受付印	装具・医療
	受付者

□一般 □退職（　　） 公費：□なし □あり（　　）

査定金額	円
一部負担金	円
支給金額	円

国民健康保険療養費支給申請書

（申請先）茨木市長

下記のとおり、療養に要した費用に関する別紙証拠書類を添えて申請します。
振込先の口座名義人が申請者（世帯主）と異なる場合には、下記口座名義人を代理人とし、
下記指定口座への振込をもって茨木市からの支払金を受領と認めます。

申請者（世帯主）　住所 .....

氏名 (世帯主) .....

年　月　日

電話番号 .....

被保険者証記号　番号	茨国		
療養を受けた被保険者氏名		生年月日	年　月　日生
傷病名			
療養期間	年　月　日 ～　年　月　日　日間		
交通事故等の第三者行為	有・無	装具等装着指示日	年　月　日

診療・薬剤の支給又は手当を受けた病院、診療所、薬局その他の者の名称及び所在地

医療機関名	医師又は、薬剤師の氏名
所在地	

傷病の原因		
傷病の経過	療養の内容	療養に要した費用　円
備考　：		

口座振替依頼先

金融機関名	支店名	種目
銀行 信用金庫 信用組合 農協	支店	普通（総合）　当座 口座番号

口座名義人	フリガナ 名義人

※　年　月末日支払予定	整理番号

Ibaraki Osaka — 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

受付印	装具・医療
	受付者

□一般 □退職（　　） 公費：□なし □あり（　　）

査定金額	円
一部負担金	円
支給金額	円

1 □一般 □退職 (　　) 公費：□なし □あり (　　) □General □Retirement (　) Public funding: □None □Yes (　)

Check "General" for regular employment-based insurance, or "Retirement" if you have retirement-based coverage; select "None" or "Yes" for public funding assistance with medical costs

2 **装具・医療** Prosthetics/Medical Equipment

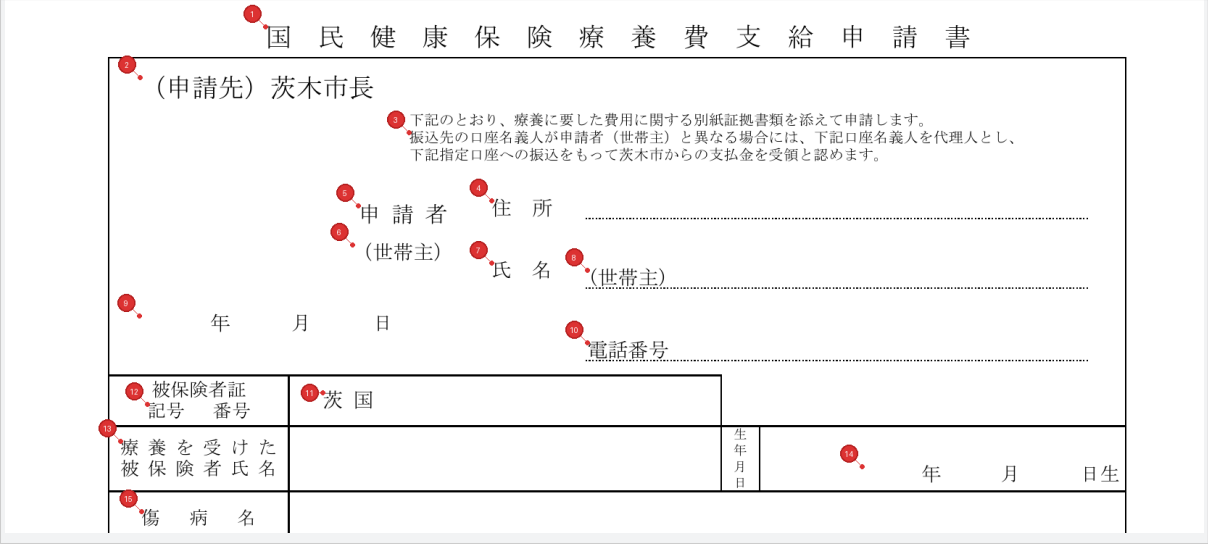
Leave blank unless you use prosthetics, braces, or special medical devices that may be relevant for emergency services or municipal health records.

