康保険証利用登録の有無(※)		異動年月日		異動事由	
	氏 名						年 月 日		<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生 <input type="checkbox"/> 社保非該当 <input type="checkbox"/> その他		<input type="checkbox"/> 有 <input type="checkbox"/> 無		年 月 日			
	個人番号															
4	ふりがな		男・女		続柄		生年月日		職業		マイナンバーカードの健康保険証利用登録の有無(※)		異動年月日		異動事由	
	氏 名						年 月 日		<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生 <input type="checkbox"/> 社保非該当 <input type="checkbox"/> その他		<input type="checkbox"/> 有 <input type="checkbox"/> 無		年 月 日			
	個人番号															

（※） 資格喪失時は記入不要です。また、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。

職 員 記入欄	届出者		身元確認		番号確認		他保確認		備考	
	本人 代理人（委任状 有・無）		マイナンバーカード・運免・在留カード その他（ ）		マイナンバーカード・個人番号付きの住民票 本人同意により職権記載（記載者 ）		資格情報のお知らせ・喪失証明書 離職票・資格確認書・勤務先確認 マイナポータル確認・年金得喪			

Chuo — 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

第五十六号様式（第二十八条関係）国民健康保険異動届出書

- 1 第五十六号様式 (第二十八条関係) 国民健康保険異動届出書 National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
 - 2 国民健康保険異動届出書 National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.

[illegible]

届出人情報 — Who Is Filing

● 国民健康保険異動届出書

● (宛先) 中央区長

● 届出日	● 年	月	日	被保険者記号番号	● 0 2 -	職員記入欄
● 氏名	● 電話					● 受付印
● 届出者						

- 1 国民健康保険異動届出書 National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 2 (宛先) 中央区長 (Addressee) Mayor of Chuo Ward
This field is pre-filled and indicates the form is being submitted to the Mayor of Chuo Ward (中央区長). You don't need to write anything here as it shows who will receive your application.
- 3 職員記入欄 Staff use only / Office use only
Section for ward office staff. Do not write anything here.
- 4 届出日 Date of filing
Today's date. Use Japanese calendar or Western calendar.
- 5 年 月 日 被保険者記号番号 Year Month Day Insured Person Symbol Number
Enter the date and your health insurance symbol/number found on your Japanese health insurance card
- 6 0 2 - 02-
This appears to be a form section number or code - leave as is or follow any numbering instructions provided with the form
- 7 受付印 Reception / Received / Seal (inkan / hanko)
Staff use - indicates form was received. Do not fill in. Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
- 8 氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.
- 9 電話 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 10 届出者 住所 Address
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

表 1 中国主要城市 2010 年人口统计与预测数据表									
城市	年份	人口 (万人)	人口密度 (人/平方公里)	人口增长率 (%)	人口预测 (万人)	人口预测增长率 (%)	人口预测年份	人口预测人口密度 (人/平方公里)	人口预测人口增长率 (%)
北京	2010	1915	1100	0.5	2010	0.5	2010	1100	0.5
上海	2010	2302	1200	0.5	2010	0.5	2010	1200	0.5
广州	2010	1440	1100	0.5	2010	0.5	2010	1100	0.5
深圳	2010	1050	1100	0.5	2010	0.5	2010	1100	0.5
天津	2010	1293	1100	0.5	2010	0.5	2010	1100	0.5
重庆	2010	3112	1100	0.5	2010	0.5	2010	1100	0.5
成都	2010	1442	1100	0.5	2010	0.5	2010	1100	0.5
武汉	2010	1054	1100	0.5	2010	0.5	2010	1100	0.5
南京	2010	800	1100	0.5	2010	0.5	2010	1100	0.5
杭州	2010	720	1100	0.5	2010	0.5	2010	1100	0.5
西安	2010	644	1100	0.5	2010	0.5	2010	1100	0.5
昆明	2010	660	1100	0.5	2010	0.5	2010	1100	0.5
拉萨	2010	43	1100	0.5	2010	0.5	2010	1100	0.5
海口	2010	168	1100	0.5	2010	0.5	2010	1100	0.5
三亚	2010	26	1100	0.5	2010	0.5	2010	1100	0.5
珠海	2010	146	1100	0.5	2010	0.5	2010	1100	0.5
澳门	2010	55	1100	0.5	2010	0.5	2010	1100	0.5
香港	2010	703	1100	0.5	2010	0.5	2010	1100	0.5
台北	2010	224	1100	0.5	2010	0.5	2010	1100	0.5
首尔	2010	450	1100	0.5	2010	0.5	2010	1100	0.5
东京	2010	1270	1100	0.5	2010	0.5	2010	1100	0.5
纽约	2010	1955	1100	0.5	2010	0.5	2010	1100	0.5
伦敦	2010	856	1100	0.5	2010	0.5	2010	1100	0.5
巴黎	2010	658	1100	0.5	2010	0.5	2010	1100	0.5
柏林	2010	356	1100	0.5	2010	0.5	2010	1100	0.5
罗马	2010	286	1100	0.5	2010	0.5	2010	1100	0.5
马德里	2010	303	1100	0.5	2010	0.5	2010	1100	0.5
巴塞罗那	2010	163	1100	0.5	2010	0.5	2010	1100	0.5
里斯本	2010	507	1100	0.5	2010	0.5	2010	1100	0.5
雅典	2010	311	1100	0.5	2010	0.5	2010	1100	0.5
开罗	2010	954	1100	0.5	2010	0.5	2010	1100	0.5
孟买	2010	1244	1100	0.5	2010	0.5	2010	1100	0.5
新德里	2010	1688	1100	0.5	2010	0.5	2010	1100	0.5
东京	2010	1270	1100	0.5	2010	0.5	2010	1100	0.5
首尔	2010	450	1100	0.5	2010	0.5	2010	1100	0.5
台北	2010	224	1100	0.5	2010	0.5	2010	1100	0.5
香港	2010	703	1100	0.5	2010	0.5	2010	1100	0.5
澳门	2010	55	1100	0.5	2010	0.5	2010	1100	0.5
海口	2010	168	1100	0.5	2010	0.5	2010	1100	0.5
三亚	2010	26</							

