

第1号様式の2

## 国民健康保険に係る証明申請書(郵送用)

(宛先) 板橋区長 様

|            |                |                         |        |   |
|------------|----------------|-------------------------|--------|---|
| 証明対象<br>世帯 | フリガナ           | 申請日 年月日                 |        |   |
|            | 世帯主氏名          | 生年月日 昭和・平成・令和・西暦<br>年月日 |        |   |
|            | 住 所            | 板橋区 (町)                 | 丁目 番 号 |   |
|            | 被保険者等<br>記号・番号 | 19                      | —      | — |

※板橋区外へ転出している場合は、転出先の住所もご記入ください。

|     |      |                                 |
|-----|------|---------------------------------|
| 申請者 | 続柄   | 1 本人(世帯主) 2 同じ世帯の方【世帯主から見た続柄: ] |
|     | フリガナ |                                 |
|     | 氏名   | ※申請者が世帯主の場合、記入不要                |
|     | 電話番号 | — — —                           |

|                |                           |
|----------------|---------------------------|
| 提出先に○をつけてください。 | 出入国在留管理庁 • 金融機関 • その他 ( ) |
|----------------|---------------------------|

区処理欄

|                    |  |   |    |
|--------------------|--|---|----|
| 証明の種類や<br>必要枚数について | 1 保険料賦課(額)証明<br>〔 年度〕  | 通 | 1- |
|                    | 2 保険料納付(額)証明<br>①〔 年度の賦課額・納付額・未納額の証明〕<br>②〔 年分(1月~12月に納めた額)〕<br>③〔 年度分(4月~翌年3月に納めた額)〕<br>※ ②・③は保険料を納めた額のみ記載されます。 | 通 | 2- |
|                    | 3 適用開始・終了証明  | 通 | 3- |

※ 切手を貼った返信用封筒と、手数料1通につき400円分を定額小為替でお送りください。

※ 証明書は、種類ごと、年度ごと、被保険者等記号・番号ごとに1通となります。  
不明な点がありましたら、申請前に電話でお問い合わせください。

※ 証明書は、申請者様宛にお送りします。

※ 送付先 〒173-8501 (住所記入不要)

板橋区役所 国保年金課 管理係  
電話番号 (03) 3579-2401

|            |  |           |    |
|------------|--|-----------|----|
| 本人確認料<br>資 | マイナンバーカード • 資格認証書 • 運転免許証 • 在留カード<br>パスポート • その他 ( ) |           |    |
| 証明手数料      | @400円 × 通 = 円  | 取扱者<br>受付 | 照合 |

# Itabashi — 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

## タイトル・届出日 — Header &amp; Dates

!

## 第1号様式の2

1

## 第1号様式の2 Form No. 1-2

This indicates the form type/number - 'Form No. 1-2' (第1号様式の2). This is a pre-printed identifier on the form, so you don't need to write anything here as it's already filled in by the government office.



Form p.1

## 届出人情報 — Who Is Filing

① 国民健康保険に係る証明申請書(郵送用)

② (宛先) 板橋区長 様

③ 申請日 年 月 日

1 国民健康保険に係る証明申請書(郵送用) 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) 板橋区長 様 (Addressee) To the Mayor of Itabashi Ward

3 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, typically the date you're submitting the form.

4 申請日 Application Date

Write the date you are submitting this form (typically today's date in YYYY/MM/DD format)



## 住所 — Addresses

|                  |                    |           |                                 |
|------------------|--------------------|-----------|---------------------------------|
| 7<br>証明対象<br>世帯  | 3<br>フリガナ<br>世帯主氏名 | 2<br>申請日  | 1<br>年<br>月<br>日                |
|                  |                    | 4<br>生年月日 | 5<br>昭和・平成・令和・西暦<br>年<br>月<br>日 |
| 8<br>住 所<br>(方書) | 6<br>板橋区           | (町) 丁目 番  | 号                               |
| 10<br>被保険者等      |                    |           |                                 |

## 1 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, typically the date you're submitting the form.

## 2 申請日 Application Date

Write the date you are submitting this form (typically today's date in YYYY/MM/DD format)

## 3 フリガナ Phonetic reading (katakana)

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

## 4 生年月日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using the Japanese calendar era system like Reiwa, Heisei, etc.)

## 5 昭和・平成・令和・西暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

## 6 世帯主氏名 Head of household name

If you live alone, YOU are the head of household — write your own name.

