

●届書には届出人（世帯主）及び被保険者の個人番号の記載をお願いします。個人番号は、番号法に定められた業務に使用します

Ota — 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.

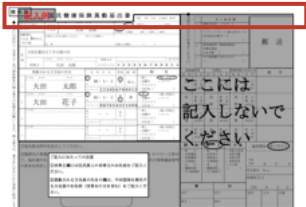
AFTER YOU SUBMIT

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

The image shows a sample form titled "記入例 国民健康保険異動届出書" (Example of how to fill in National Health Insurance Application). The form is divided into several sections. Callout 1 points to the title. Callout 2 points to the date "令和 6年 12月 2日届出 (受付)". Callout 3 points to the recipient "宛先)大田区長". Callout 4 points to the "本人確認欄" (Personal Identification Section). Callout 5 points to the "A 運転免許証 パスポート" (Driver's license / Passport) section. Callout 6 points to the "世帯主 世帯員 () 代理人" (Head of household) section. Callout 7 points to the "書し国保" (Document [checkbox] National Health Insurance) section. Callout 8 points to the "する方 大田 太郎 世帯主 03- 5744 -12 10 中" (To do/perform / Person who) section.

- 1 記入例国 民健康保険異動届出書 Example of how to fill in
Sample form showing how to complete each field. Study this before filling your own form.
- 2 令和 6年 12月 2日届出 (受付) Reception / Received
Staff use - indicates form was received. Do not fill in.
- 3 (宛先)大田区長 To: Mayor of Ota Ward
This is pre-printed - indicates the form is addressed to the mayor of Ota Ward
- 4 本人 確 認 欄 Personal Identification Section
- 5 A 運 転 免 許 証 パ ス ポ ー ト Driver's license / Passport
Bring your physical driver's license as identification Bring your passport as identification when submitting this form
- 6 世帯主 世帯員 () 代理人 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 7 書し国保 Document [checkbox] National Health Insurance
Check this box if you are enrolled in Japan's National Health Insurance (kokuho) system.
- 8 する方 大田 太郎 世帯主 03- 5744 -12 10 中 To do/perform / Person who
This is typically part of a longer phrase on forms - look for the complete text before filling This appears to be part of a longer phrase - look for the complete text starting with the preceding characters



届出人情報 — Who Is Filing (Part 1/2)

届出人情報 (Who Is Filing) Form

届書には届出人 (世帯主) (Seitai Shu) (Head of Household)

該当する届出 (国保) (Kokuho) (National Health Insurance)

届出をする方 (大田 太郎) (Ota Taro) (Person who does the registration)

世帯主 (世帯主) (Seitai Shu) (Head of Household)

世帯員の電話 (03-5744-1210) (Seitai In no Denwa) (Household member's telephone number)

代理人 () (Dai-ri-nin) (Representative)

本人確認欄 (本人確認欄) (Hito-jin Kaku-nin Ritu) (Confirmation of Person)

運転免許証 (パスポート) (Unben Kenkyu-shi (Passu-po-to) (Driver's license (Passport))

マイナンバーカード (個人番号カード) (Mai-nan-ba-ka-ka-do (Ko-jin-ban-shu-ka-ka-do) (My Number Card (Individual Number Card))

住民基本台帳カード () (Jumin Ki-ban Tai-chou Ka-do () (Resident Basic Register Card ())

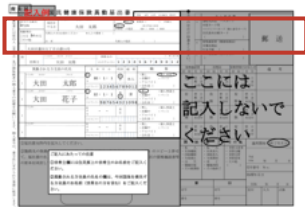
資格確認書 (健康保険証) (Shi-ka-ku Kaku-nin-sho (Ken-kou Hoken-shi) (Qualification Confirmation Document (Health Insurance Certificate))

年金手帳 () (Nen-kin Te-chou () (Pension Handbook ())

その他 () (Sonota () (Others ())