住所 — Addresses (Part 1/2)

届出者		住所													
世帯主からみた関係				<input type="checkbox"/> 世帯主本人		<input type="checkbox"/> 世帯員 ()		<input type="checkbox"/> その他 ()							
世帯主		氏 名		<input type="checkbox"/> 同上				住所		<input type="checkbox"/> 同上		異動事由			
		個人番号													
ふりがな				男・女		続柄		生年月日		職		<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生 <small>マイナンバーカードの健康 保険証の有効期限が満了 (※)</small>		異動年月日	異動事由

- 1 **届出者 住所** Address
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
 - 2 **世帯主からみた関係** ☐世帯主本人 ☐世帯員 () ☐その他 () Other (/ Head of household / Other
Use this field for any information that doesn't fit in the standard categories above. The primary person in a household for registration purposes. If you live alone, you are the head of household.
 - 3 ☐同上 ☐Same as above
Check this box if the information is identical to what you filled in the section above.
 - 4 **氏名** ☐同上 Full name
Write your full legal name as it appears on your residence card or passport.
 - 5 **異動事由** Reason for change / Type of move
Why you are filing this notification (moving in, moving out, address change within municipality).
 - 6 **世帯主** Head of household
Write the name of the person who is registered as the head of the household you're joining or leaving.
 - 7 **住所** Address
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
 - 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 **ふりがな** Furigana (phonetic reading)
Write the phonetic pronunciation of your name in hiragana characters above or next to where you write your name in kanji/katakana.
 - 10 **マイナンバーカードの健康** My Number Card / My Number Card / My Number Card
Japan's national ID card with IC chip - bring if you have one. 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.
 - 11 **生年月日** Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
 - 12 **異動年月日** Date of Change
Enter the date you moved/changed residence in YYYY/MM/DD format.
 - 13 **異動事由** Reason for change / Type of move
Why you are filing this notification (moving in, moving out, address change within municipality).
 - 14 **職** ☐無職 ☐自営業 ☐学生 None/Not applicable
Check this box if the item does not apply to you or if you have none to report.

[illegible]

住所 — Addresses (Part 1/2) (continued)

15

男・女 続柄 Male・ Female / Relationship to head of household
Circle or check the appropriate gender See relationship terms table.

住所 — Addresses (Part 2/2)

1	氏名	男・女	続柄	生年月日	職 業	<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生 <input type="checkbox"/> マイナンバーカードの取得 保険証利用登録の有無(※)	異動年月日	異動事由
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- 1 保険証利用登録の有無(※) Health insurance card / Presence/absence of 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
- 2 氏名 Full name Write your full legal name as it appears on your residence card or passport

[illegible]

異動者 — Person Table (Part 1/5)