## 7 証明対象 Subject of certification

This indicates what or who the certificate/document is for - leave blank as it's typically filled by office staff, not the applicant

## 8 板橋区 (町) 丁目 番 号 Itabashi Ward \_\_\_\_\_ (Town) \_\_\_\_\_ Chome \_\_\_\_\_ Ban \_\_\_\_\_ Go

Fill in your address within Itabashi Ward using the Japanese address format: neighborhood name, chome (district number), ban (block number), and go (building number).

## 9 (方書) Building name / room number

Apartment/mansion name and room number. e.g. ○○マンション 301号室

## 10 被保険者等 19 - - - - Insured Person, etc. 19 - - - -

Enter your health insurance number in the dashed spaces if you have Japanese health insurance coverage.



## 異動者 — Person Table

|                                 |                          |   |
|---------------------------------|--------------------------|---|
|                                 | <b>1 被保険者等<br/>記号・番号</b> | 19 - - -  |
| ※板橋区外へ転出している場合は、転出先の住所もご記入ください。 |                          |   |
| <b>5 申請者</b>                    | <b>6 続柄</b>              | 1 本人(世帯主) 2 同じ世帯の方【世帯主から見た続柄: ]                   |
|                                 | 7 フリガナ                   |   |
|                                 | <b>8 氏名</b>              | ※申請者が世帯主の場合、記入不要                                  |
|                                 | 9 電話番号                   | 10 - - -  |
| <b>10 提出先に○をつけてください。</b>        |                          | <b>11 出入国在留管理庁</b> • <b>金融機関</b> • <b>その他 ( )</b> |
| <b>12 区処理欄</b>                  |                          |   |
| <b>13 1 保険料賦課(額)証明</b>          |                          | <b>14 通</b> <b>15 1 -</b>                         |

**1 被保険者等 19 - - - - - Insured Person, etc. 19 - - - - -**

Enter your health insurance number in the dashed spaces if you have Japanese health insurance coverage.

**2 ※板橋区外へ転出している場合は、 Moving out**

If you have moved outside of Itabashi ward, write your new address here. Leave blank if you still live in Itabashi ward.

**3 続柄 1 本人(世帯主) 2 同じ世帯の方【世帯主から見た続柄: ]**

Head of household / Relationship to head of household / From

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

**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 申請者 Applicant**

Write your name here as the person submitting this residence registration form

**6 氏名 Name**

Write your full name as it appears on your residence card or passport

**7 ※申請者が世帯主の場合、記入不要 Head of household**

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

**8 電話番号 Phone number**

Japanese mobile number preferred. Some forms accept overseas numbers.

**9 - - - - (dash/line placeholder)**

This is a placeholder line for phone number - write your phone number including area code, using hyphens to separate the sections (e.g., 03-1234-5678).

**10 提出先に○をつ Circle the submission destination**

Circle the appropriate office or department where you're submitting this residence change notification form

**11 出入国在留管理庁** • **金融機関** • **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



## 異動者 — Person Table (continued)

12 区処理欄 Processing  
Staff use - processing status. Do not fill in.

13 1 保険料賦課(額)証明 1. Insurance Premium Assessment (Amount) Certificate  
This appears to be a checkbox or selection for insurance premium assessment certificate. Mark '1' if you need this type of certificate.

14 1 - 1-  
This seems to be a continuation or subcategory field related to the insurance certificate above. Fill in additional details or leave as '1-' if it's the first/only item.

## 本人確認書類 — ID &amp; Documents (Part 1/2)

|                |  |   |    |
|----------------|--|---|----|
| 証明の種類や必要枚数について | 1 保険料賦課(額)証明<br>〔 年度〕  | 通 | 1- |
|                | 2 保険料納付(額)証明<br>①〔 年度の賦課額・納付額・未納額の証明〕<br>②〔 年分(1月~12月に納めた額)〕<br>③〔 年度分(4月~翌年3月に納めた額)〕<br>※ ②・③は保険料を納めた額のみ記載されます。 | 通 | 2- |
|                | 3 適用開始・終了証明  | 通 | 3- |

## 1 保険料賦課(額)証明 1. Insurance Premium Assessment (Amount) Certificate

This is a checkbox to select if you need a certificate showing your insurance premium assessment amount. Check this if you need proof of how much you were assessed for insurance premiums.

## 2 - 1-

Write '1' or check this box if you're selecting the first option (insurance premium assessment certificate). This corresponds to option 1 above.