3 **一部負担金** Partial

Used when making changes to only some family members or partial updates to registration

Generated 2026-02-19 from github.com/wkesner/japan-forms | Not an official government document

セクション 2 — Section 2 (Part 1/2)


国 民 健 康 保 険 療 養 費 支 給 申 請 書

（申請先）茨木市長

下記のとおり、療養に要した費用に関する別紙証拠書類を添えて申請します。
振込先の口座名義人が申請者（世帯主）と異なる場合には、下記口座名義人を代理人とし、
下記指定口座への振込をもって茨木市からの支払金を受領と認めます。

申 請 者 住 所
（世帯主） 氏 名 (世帯主)

年 月 日

電話番号

被保険者証 記号 番号	茨 国		
療 養 を 受 け た 被 保 険 者 氏 名		生年月日	年 月 日生
傷 病 名			

1 **国 民 健 康 保 険 療 養 費 支 給 申 請 書**
National Health Insurance Medical Treatment Expense Reimbursement Application Form
This is a separate form for claiming reimbursement of medical expenses - only fill out if you paid medical costs out-of-pocket that should be covered by National Health Insurance

2 **（申請先）茨木市長** Application
This indicates the form is an application that requires submission

3 **振込先の口座名義人が申請者（世帯主）と異なる場合には、下記口座名義人を代理人とし、**
Account holder name / Head of household / Proxy/Representative
Must match the name on the account exactly — usually in katakana. The primary person in a household for registration purposes. If you live alone, you are the head of household.

4 **住 所** Address
Write your current residential address in Japan exactly as it appears on official documents

5 **申 請 者** Applicant
Write the name of the person submitting this application

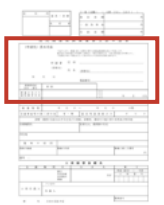
6 **（世帯主）** Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.

7 **氏 名** Name
Write your full name as it appears on your residence card or passport

8 **(世帯主)** Head of household / Household / Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household. Refers to your household unit - all people living together and sharing living expenses

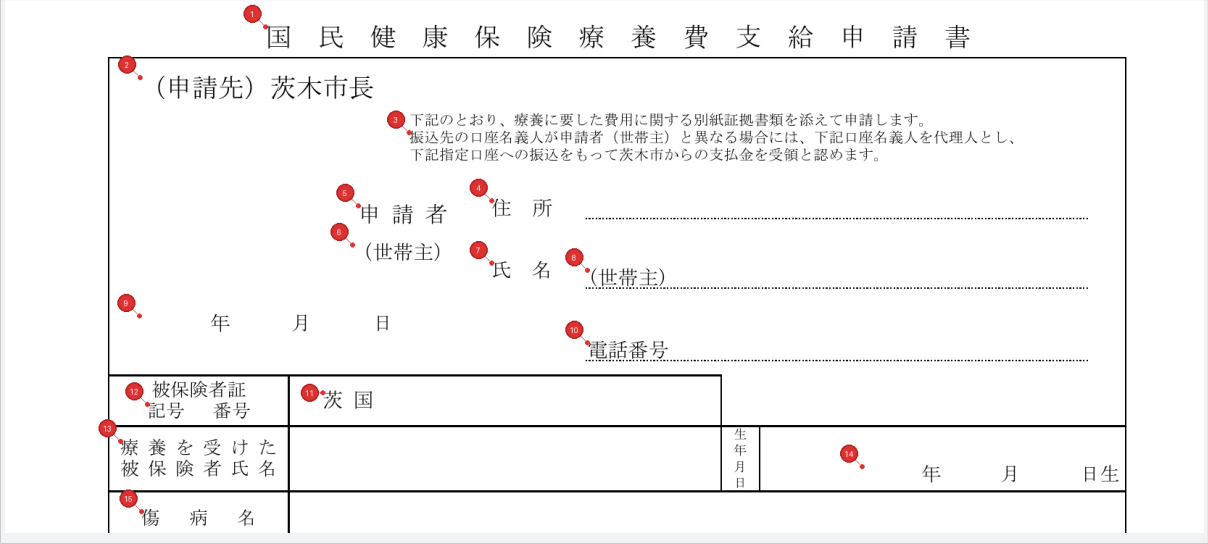
9 **年 月 日** Year __ Month __ Day __
Fill in the date using the Japanese calendar format (year/month/day with numbers only)

10 **電話番号** Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.



Generated 2026-02-19 from github.com/wkesner/japan-forms | Not an official government document

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



国 民 健 康 保 険 療 養 費 支 給 申 請 書

(申請先) 茨木市長

下記のとおり、療養に要した費用に関する別紙証拠書類を添えて申請します。
振込先の口座名義人が申請者(世帯主)と異なる場合には、下記口座名義人を代理人とし、
下記指定口座への振込をもって茨木市からの支払金を受領と認めます。

申 請 者 (世帯主) 住 所 ..... 氏 名 (世帯主) .....