1	(1)ふりがな					(2)男・女	続柄				(3)生年月日				(4)職 業	<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生 <input type="checkbox"/> 社保非該当 <input type="checkbox"/> その他	マイナンバーカードの健康 保険証利用登録の有無(※) (5) <input type="checkbox"/> 有 <input type="checkbox"/> 無	(6)異動年月日	(7)異動事由
	(8)氏名										(9)年 月 日						(10)年 月 日		
	(11)個人番号																		
	(12)ふりがな																		

- 1 **ふりがな** Furigana (phonetic reading)
Write the phonetic pronunciation of your name in hiragana characters above or next to where you write your name in kanji/katakana
 - 2 **マイナンバーカードの健康** My Number Card / My Number Card / My Number Card
Japan's national ID card with IC chip - bring if you have one 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.
 - 3 **生年月日** Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
 - 4 **異動年月日** Date of Change
Enter the date you moved/changed residence in YYYY/MM/DD format
 - 5 **異動事由** Reason for change / Type of move
Why you are filing this notification (moving in, moving out, address change within municipality).
 - 6 **職 ☐無職 ☐自営業 ☐学生** None/Not applicable
Check this box if the item does not apply to you or if you have none to report
 - 7 **男・女 続柄** Male・ Female / Relationship to head of household
Circle or check the appropriate gender See relationship terms table.
 - 8 **保険証利用登録の有無(※)** Health insurance card / Presence/absence of 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
 - 9 **氏 名** Full name
Write your full legal name as it appears on your residence card or passport
 - 10 **業 ☐社保非該当 ☐その他** Other
Use this section for any additional information not covered in other fields
 - 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 **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
 - 13 **☐有 ☐無** None/Not applicable
Check this box if the item does not apply to you or if you have none to report
 - 14 **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
 - 15 **ふりがな** Furigana (phonetic reading)
Write the phonetic pronunciation of your name in hiragana characters above or next to where you write your name in kanji/katakana

[illegible]

3	ふりがな		男・女	続柄		生年月日	職業	<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生 <input type="checkbox"/> 社保非該当 <input type="checkbox"/> その他	マイナンバーカードの健康保険証利用登録の有無(※)	異動年月日	異動事由
	氏名					年 月 日		<input type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日		
	個人番号										
	ふりがな		男・女	続柄		生年月日	職	<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生	マイナンバーカードの健康保険証利用登録の有無(※)	異動年月日	異動事由

- | 表 1 项目概况表
表 1-1 项目概况表 (1) (续前表) | | | | | | | | | | | |
|------------------------------------|-------|------|----|------|-----|-------|----|------|----|------|-------|
| 项目概况表 | | | | | | | | | | | |
| 项目概况 | | 项目概况 | | 项目概况 | | 项目概况 | | 项目概况 | | 项目概况 | |
| 序号 | 名称 | 单位 | 数量 | 备注 | 序号 | 名称 | 单位 | 数量 | 备注 | 序号 | 名称 |
| 1 | 项目概况表 | | | | 2 | 项目概况表 | | | | 3 | 项目概况表 |
| 4 | 项目概况表 | | | | 5 | 项目概况表 | | | | 6 | 项目概况表 |
| 7 | 项目概况表 | | | | 8 | 项目概况表 | | | | 9 | 项目概况表 |
| 10 | 项目概况表 | | | | 11 | 项目概况表 | | | | 12 | 项目概况表 |
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| 31 | 项目概况表 | | | | 32 | 项目概况表 | | | | 33 | 项目概况表 |
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| 61 | 项目概况表 | | | | 62 | 项目概况表 | | | | 63 | 项目概况表 |
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| 67 | 项目概况表 | | | | 68 | 项目概况表 | | | | 69 | 项目概况表 |
| 70 | 项目概况表 | | | | 71 | 项目概况表 | | | | 72 | 项目概况表 |
| 73 | 项目概况表 | | | | 74 | 项目概况表 | | | | 75 | 项目概况表 |
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| 94 | 项目概况表 | | | | 95 | 项目概况表 | | | | 96 | 项目概况表 |
| 97 | 项目概况表 | | | | 98 | 项目概况表 | | | | 99 | 项目概况表 |
| 100 | 项目概况表 | | | | 101 | 项目概况表 | | | | 102 | 项目概况表 |
| 103 | 项目概况表 | | | | 104 | 项目概况表 | | | | 105 | 项目概况表 |
| 106 | 项目概况表 | | | | 107 | 项目概况表 | | | | 108 | 项目概况表 |
| 109 | 项目概况表 | | | | 110 | 项目概况表 | | | | 111 | 项目概况表 |
| 112 | 项目概况表 | | | | 113 | 项目概况表 | | | | 114 | 项目概况表 |
| 115 | 项目概况表 | | | | 116 | 项目概况表 | | | | 117 | 项目概况表 |
| 118 | 项目概况表 | | | | 119 | 项目概况表 | | | | 120 | 项目概况表 |
| 121 | 项目概况表 | | | | 122 | 项目概况表 | | | | 123 | 项目概况表 |
| 124 | 项目概况表 | | | | 125 | 项目概况表 | | | | 126 | 项目概况表 |
| 127 | 项目概况表 | | | | 128 | 项目概况表 | | | | 129 | 项目概况表 |
| 130 | 项目概况表 | | | | 13 | | | | | | |