住所 (大田区蒲田五丁目13番14号) (Jussho (Ota-ku Kamata 5-chome 13-ban 14-go) (Address (Ota-ku Kamata 5-chome 13-ban 14-go))

- 1 A 運転免許証 パスポート Driver's license / Passport
Bring your physical driver's license as identification Bring your passport as identification when submitting this form
- 2 世帯主 世帯員 () 代理人 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 3 書し国保 Document [checkbox] National Health Insurance
Check this box if you are enrolled in Japan's National Health Insurance (kokuho) system.
- 4 する方 大田 太郎 世帯主 03- 5744 -12 10 中 To do/perform / Person who
This is typically part of a longer phrase on forms - look for the complete text before filling This appears to be part of a longer phrase - look for the complete text starting with the preceding characters
- 5 世帯員の電話 000 (0000) 0000 Household member's telephone number 000 (0000) 0000
Enter your phone number in the format shown - area code in parentheses, then the rest of the number
- 6 マイナンバーカード (個人番号カード) My Number Card / My Number Card / My Number (Individual 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
- 7 代理人の方はお書きください 本人との間柄 () If you are a representative, please fill this out. Relationship to the applicant ()
Write your relationship to the person you're representing (e.g., "spouse," "parent," "child," "friend")
- 8 届入る 〇しやめる Submit 〇 Moving in 〇 Moving out
Check the appropriate box - "入る" (moving in) when registering your residence, "やめる" (moving out) when deregistering
- 9 () 郵送 () Mail/Postal delivery
Check this box if you want documents mailed to you, or leave blank if picking up in person
- 10 住所 Address
Write your complete residential address including postal code, prefecture, city, and building details
- 11 代理人の電話 () Representative's Phone Number ()
Enter the phone number of the person filling out the form on your behalf, if applicable. Leave blank if you're filling it out yourself.
- 12 B 資格確認書 (健康保険証) Health insurance card / Qualification
Japanese health insurance card. Can serve as secondary ID at some banks. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 13 大田区蒲田五丁目13番14号 5-13-14 Kamata, Ota-ku
This is an example address format - write your address using the Japanese system: district name + chome (丁目) + ban (番) + go (号)



届出人情報 — Who Is Filing (Part 1/2) (continued)

- 14

年金手帳 () Pension

Select your pension type (National Pension, Employee Pension, etc.)
- 15

帯住 Accompanying residence

Check this box if you are moving together with family members or registering as part of a household unit rather than moving alone.

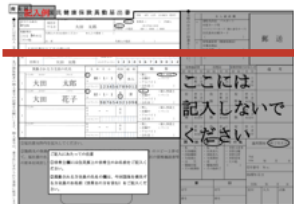
届出人情報 — Who Is Filing (Part 2/2)

世帯主 住 氏名	大田区蒲田五丁目13番14号			年金手帳 ()	C	その他要綱で定めるもの
	フリガナ	オオタ タロウ	世帯主の			

1

C その他要綱で定めるもの Other

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



住所 — Addresses (Part 1/3)

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住所

大田区蒲田五丁目13番14号

フリガナ オオタ タロウ

世帯主のマイナンバー

大田 太郎

1 2 3 4 5 6 7 8 9 0 1 2

異動される方全員の氏名

生 年 月 日

性別 続 柄

職 業

各種医療証
年金手帳 ()

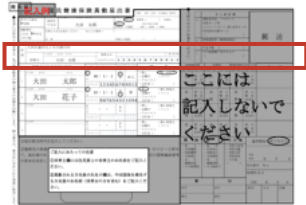
その他要綱で定めるもの ()

