

国民健康保険資格確認書及び  
資格情報のお知らせ  
再交付（再通知）・返戻申請書

|    |    |    |    |    |   |   |
|----|----|----|----|----|---|---|
| 受付 | 審査 | 係長 | 課長 | 受付 | ・ | ・ |
|    |    |    |    | 決裁 | ・ | ・ |
|    |    |    |    | 施行 | ・ | ・ |

年 月 日

大和市長 あて

窓口に来た人 住所 \_\_\_\_\_

氏名 \_\_\_\_\_

電話 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

世帯主との関係 \_\_\_\_\_

世帯主  同上 住所 \_\_\_\_\_(申請者)  同上 氏名 \_\_\_\_\_

次のとおり、申請します。

|                                |                             |  |                                |
|--------------------------------|-----------------------------|--|--------------------------------|
| 被保険者記号・番号<br>(又は備考欄に被保険者の個人番号) | 14-                         |  |                                |
| 申請の理由                          | <input type="checkbox"/> 返戻 | <input type="checkbox"/> 紛失  | <input type="checkbox"/> 汚損    |
| <input type="checkbox"/> 破損    | <input type="checkbox"/> 盗難 | <input type="checkbox"/> その他   |                                |
| 被保険者氏名                         | 生年月日                        | 内 容  | 備 考                            |
|                                | ・                           | <input type="checkbox"/> 資格確認書<br><input type="checkbox"/> 資格情報のお知らせ | <input type="checkbox"/> 70歳以上 |
|                                | ・                           | <input type="checkbox"/> 資格確認書<br><input type="checkbox"/> 資格情報のお知らせ | <input type="checkbox"/> 70歳以上 |
|                                | ・                           | <input type="checkbox"/> 資格確認書<br><input type="checkbox"/> 資格情報のお知らせ | <input type="checkbox"/> 70歳以上 |
|                                | ・                           | <input type="checkbox"/> 資格確認書<br><input type="checkbox"/> 資格情報のお知らせ | <input type="checkbox"/> 70歳以上 |
|                                | ・                           | <input type="checkbox"/> 資格確認書<br><input type="checkbox"/> 資格情報のお知らせ | <input type="checkbox"/> 70歳以上 |

|     |      |  |   |
|-----|------|--|---|
| 処理欄 | 給付区分 | <input type="checkbox"/> 療養の給付等（通常） <input type="checkbox"/> 特別療養（10割）（混合世帯含む） |   |
|     | 交付方法 | <input type="checkbox"/> 窓口 <input type="checkbox"/> 郵送                        | <input type="checkbox"/> 返戻入力<br>再交付表示 <input type="checkbox"/> した <input type="checkbox"/> しない |

|  |        |
|--|--------|
| <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 免許証 <input type="checkbox"/> パスポート<br><input type="checkbox"/> 在留カード <input type="checkbox"/> 資格確認書 <input type="checkbox"/> 年金手帳<br><input type="checkbox"/> その他（ ） | 宛<br>番 |
|--|--------|

# Yamato — 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

|   |                               |    |    |    |         |         |             |
|---|-------------------------------|----|----|----|---------|---------|-------------|
| 3<br>国民健康保険資格確認書及び<br>4<br>資格情報のお知らせ<br>7<br>再交付（再通知）・返戻申請書       | 1<br>受付<br>5<br>決裁<br>8<br>施行 | 審査 | 係長 | 課長 | 受付      | 2<br>.  | 3<br>.      |
|   |                               |    |    |    | 6<br>決裁 | 7<br>.  | 8<br>.      |
|   |                               |    |    |    | 9<br>施行 | 10<br>. | 11<br>.     |
|   |                               |    |    |    |         |         | 12<br>年 月 日 |
| 11<br>大和市長 あて<br>12<br>窓口に来た人<br>13<br>住所<br>14<br>氏名<br>15<br>電話 |                               |    |    |    |         |         |             |

**1 受付 審査 係長 課長 受付** Reception / Section chief

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

2 . . .

Enter the current date in Japanese format: year (年), month (月), day (日). For example, if today is March 15, 2024, write: 2024年3月15日 or use the Japanese era year format.

**3 国民健康保険資格確認書及び** National Health Insurance / Qualification

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

**4 資格情報のお知らせ** Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

**5 決裁** Approval/Authorization

N/A (this is an administrative section for official use only)

6 . . .

Enter the current date again in the same format as field 2. This appears to be a duplicate date field, likely for administrative processing purposes.

**7 再交付（再通知）・返戻申請書** Reissuance / Issuance / Application

Check this if you need a replacement for a lost or damaged document Staff use only - do not fill in

**8 施行** Enforcement/Implementation

N/A - this is a header indicating when the form/regulation takes effect

9 . . .

Enter the current date once more in the same Japanese date format. This third date field may be for different processing stages of the application.

