

国民健康保険 資格確認書等 再交付申請書

被保険者記号・番号	成 田						
世帯主氏名							
住所	成田市						

再交付 対象者	No.	氏名	生年月日
	1	<input type="checkbox"/> 世帯主に同じ 男・女	昭・平・令 年 月 日
	2	男・女	昭・平・令 年 月 日
	3	男・女	昭・平・令 年 月 日
	4	男・女	昭・平・令 年 月 日
	5	男・女	昭・平・令 年 月 日
再交付の 種類	1.資格確認書 2.資格情報のお知らせ 3.資格確認書（特別療養） 4.限度額適用認定証 5.特定疾病療養受療証		
再交付の 理由	1.破損 2.紛失 3.盗難 4.その他（ ）		
上記の理由により、国民健康保険資格確認書等の再交付を受けたいので、申請します。 <div> <div>年 月 日</div> <div>申請者氏名</div> </div> （あて先） 成田市長			

受付印

本人確認書類	有効期限	受付者	確認者
<input type="checkbox"/> 運転免許証 <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> パスポート <input type="checkbox"/> その他()	<div>年 月 日</div>		

Narita — 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 the future will be higher.

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

1

国民健康保険 資格確認書等 再交付申請書

2	被保険者記号・番号	3	成 田						
4	世帯主氏名								
5	住所	6	成田市						

	No.	7	氏名	8	生年月日
1	<input type="checkbox"/> 世帯主に同じ	9	男・女	昭・平・令	年 月 日

- 1

国民健康保険 資格確認書等 再交付申請書 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)
- 2

被保険者記号・ 番号 Insured person symbol/number

Found on your health insurance card - copy both the symbol and number exactly
- 3

成 田 Narita

Write your family name (surname) in katakana - 'Narita' is shown as an example here.
- 4

世帯主氏名 Head of household name

If you live alone, YOU are the head of household — write your own name.
- 5

住所 Address

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 6

成田市 Narita City

This is the municipality name - if you live in Narita City, this form is for you
- 7

氏名 Full name

Write in katakana for foreign names. Some forms accept romaji.
- 8

生年月日 Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 9

☐ 世帯主に同じ Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 10

男・ 女 昭・ 平・ 令 年 月 日 Male · Female

Circle or check the appropriate gender option



セクション 2 — Section 2 (Part 1/2)

再交付
対象者

1

男・女

昭・平・令

年

月

日

2

男・女

昭・平・令

年

月

日

3

男・女

昭・平・令

年

月

日

4

男・女

昭・平・令

年

月

日

5

男・女

昭・平・令

年

月

日

再交付の
種類

1.資格確認書

2.資格情報のお知らせ

3.資格確認書（特別療養）

4.限度額適用認定証

5.特定疾病療養受療証

再交付の
理由

1.破損

2.紛失

3.盗難

4.その他（

）

☐ 世帯主と同じ

上記の理由により、国民健康保険資格確認書等の再交付を受けたいので、申請します。

1 男・女 昭・平・令 年 月 日 Male・Female
Circle or check the appropriate gender option

2 男・女 昭・平・令 年 月 日 Male・Female
Circle or check the appropriate gender option

3 再交付 Reissuance
Check this if you need a replacement for a lost or damaged document

4 対象者 3 Subject Person 3
Enter information for the third person being registered/moved (if applicable to your situation)

5 男・女 昭・平・令 年 月 日 Male・Female
Circle or check the appropriate gender option

6 男・女 昭・平・令 年 月 日 Male・Female
Circle or check the appropriate gender option

7 男・女 昭・平・令 年 月 日 Male・Female
Circle or check the appropriate gender option

8 再交付の Reissuance / Issuance
Check this if you need a replacement for a lost or damaged document Staff use only - do not fill in

9 1.資格確認書 2.資格情報のお知らせ 3.資格確認書（特別療養） Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

10 種類 Type
Select the type of residence change (moving in, moving out, address change within city, etc.)

11 4.限度額適用認定証 5.特定疾病療養受療証 Income-based limit application / Certificate
Check this to apply income-based limits on medical costs or insurance premiums
Refers to official certificates like income certificate, tax exemption certificate, etc.

12 再交付の Reissuance / Issuance
Check this if you need a replacement for a lost or damaged document Staff use only - do not fill in

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Form p.1

セクション 2 — Section 2 (Part 2/2)

1

年 月 日

2

申請者氏名

- 1

年 月 日 Year Month Day

Fill in the date using the Japanese calendar format (e.g., for 2024, write "6" for Reiwa 6)
- 2

申請者氏名 Full name

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



セクション 3 — Section 3

1

(あて先) 成田市長

3

【事務処理欄】

2

受付印

4	5	6	7
本人確認書類	有効期限	受付者	確認者
8 9 10 <input type="checkbox"/> 運転免許証 <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> パスポート <input type="checkbox"/> その他()	年 月 日		

- 1 (あて先) 成田市長 Addressee
The person or office this form is being sent to
- 2 受付印 Reception / Received / Seal (inkan / hanko)
Staff use - indicates form was received. Do not fill in. Personal seal stamp.
Most ward offices accept a written signature for foreigners instead.
- 3 【事務処理欄】 Processing
Staff use - processing status. Do not fill in.
- 4 本人確認書類 Identity verification documents
Documents that prove your identity. Primary: Residence Card, Passport, My Number Card. Secondary: Health Insurance Card, Driver's License.
- 5 有効期限 Expiration Date
Enter the expiration date of your residence card or visa status if applicable to this section
- 6 受付者 Reception / Received
Staff use - indicates form was received. Do not fill in.
- 7 確認者 Verifier
Staff use only - do not fill in
- 8 ☐運転免許証 ☐マイナンバーカード My Number Card / My Number Card / Driver's license
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
- 9 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年12月15日
- 10 ☐パスポート ☐その他() Passport / Other
Bring your passport as identification when submitting this form 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, kokuho ni kirikae tai desu

I left my company and want to switch to National Health Insurance