資格確認書 前期証 資格情報のお知らせ

同 収 交 付 同 収 交 付 同 収 交 付

備 考

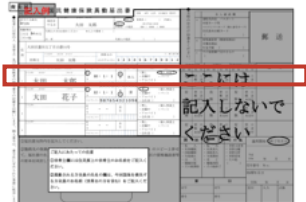
- 1 大田区蒲田五丁目13番14号 5-13-14 Kamata, Ota-ku
This is an example address format - write your address using the Japanese system: district name + chome (丁目) + ban (番) + go (号)
- 2 年金手帳 () Pension
Select your pension type (National Pension, Employee Pension, etc.)
- 3 帯住 Accompanying residence
Check this box if you are moving together with family members or registering as part of a household unit rather than moving alone.
- 4 C その他要綱で定めるもの Other
Use this section for any additional information not covered in other fields
- 5 ☐ 個人番号確 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 6 フリガナ オオタ タロウ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 7 () (blank field for filling in information)
- 8 マイナンバー 1 2 3 4 5 6 7 8 9 0 1 2 My Number
Enter your 12-digit Individual Number from your My Number card or notification
- 9 世帯主 大田 太郎 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 10 前期証 Previous period certificate
If you had health insurance or pension coverage in your previous residence, attach the relevant certificates or documentation here.
- 11 資格情報のお知らせ Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 12 職 業 Occupation
Write your job title or profession (e.g., "Teacher," "Engineer," "Student," "Unemployed")
- 13 異動される方全員の氏名 Full name / Person who
Write in katakana for foreign names. Some forms accept romaji. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters
- 14 備 考 Remarks
Use this section for any additional notes or special circumstances related to your residence change that don't fit in other fields.
- 15 生 年 月 日 性別 続 柄 Date of birth / Year Month Day / Relationship to head of household
Write in format: Year/Month/Day (YYYY/MM/DD) using Western calendar Write dates in Japanese format: year/month/day (e.g., 2024/03/15)



住所 — Addresses (Part 2/3)

被保険者の個人番号	異動される方全員の氏名	生年月日	性別	続柄	職業	資格確認書	前期証	資格情報のお知らせ	備考
フリガナ	オオタ	タロウ	男	本人	無職 求職中 アルバイト 会社員	有 無	有 無	有 無	
大田	太郎	30・1・1	男	本人	個人事業主 パート	有 無	有 無	有 無	
マイナンバー	123456789012								

- 1 回収 交付 回収 交付 回収 交付 Collection Issue Collection Issue Collection Issue
N/A - this is header text for administrative processing sections that office staff will fill out
- 2 窓口 Window/Counter
- 3 險者 Insured person
Enter the name of the person who holds the health insurance policy (usually the household head or primary earner)
- 4 昭平 30・1・1 男 本人 ・ ・ 無求し職中 ・ ・ 個パ人一事ト業主
Showa 30/1/1 Male Head of household Unemployed Individual business owner/part-time worker
This appears to be sample/example data showing format for birth date (era/year/month/day), gender, relationship to head of household, and occupation fields.
- 5 フリガナ オオタ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 6 タロウ TARO
This is an example name shown in katakana - replace with your own name written in katakana characters.
- 7 大田 Ota
This is likely referring to Ota ward/city - write the name of your municipal district or city here
- 8 太郎 Taro
- 9 郵送 Mail/Postal delivery
- 10 郵送 Mail/Postal delivery
- 11 郵送 Mail/Postal delivery
- 12 ・ アルバイト ・ Part-time job/Side job
List any part-time work or side jobs you have in addition to your main employment
- 13 個人 Individual
This is likely a section header - fill in your personal information in the fields that follow
- 14 無 未 交 付 無 未 交 付 無 未 交 付
None - Not Issued / Not Delivered - None - Not Issued / Not Delivered - None - Not Issued / Not Delivered
These are checkbox options indicating you don't have or haven't received certain documents (likely residence cards, certificates, etc.). Check the appropriate box if the document wasn't issued to you or you haven't received it yet.
- 15 マイナンバー 123456789012 ・ 会社員 () My Number
Enter your 12-digit Individual Number from your My Number card or notification



住所 — Addresses (Part 3/3)