**10 年 月 日** Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals

**11 大和市長 あて** To: Mayor of Yamato City

This is pre-printed - indicates the form is addressed to the mayor

**12 窓口に来た人 住所** Address

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

**13 氏名** Full name

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



## セクション 1 — Section 1 (continued)

- ③ 国民健康保険資格確認書及び
- ④ 資格情報のお知らせ
- ⑤ 再交付（再通知）・返戻申請書

|      |    |    |    |      |        |
|------|----|----|----|------|--------|
| ① 受付 | 審査 | 係長 | 課長 | 受付   | ② .. . |
|      |    |    |    | ⑤ 決裁 | ⑥ .. . |
|      |    |    |    | ⑦ 施行 | ⑧ .. . |

|           |          |                      |         |
|-----------|----------|----------------------|---------|
| ⑨ 大和市長 あて | ⑩ 窓口に来た人 | ⑪ 住所 _____           | ⑫ 年 月 日 |
| ⑬         |          | ⑭ 氏名 _____           |         |
| ⑮         |          | ⑯ 電話 - - - Telephone |         |

14 電話 - - - Telephone

Enter your phone number using the dashes to separate area code and number sections

## セクション 2 — Section 2 (Part 1/2)

|   |   |
|---|---|
| 1 | 電話 _____ - _____  |
| 2 | 世帯主との関係 _____   |
| 3 | 世帯主<br>(申請者)<br>住所 _____<br>氏名 _____  |
| 4 | 次のとおり、申請します。  |
| 5 | 被保険者記号・番号<br>(又は備考欄に被保険者の個人番号)<br>14-   |
| 6 | 申請の理由<br><input type="checkbox"/> 返戻 <input type="checkbox"/> 紛失 <input type="checkbox"/> 汚損 <input type="checkbox"/> 破損 <input type="checkbox"/> 盜難 <input type="checkbox"/> その他 |
| 7 | 被保険者氏名<br>生年月日<br>内 容<br>備 考<br><input type="checkbox"/> 70歳以上<br><input type="checkbox"/> 資格確認書  |

1 電話 - - Telephone

Enter your phone number using the dashes to separate area code and number sections

2 世帯主との関係 Head of household

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 the field directly above this one

4 主 住所 Address

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

5 氏名 Full name

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

6 次のとおり、申請します。

This is a standard declaration phrase meaning 'I hereby apply as follows.' This is pre-printed text that you don't need to fill in - it's simply the formal statement introducing your application.

7 (又は備考欄に被保険者の個人番号) My Number (Individual Number) / Remarks / Notes

12-digit number. Leave blank on first registration — it will be mailed to you after. Space for additional information or special circumstances. Usually optional.

8 申請の理由 Reason for application

Briefly explain why you are submitting this application or request

9 返戻 紛失 汚損 破損 盜難 その他 Other

Use this section for any additional information not covered in other fields

10 被保険者氏名 Full name

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

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.



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

|                                     |  |  |  |
|-------------------------------------|--|--|--|
| ①                                   | 電話 _____ - _____   |  |  |
| ②                                   | 世帯主との関係 _____  |  |  |
| ③<br>世 帯 主<br>(申請者)                 | □同上<br>住所 _____<br>□同上<br>氏名 _____   |  |  |
| ④<br>次のとおり、申請します。                   |  |  |  |
| ⑤<br>被保険者記号・番号<br>(又は備考欄に被保険者の個人番号) | 14-  |  |  |
| ⑥<br>申請の理由                          | <input type="checkbox"/> 返戻 <input type="checkbox"/> 紛失 <input type="checkbox"/> 汚損 <input type="checkbox"/> 破損 <input type="checkbox"/> 盜難 <input type="checkbox"/> その他 |  |  |
| ⑦<br>被保険者氏名                         | ⑧<br>生年月日<br>.   | ⑨<br>内 容<br><input type="checkbox"/> 資格確認書 | ⑩<br>備 考<br><input type="checkbox"/> 70歳以上 |

## 内容 Contents

12

This is a section header where you'll specify the type of residence change (moving in, moving out, address change within city, etc.)

## 備考 Remarks

13

Optional field for additional notes or special circumstances

□70歳以上 Age 70 or older

14

Check this box if you are 70 years old or older

□資格確認書 Qualification

15

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

## セクション 2 — Section 2 (Part 2/2)

|  |   |   |                                    |                                |  |
|--|---|---|------------------------------------|--------------------------------|--|
|  |  |  | <input type="checkbox"/> 資格確認書     | <input type="checkbox"/> 70歳以上 |  |
|  |   |   | <input type="checkbox"/> 資格情報のお知らせ |                                |  |