異動者 — Person Table (Part 4/5)

4	ふりがな	男・女	続柄	生年月日	職業 □無職 □自営業 □学生 □社保非該当 □その他	マイナンバーカードの健康 保険証利用登録の有無(※) □有 □無	異動年月日	異動事由
	氏名							
	個人番号							
(※) 資格喪失時は記入不要です。また、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です。								
届出者		身元確認		番号確認		他保確認		備考

- 1 生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 2 異動年月日 Date of Change
Enter the date you moved/changed residence in YYYY/MM/DD format
- 3 異動事由 Reason for change / Type of move
Why you are filing this notification (moving in, moving out, address change within municipality).
- 4 職□無職 □自営業 □学生 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 5 保険証利用登録の有無(※) Health insurance card / Presence/absence of
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
- 6 氏名 Full name
Write your full legal name as it appears on your residence card or passport
- 7 業 □社保非該当 □その他 Other
Use this section for any additional information not covered in other fields
- 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 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
- 10 □有 □無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 11 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
- 12 (※) 資格喪失時は記入不要です。また、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
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
- 13 届出者 Applicant/Person filing the notification
Write your name here as the person submitting this residence change notification form
- 14 身元確認 Identity verification
This section is for identity verification documentation. You would typically write the type of identification document you're providing (such as 'passport', 'residence card', or 'driver's license') along with any relevant document numbers or details as required by the specific form's instructions.



異動者 — Person Table (Part 4/5) (continued)

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番号確認 Number Confirmation

Provide your My Number (12-digit individual number) for verification - bring your My Number card or notification card

- 他保確認** Other insurance confirmation
Check this if you have other health insurance coverage besides the standard national health insurance system
- 備考** Remarks
Use this section for any additional information or special circumstances regarding your address change that doesn't fit in other fields.

[illegible]

本人確認書類 — ID & Documents

職員 記入欄	本人 代理人（委任状 有・無）	マイナンバーカード・運転・在留カード その他（ ）	マイナンバーカード・個人番号付きの住民票 本人同意により職権記載（記載者 ）	資格情報のお知らせ・喪失証明書 離職票・資格確認書・勤務先確認 マイナポータル確認・年金得喪	利用印
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- 1 届出者 Applicant/Person filing the notification
Write your name here as the person submitting this residence change notification form
- 2 身元確認 Identity verification
This section is for identity verification documents. You'll need to present official photo ID like your residence card, driver's license, or passport to the staff member.
- 3 番号確認 Number Confirmation
Provide your My Number (12-digit individual number) for verification - bring your My Number card or notification card
- 4 他保確認 Other insurance confirmation
Check this if you have other health insurance coverage besides the standard national health insurance system
- 5 備考 Remarks
Use this section for any additional information or special circumstances regarding your address change that doesn't fit in other fields.
- 6 職員 Staff/Official
This field is filled out by the government office staff member who processes your application. Leave this blank - the official will stamp or sign here.
- 7 資格情報のお知らせ・喪失証明書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 8 本人 Self (head of household)
Check this box if you are the head of household submitting the form yourself. If someone else is submitting on your behalf, leave unchecked.
- 9 マイナンバーカード・運転・在留カード マイナンバーカード・個人番号付きの住民票
My Number Card / Residence Card / 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. ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.
- 10 記入欄 Entry field
This is the main entry field where you'll write the required information. Fill out clearly in Japanese characters or as instructed by the specific form requirements.
- 11 離職票・資格確認書・勤務先確認 Place of employment / Employer / Qualification
Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number). Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 12 代理人（委任状 有・無）その他（ ） 本人同意により職権記載（記載者 ）
Other (/ Letter of proxy / Power of attorney / Other
Use this field for any information that doesn't fit in the standard categories above Required if someone else is filing on your behalf.

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本人確認書類 — ID & Documents (continued)

- 13 マイナポータル確認・年金得喪 My Number Portal / Pension
- Official government online service portal using your My Number card Select your pension type (National Pension, Employee Pension, etc.)

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