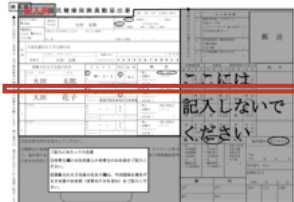
1 人 番 号	フリガナ オオタ	ハナコ	マイナンバー 32・1・1	性別 男	2 無 妻	・会社員 () ・個人事業主 ・求職中 ・パート	有 窓 口	有 窓 口	有 窓 口
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- 1

番号の Number
This is likely part of a longer field label for an ID number - fill in the requested identification number (often My Number or residence card number)
- 2

妻 ・ ・ ・ 無求アし職ル 中バ イ ト ・ ・ ・ 個パ人一事ト業 主
Wife ・ ・ ・ Unemployed/Part-time job ・ ・ ・ Sole proprietor/Individual business owner
Select your employment status - unemployed, part-time worker, or individual business owner/self-employed
- 3

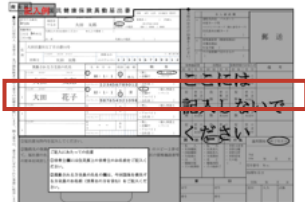
窓郵 口送 Window Mail Delivery
Check this if you want to receive mail at the municipal office window rather than home delivery



異動者 — Person Table (Part 1/4)

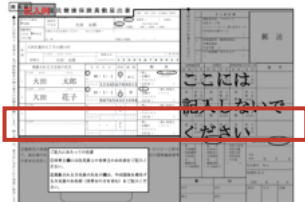
1	大田 太郎	マイナンバー 123456789012	・ アルバイト ・ 会社員 ()	無 窓 口 送 有 窓 口 送 有 窓 口 送 有 窓 口 送
2	大田 花子	マイナンバー 987654321098	・ 無 ・ 求職中 ・ アルバイト ・ 会社員 () ・ 個人事業主 ・ パート	無 窓 口 送 有 窓 口 送 有 窓 口 送 有 窓 口 送

- 1 マイナンバー 1 2 3 4 5 6 7 8 9 0 1 2 ・ 会社員 () My Number
Enter your 12-digit Individual Number from your My Number card or notification
- 2 番号の Number
This is likely part of a longer field label for an ID number - fill in the requested identification number (often My Number or residence card number)
- 3 妻 ・ ・ ・ 無求アし職ル 中バ イ ト ・ ・ ・ 個パ人一事ト業 主
Wife ・ ・ ・ Unemployed/Part-time job ・ ・ ・ Sole proprietor/Individual business owner
Select your employment status - unemployed, part-time worker, or individual business owner/self-employed
- 4 2 フリガナ大 オ田オタ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 5 花ハナ子コ 昭平令 32・ 1・ 1 男女
Hana Hanako [name field with furigana] Showa/Heisei/Reiwa [era] 32・ 1・ 1 [date] Male/Female [gender]
Write your name in kanji (if applicable) with furigana above, circle the appropriate era for your birthdate, write your birthdate in Japanese format (year・ month・ day), and circle your gender.
- 6 窓郵 口送 Window Mail Delivery
Check this if you want to receive mail at the municipal office window rather than home delivery
- 7 有 窓郵 口送 有 窓郵 口送 有 Available counter mail delivery Available counter mail delivery Available
N/A (this appears to be form layout text indicating delivery method options)
- 8 記載 Entry/Description
- 9 マイナンバー 9 8 7 6 5 4 3 2 1 0 9 8 ・ 会社員 () 記無 未 交 入 付 無 し 未 交 付 な無 未 交 い付 My Number
Enter your 12-digit Individual Number from your My Number card or notification
- 10 をお wo o
- 11 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 12 ・ ・ 無求し職 中 ・ ・ ・ 個パー人ト事業 主 Unemployed/Job seeking ... Individual business owner/Part-time
Check the appropriate box for your employment status - left for unemployed/job seeking, right for self-employed or part-time work.
- 13 昭平 Showa/Heisei
This likely refers to era name abbreviations - write the first characters of the Japanese era (昭和 for Showa or 平成 for Heisei) corresponding to your birth date or relevant date on the form.
- 14 窓 口 Window/Counter
- 15 ・ ・ Bullet points