年 月 日

電話番号 .....

被保険者証 記号 番号	茨 国		
療養を受けた 被保険者氏名		生年月日	年 月 日生
傷 病 名			

11 **茨 国** Ibaraki Country

This appears to be a field for nationality - write your country of citizenship (e.g., "USA", "Canada", etc.)

12 **記号 番号** Number

Enter the relevant identification number (My Number, insurance number, etc.) as specified in the form context

13 **療養を受けた** Received medical treatment

Check this if you received medical care or treatment during the relevant period

14 **年 月 日生** Born in year ____ month ____ day ____

Write your birth date using Japanese calendar format (year, month, day) with numbers only

15 **傷病名** Name of illness/injury

Enter the specific medical condition if this section applies to your situation, or leave blank if not relevant

セクション 2 — Section 2 (Part 2/2)

1 療養期間	年 月 日 ～ 年 月 日		日間
3 交通事故等の第三者行為	2 有 ・ 無	4 装具等装着指示日	年 月 日

1 **療養期間 年 月 日 ~ 年 月 日 日間** Treatment period / days

Enter the dates you were receiving medical treatment or unable to work due to illness Usually follows a number to indicate duration in days

2 **有・ 無** Yes / No

Circle or check the appropriate option

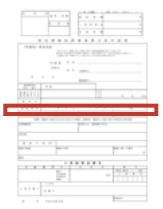
3 **交通事故等の第三者行為** Third-party act

Check if injury/illness was caused by another person (traffic accident, workplace injury, etc.)

4 **装具等装着指示日 年 月 日**

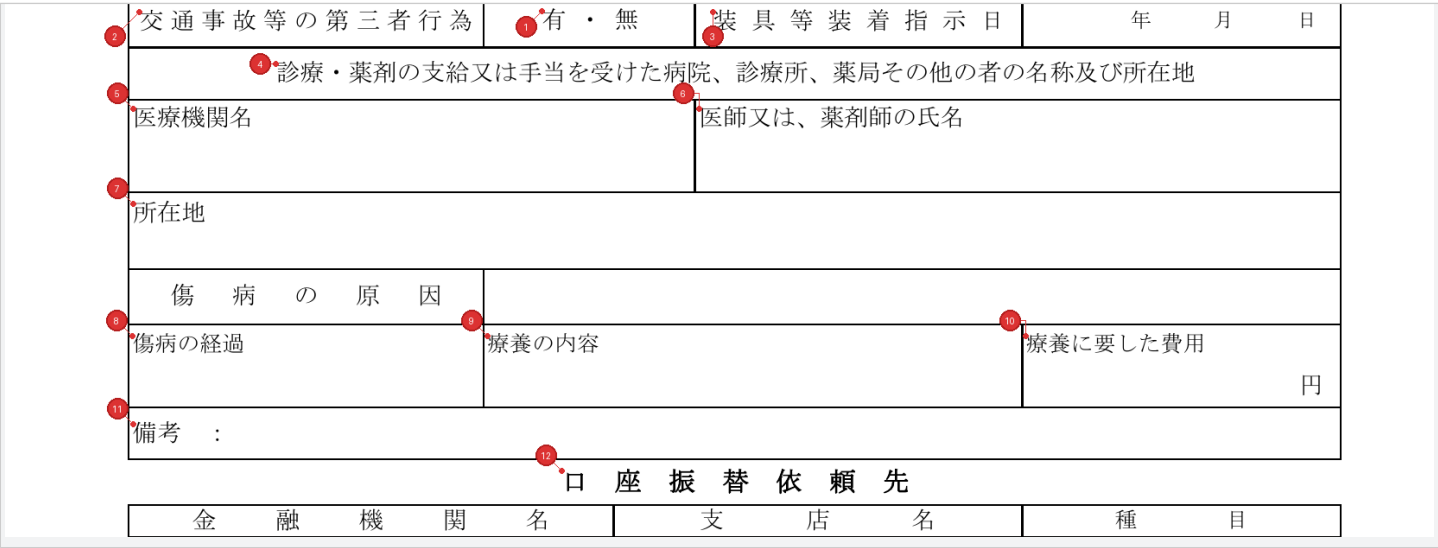
Date of instruction for wearing prosthetics/orthotic devices _____ year _____ month _____ day

Fill in the date when a medical professional instructed you to wear prosthetic limbs, braces, or other medical devices (leave blank if not applicable)



Form p.1

セクション 3 — Section 3



交通事故等の第三者行為	有 ・ 無	装具等装着指示日	年 月 日
診療・薬剤の支給又は手当を受けた病院、診療所、薬局その他の者の名称及び所在地			
医療機関名		医師又は、薬剤師の氏名	
所在地			
傷病の原因			
傷病の経過	療養の内容	療養に要した費用	円
備考 ：			

口 座 振 替 依 頼 先

金融機関名	支店名	種目

1 **有・ 無** Yes / No
Circle or check the appropriate option

2 **交通事故等の第三者行為** Third-party act
Check if injury/illness was caused by another person (traffic accident, workplace injury, etc.)