1

資格情報のお知らせ Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

2



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## セクション3 — Section 3 (Part 1/2)

|  |   |                                    |        |
|--|---|------------------------------------|--------|
|  | ① | <input type="checkbox"/> 資格確認書     | □70歳以上 |
|  | ② | <input type="checkbox"/> 資格情報のお知らせ |        |
|  | ③ | <input type="checkbox"/> 資格確認書     | □70歳以上 |
|  | ④ | <input type="checkbox"/> 資格情報のお知らせ |        |
|  | ⑤ | <input type="checkbox"/> 資格確認書     | □70歳以上 |
|  | ⑥ | <input type="checkbox"/> 資格情報のお知らせ |        |
|  | ⑦ | <input type="checkbox"/> 資格確認書     | □70歳以上 |
|  | ⑧ | <input type="checkbox"/> 資格情報のお知らせ |        |
|  | ⑨ | <input type="checkbox"/> 資格確認書     | □70歳以上 |
|  | ⑩ | <input type="checkbox"/> 資格情報のお知らせ |        |
|  | ⑪ | <input type="checkbox"/> 資格確認書     | □70歳以上 |
|  | ⑫ | <input type="checkbox"/> 資格情報のお知らせ |        |
|  | ⑬ | <input type="checkbox"/> 資格確認書     | □70歳以上 |
|  | ⑭ | <input type="checkbox"/> 資格情報のお知らせ |        |
|  | ⑮ | <input type="checkbox"/> 資格確認書     | □70歳以上 |

1 . . . . .

Enter the day and month of your birth using two digits each (e.g., 15· 03 for March 15th). Use the middle dot (·) as separator between day and month.

2 □資格情報のお知らせ Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

3 □70歳以上 Age 70 or older

Check this box if you are 70 years old or older

4 □資格確認書 Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

5 . . . . .

Enter the day and month of your birth using two digits each (e.g., 15· 03 for March 15th). Use the middle dot (·) as separator between day and month.

6 □資格情報のお知らせ Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

7 □70歳以上 Age 70 or older

Check this box if you are 70 years old or older

8 □資格確認書 Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

9 . . . . .

Enter the day and month of your birth using two digits each (e.g., 15· 03 for March 15th). Use the middle dot (·) as separator between day and month.

10 □資格情報のお知らせ Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

11 □70歳以上 Age 70 or older

Check this box if you are 70 years old or older

12 □資格確認書 Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

13 . . . . .

Enter the day and month of your birth using two digits each (e.g., 15· 03 for March 15th). Use the middle dot (·) as separator between day and month.



## セクション3 — Section 3 (Part 1/2) (continued)

|  |   |
|--|---|
|  | <input type="checkbox"/> 1 資格確認書<br><input type="checkbox"/> 2 資格情報のお知らせ<br><input type="checkbox"/> 3 70歳以上    |
|  | <input type="checkbox"/> 4 資格確認書<br><input type="checkbox"/> 5 資格情報のお知らせ<br><input type="checkbox"/> 6 70歳以上    |
|  | <input type="checkbox"/> 7 資格確認書<br><input type="checkbox"/> 8 資格情報のお知らせ<br><input type="checkbox"/> 9 70歳以上    |
|  | <input type="checkbox"/> 10 資格確認書<br><input type="checkbox"/> 11 資格情報のお知らせ<br><input type="checkbox"/> 12 70歳以上 |
|  | <input type="checkbox"/> 13 資格確認書<br><input type="checkbox"/> 14 資格情報のお知らせ<br><input type="checkbox"/> 15 70歳以上 |

14  資格情報のお知らせ Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

15  70歳以上 Age 70 or older

Check this box if you are 70 years old or older

## セクション3 — Section 3 (Part 2/2)

|  |  |  |                                |
|--|--|--|--------------------------------|
|  |  | <input type="checkbox"/> 資格確認書<br><input type="checkbox"/> 資格情報のお知らせ | <input type="checkbox"/> 70歳以上 |
|--|--|--|--------------------------------|

1  資格確認書 Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

2 . . .

3  資格情報のお知らせ Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



Form p.1

## セクション 4 — Section 4

|   |           |  |   |  |   |
|---|-----------|--|---|--|---|
|   |           | ①  | ②   |  |   |
|   |           | <input type="checkbox"/> 資格情報のお知らせ   |   |  |   |
| ⑤<br>処理欄  | ③<br>給付区分 | <input type="checkbox"/> 療養の給付等（通常） <input type="checkbox"/> 特別療養（10割）（混合世帯含む） |   |  | ⑧<br><input type="checkbox"/> した <input type="checkbox"/> しない |
|   |           | ⑥<br>交付方法  | <input type="checkbox"/> 窓口 <input type="checkbox"/> 郵送 |  |   |
| <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 免許証 <input type="checkbox"/> パスポート<br><input type="checkbox"/> 在留カード <input type="checkbox"/> 資格確認書 <input type="checkbox"/> 年金手帳<br><input type="checkbox"/> その他 ( ) |           |  | ⑩<br>宛番   |  |   |

1 . . . .

2  資格情報のお知らせ Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

3 **給付区分** Category

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

4  療養の給付等（通常）  特別療養（10割）（混合世帯含む） Household

Refers to your household unit - all people living together and sharing living expenses

5 **処理欄** Processing

Staff use - processing status. Do not fill in.

6 **交付方法** Delivery method

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

7  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

8  した  しない Do not

This typically appears before other text to indicate something should not be done or does not apply

9 **再交付表示** Reissuance Indication

N/A - this is a form section header indicating reissuance status, filled by municipal office staff

10  マイナンバーカード  免許証  パスポート My Number Card / My Number Card / Passport

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  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



## 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