## 〔 年度〕 [Fiscal Year \_\_\_\_]

Write the Japanese fiscal year (April to March) when submitting the form, e.g., "令和6年度" for 2024-2025

## 証明の Certification/Proof

N/A (this is a section header - complete fields will follow)

## 2 保険料納付(額)証明 2. Insurance Premium Payment (Amount) Certificate

Attach certificates showing insurance premiums paid (health insurance, pension, etc.) if claiming deductions

## 種類や Type/Category

Select the type of residence change you're making (e.g., moving in, moving out, address change within the city)

## ① 〔 年度の賦課額・納付額・未納額の証明〕

① [Certificate of assessed amount, paid amount, and unpaid amount for fiscal year \_\_\_\_]

Fill in the fiscal year (e.g., '2023' or 'R5' for Reiwa 5) for which you need the certificate showing assessed, paid, and unpaid premium amounts.

## 2 - 2-

Write '2' or check this box if you're selecting the second option (insurance premium payment certificate). This corresponds to option 2 above.

## 必要枚数 Number of copies required

Enter how many copies of the form you need - typically 1 for personal records, but you may need additional copies for employer or other administrative purposes.

## ② 〔 年分(1月~12月に納めた額)〕 ② [\_\_\_\_ year amount (amount paid from January to December)]

Enter the tax year and total amount of taxes paid during that calendar year period.

## ③ 〔 年度分(4月~翌年3月に納めた額)〕

③ [\_\_\_\_ fiscal year amount (amount paid from April to March of the following year)]

Enter the fiscal year and total amount of taxes/fees paid during that April-March period



## 本人確認書類 — ID &amp; Documents (Part 1/2) (continued)

12 について regarding/concerning

This is explanatory text meaning 'regarding' - no action needed, it's just connecting the certificate types to the options below.

13 ※ ②・③は保険料を納めた額のみ記載されます。

This is an informational note explaining that options 2 and 3 only show amounts actually paid. No action needed from you.

14 3 適用開始・終了証明 3. Coverage Start/End Certificate

Check this section if you need proof of when your insurance or pension coverage began or ended due to your address change.

15 3 - 3-

Write '3' or check this box if you're selecting the third option (application start/end certificate). This corresponds to option 3 above.

## 本人確認書類 — ID &amp; Documents (Part 2/2)

①

※ 切手を貼った返信用封筒と、手数料1通につき400円分を定額小為替でお送りください。

1

※ 切手を貼った返信用封筒と、手数料1通につき400円分を定額小為替でお送りください。 Postage stamp

Staff use only - do not fill in



Form p.1

## 記入方法・注意事項 — Instructions

- 1 ※ 切手を貼った返信用封筒と、手数料1通につき400円分を定額小為替でお送りください。
- 2 ※ 証明書は、種類ごと、年度ごと、被保険者等記号・番号ごとに1通となります。  
不明な点がありましたら、申請前に電話でお問い合わせください。
- 3 ※ 証明書は、申請者様宛にお送りします。
- 4 ※ 送付先 〒173-8501 (住所記入不要)  
板橋区役所 国保年金課 管理係  
電話番号 (03) 3579-2401

1 ※ 切手を貼った返信用封筒と、手数料1通につき400円分を定額小為替でお送りください。 Postage stamp  
Staff use only - do not fill in

2 ※ 証明書は、種類ごと、年度ごと、被保険者等記号・番号ごとに1通となります。

This is informational text explaining that you will receive one certificate per type, per year, and per insured person number/symbol combination. No action needed - just understand that if you're requesting multiple types or years, you'll get separate certificates for each.

3 ※ 証明書は、申請者様宛にお送りします。

This is informational text stating that certificates will be sent to the applicant's address. No action needed - just confirm your address is correct elsewhere on the form since the certificate will be mailed to you.

4 板橋区役所 国保年金課 管理係 Pension

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



## 備考・その他 — Footer &amp; Notes

電話番号 (03) 3579-2401

|       |  |
|-------|--|
| 本人確認料 | マイナンバーカード・資格確認書・運転免許証・在留カード<br>・パスポート・その他( ) |
| 証明手数料 | @400円 × 通 = 円 取扱者受付 照合                       |

## 1 マイナンバーカード・資格確認書・運転免許証・在留カード 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.

## 2 本人確認 Personal identification

This section is for verifying your identity - bring valid ID like passport, residence card, or driver's license

## 3 パスポート Passport

Bring your passport as identification when submitting this form

## 4 その他 ( Other )

Use this field for any information that doesn't fit in the standard categories above

## 5 証明手数料@400円 × 通 = 円 Certificate fee @ 400 yen × \_\_\_ copies = \_\_\_ yen

Fill in the number of residence certificates you need and calculate the total fee (multiply by 400 yen per copy).

## 6 取扱者 Handler/Processing Officer



## 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