

受付者	受付印

# 国民健康保険葬祭費支給申請書

(あて先)八尾市長

被保険者	記号	八国	番号
世帯主氏名	世帯主の個人番号		
支給金額	50,000 円		
死亡した被保険者	氏名		
	生年月日	昭和・平成・令和 年 月 日	
	個人番号		
	死亡年月日	平成・令和 年 月 日	
	葬儀執行年月日	平成・令和 年 月 日	
	世帯主との続柄		申請者(喪主)との続柄

上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。

令和 年 月 日

※喪主の住所・氏名・電話番号お振込み口座をご記入ください。

申請者(喪主)住所

申請者(喪主)氏名

電話番号 ( - - - )

振込希望金融機関	銀行 · 信用金庫 農協 · 信用組合
本店	支店 · その他 ( )
普通 · 当座	口座番号
口座名義人(喪主) カタカナで記入	金融機関コード 店番号

備考

# Yao — 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

**國民健康保険葬祭費支給申請書**

(あて先) 八尾市長

被保険者	記号	八国	番号	
世帯主氏名	世帯主の個人番号			
支給金額	50,000 円			
	氏名			
	生年月日	昭和・平成・令和	年	月 日
死亡した被保険者	個人番号			

**1 国民健康保険葬祭費支給申請書** National Health Insurance / National Health Insurance / Application

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance

**2 (あて先) 八尾市長 Yao City**

This is a pre-printed city name - typically not filled in by applicants

**3 被保険者 Insured person**

The person covered by the insurance policy (usually yourself when applying)

**4 記号 Symbol/Code**

Leave blank unless you have a specific identification symbol or code number assigned by the municipality

**5 世帯主氏名 Head of household name**

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

**6 番号 Number**

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

**7 支給金額 Payment Amount**

Enter the monetary amount you are receiving or entitled to receive from the municipality

**8 世帯主の個人番号 My Number (Individual Number) / Head of household / Individual**

12-digit number. Leave blank on first registration — it will be mailed to you after. The primary person in a household for registration purposes. If you live alone, you are the head of household.

**9 生年月日 Date of birth**

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.

**10 氏名 Full name**

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

**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 死亡した被保険者 Insured person / Death**

The person covered by the insurance policy (usually yourself when applying)  
Check this box if reporting a death in the family



## セクション 2 — Section 2

① 死亡年月日	平成・令和 年 月 日		
② 葬儀執行年月日	平成・令和 年 月 日		
③ 世帯主との続柄	④ 申請者(喪主)との続柄		
⑤ 上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。			
令和 年 月 日			
※喪主の住所・氏名・電話番号お振込み口座をご記入ください。			
⑥ 申請者(喪主)住所	〒		
⑦ 申請者(喪主)氏名			
⑧ 電 話 番 号 (	—	—	)
⑨ 振込希望金融機関	銀行	・	信用金庫
	農協	・	信用組合

## 1 死亡年月日 Date / Death

Write in YYYY/MM/DD format (e.g., 2024/03/15) Check this box if reporting a death in the family

## 2 葬儀執行年月日 Date

Write in YYYY/MM/DD format (e.g., 2024/03/15)

## 3 申請者(喪主)との続柄 Applicant / Relationship to head of household / Application

Write the name of the person submitting this form See relationship terms table.

## 4 世帯主との続柄 Head of household / Relationship to head of household

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

## 5 上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。

## Financial institution / . / Application

Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal This indicates the form is an application that requires submission

## 6 ※喪主の住所・氏名・電話番号お振込み口座をご記入ください。 Please fill in / Please / Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

## 7 申請者(喪主)住所 Applicant / Address / Application

Write the name of the person submitting this form Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

## 8 申請者(喪主)氏名 Applicant / Full name / Application

Write the name of the person submitting this form Write in katakana for foreign names. Some forms accept romaji.

## 9 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

## 10 信用金庫 Credit union

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

## 11 銀行 Bank

Enter the name of your bank for direct deposit or payment purposes

## 12 振込希望金融機関 Financial institution

Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal



## セクション3 — Section 3

① 本店	② 支店	③ その他 ( )
④ 普通	⑤ 当座	⑥ 口座番号
⑦ 口座名義人(喪主)		⑧ 金融機関コード
⑨ カタカナで記入		⑩ 店番号
⑪ 備考		

1 支店 Branch

For bank branch name when providing financial information

2 その他 Other

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

3 本店 Head office

Enter the main office address of your company or organization

4 普通 Regular

This typically refers to regular/standard processing or service type

5 当座 Temporary/Interim

Staff use only - do not fill in

6 口座番号 Account number

Your bank account number (usually 7 digits).

7 金融機関コード Financial institution

Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal

8 口座名義人(喪主) Account holder name

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

9 店番号 Store number

Enter the identification number assigned to your store or business establishment

10 カタカナで記入 Write in katakana

Use katakana characters only (not hiragana or kanji)

11 備考 Remarks / Notes

Space for additional information or special circumstances. Usually optional.



## 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