異動者 — Person Table (Part 2/4)

- 1 願いし Request/Application
N/A (this is just a form header/label indicating the document is a request/application form)
- 2 無 郵未 交 送 付 無 郵未 交 送 付 無 郵未 交 送 付 Not delivered by mail / Not delivered by mail / Not delivered by mail
This appears to be administrative tracking fields that would be filled by city office staff, not by you as the applicant.
- 3 マ令イ ナンバー My Number
Enter your 12-digit My Number (individual number) from your My Number card or notification card
- 4 ・ ・ ア会ル社バ員イ (ト) Company employee/part-time worker ()
Check this box if you work as a company employee or part-time worker, then write your company name in the parentheses.
- 5 ます -masu (verb ending/continuation mark)
- 6 ・ ・ 無求し職 中 ・ ・ 個バ人一事ト業 主 有 窓 だ 口 有 さ 窓 口 有 有
Unemployed/Job seeking... Individual business owner/Part-time... Please use the available window... Available window
- 7 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 8 昭平 Showa/Heisei
This likely refers to era name abbreviations - write the first characters of the Japanese era (昭和 for Showa or 平成 for Heisei) corresponding to your birth date or relevant date on the form.
- 9 窓 口 Window/Counter
- 10 ・ ・ Bullet points
- 11 。 個人 . Individual
- 12 無 郵未 交 送 付 無 郵未 交 送 付 無 郵未 交 送 付 Not delivered by mail / Not delivered by mail / Not delivered by mail
This appears to be administrative tracking fields that would be filled by city office staff, not by you as the applicant.
- 13 マ令イ ナンバー My Number
Enter your 12-digit My Number (individual number) from your My Number card or notification card
- 14 ・ ・ ア会ル社バ員イ (ト) Company employee/part-time worker ()
Check this box if you work as a company employee or part-time worker, then write your company name in the parentheses.
- 15 開 始 Start



異動者 — Person Table (Part 3/4)

入番号は、番号法に

①届出書太枠内を記入してください。

②勤務先の保険で、届出書の右の原本を同封し

ご記入にあたっての注意

①世帯主欄には住民票上の世帯主のお名前をご記入く

開 始 終 了 そ の 他

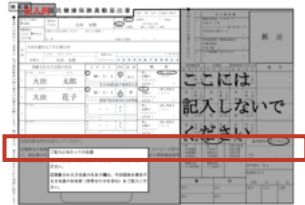
適用開始 終了年月日

転入 転出 世帯主変更 世帯分離 国組加入 世帯合併 生保廃止 生保開始 世帯変更 その他

出生 死亡

平成 令和 年 月 日

- 1 終了 Completed/Finished
- This indicates the end date or completion date of something (like insurance coverage or employment). Write the date in Japanese format (year/month/day) when the status or coverage ended.
- 2 その他 Others
- Use this section for any additional information or circumstances not covered by the main form fields
- 3 号 ①届 出書太枠内を記入してください。 No. ① Please fill in the thick-bordered sections of the notification form.
- This is an instruction telling you to fill in all sections within the thick black borders of the form. Make sure to complete every field that has a bold outline around it.
- 4 適用開始・ 終了年月日 Application Start/End Date
- Enter the dates when your insurance or benefit coverage begins and ends (format: year/month/day)
- 5 ・ 転 入 Moving In
- Check this box if you are registering your address after moving into this municipality from another city/ward
- 6 ・ 転 出 Moving out
- Check this box if you're moving out of the current municipality to a different city/town
- 7 ・ 世帯主変更 Head of household / Change
- 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
- 8 番②勤務先の保険のご情報記入がに分あかたるつもてのの (注資意格 確認書や資格情報のお知らせ等) のコピーと併せ・ 社保離脱
- 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)
- 9 ・ 国組加入 National Health Insurance enrollment
- Check this box if you want to enroll in Japan's National Health Insurance system (required for most residents not covered by employer insurance)
- 10 ・ 世帯合併 Household merger
- Check this if you're combining two separate households into one (e.g., when family members move in together and want to be registered as a single household unit)
- 11 平成 Heisei (era name)
- This refers to the Heisei era (1989-2019) - if filling a date, use the appropriate era year or convert to Western calendar year
- 12 ・ 生保廃止 Welfare termination
- Check this box if you are ending public assistance/welfare benefits due to your move
- 13 ・ その他 令和 年 月 日 Other
- Use this section for any additional information not covered in other fields