3 **装具等装着指示日 年 月 日**
Date of instruction for wearing prosthetics/orthotic devices _____ year _____ month _____ day
Fill in the date when a medical professional instructed you to wear prosthetic limbs, braces, or other medical devices (leave blank if not applicable)

4 **診療・薬剤の支給又は手当を受けた病院、診療所、薬局その他の者の名称及び所在地** Other / Location / Name/Designation
Use this section for any additional information not covered in other fields Used for business/organization address or property location rather than personal residence

5 **医療機関名** Medical institution name
Enter the name of your hospital, clinic, or medical facility if applicable to your registration change.

6 **医師又は、薬剤師の氏名** Full name
Write in katakana for foreign names. Some forms accept romaji.

7 **所在地** Location
Used for business/organization address or property location rather than personal residence

8 **傷病の経過** Course of illness/injury
Describe the progression and changes in your medical condition over time

9 **療養の内容** Details of medical treatment/care
Describe the type of medical treatment or nursing care you are receiving if applicable to your residence change

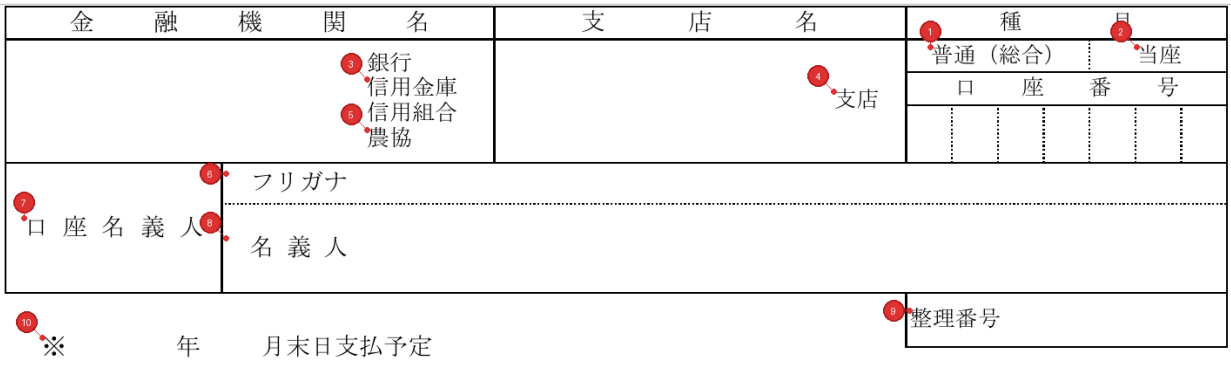
10 **療養に要した費用** Medical expenses incurred
Enter total amount spent on medical treatment or healthcare services

11 **備考 ：** Remarks / Notes
Space for additional information or special circumstances. Usually optional.

12 **口 座 振 替 依 頼 先** Bank Account Transfer Request Destination
Enter the bank or financial institution where you want automatic transfers/payments to be processed from your account.

Form p.1

セクション 4 — Section 4



1 **普通（総合）** Comprehensive / Regular

Usually appears as part of a larger field name or section header - check context for specific meaning This typically refers to regular/standard processing or service type

2 **当座** Temporary/Interim

Staff use only - do not fill in

3 **信用金庫** Credit union

Select if your bank account is with a credit union (shinkin bank)

4 **支店** Branch

For bank branch name when providing financial information

5 **農協** Agricultural Cooperative

Leave blank unless you work for or are a member of a local agricultural cooperative (JA)

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

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

7 **口座名義人** Account holder name

Must match the name on the account exactly — usually in katakana.

8 **名 義 人** Name of the person (in whose name the registration is being made)

Write the full name of the person who is the subject of this residence registration change

9 **整理番号** Number

Enter the relevant identification number (My Number, insurance number, etc.) as specified in the form context

10 **※ 年 月末日支払予定** ※ Scheduled payment due by the end of [month] [year]

Fill in the month and year when the first payment is scheduled to be processed from this account.

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