異動者 — Person Table (Part 3/4) (continued)

- 14

・ 死 亡 Death

Check this box or mark this section if the notification is related to a death.
This would be used when reporting someone's death to update records or insurance coverage.
- 15

にの原本を同封して①ご世郵帯送く主だ欄さには。住 民票上の世帯主のお名前をご記入く Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.

異動者 — Person Table (Part 4/4)

に定められた業

の原本を同封し

①世帯主欄には住民票上の世帯主のお名前をご記入く
ださい。

②異動される方全員の氏名の欄は、今回国保を喪失す
る方全員のお名前（世帯主の方を含む）をご記入くだ

・ 世帯主
・ 職権回復
・ その他開始

・ 死亡
・ 職権消除
・ その他終了

（

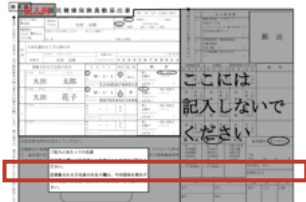
1 受付番号 N o .

2 処理年月日

新 旧

令和 年 月 日

- 1 受付番号 N o . Reception / Received
Staff use - indicates form was received. Do not fill in.
- 2 ださい。 Please.
This is just instructional text ending with 'please' - no action needed. It's completing the instruction from field 1 about writing the household head's name and other family members being moved.
- 3 ・ その他開始 ・ その他終了 Other
Use this section for any additional information not covered in other fields
- 4 資格確認書等の写し Copy / Qualification
Refers to certified copies of documents that may be required Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 5 処理年月日 Processing
Staff use - processing status. Do not fill in.
- 6 ②異動される方全員の氏名の欄は、今回国保を喪失す Full name / Person who
Write in katakana for foreign names. Some forms accept romaji. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters
- 7 る方全員のお名前（世帯主の方を含む）をご記入くだ Head of household / Person who
The primary person in a household for registration purposes. If you live alone, you are the head of household. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters



本人確認書類 — ID & Documents

業務に使用します。

る方全員のお名前。(世帯主の方を含む) をご記入ください。

新

旧

令和

年

月

日

記号

記号

受付

入力

点検

番号

番号

- 1

る方全員のお名前 (世帯主の方を含む) をご記入ください

Head of household / Person who

The primary person in a household for registration purposes. If you live alone, you are the head of household. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters
- 2

令和 年 月 日

Reiwa __ year __ month __ day

Fill in the current date using the Japanese Reiwa era calendar (Reiwa 1 = 2019, Reiwa 2 = 2020, etc.)
- 3

貼り付け

Attach/Affix

This indicates where to attach required documents like passport copies or residence card copies to the form.
- 4

さい。

Please.
- 5

記号

Symbol/Code

This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.
- 6

記号

Symbol/Code

This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.
- 7

受付

Reception/Received

N/A (this is for office use only - staff will stamp/fill this section when they receive your form)
- 8

入力

Input
- 9

点検

Verification/Check
- 10

番号

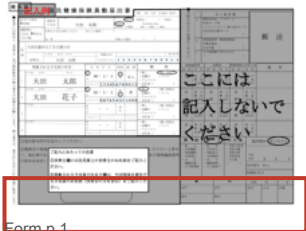
Number

Enter your residence card number or other identifying number as specified in the form instructions.
- 11

番号

Number

Enter your residence card number or other identifying number as specified in the form instructions.



Form p.1

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