

第5号様式（省令第27条、第28条の2、第83条の6関係）
介護保険 被保険者証等再交付申請書

年 月 日

(宛先)
秦野市長

申請者 住 氏 所
本人との関係 名
電 話 ()

次のとおり申請します。

被保険者番号																		
個人番号																		
ふりがな													性別	生年月日				
被保険者氏名													男・女	年 月 日				
住 所																		
	電話 ()																	
医療保険者名	第2号被保険者のみ記入										医療保険証記号番号							
再交付する 証明書	1 被保険者証 2 資格者証 3 受給資格証明書 4 負担割合証 5 負担限度額認定証										申請理由		1 紛失・焼失 2 破損・汚損 3 その他()					

再交付申請について上記申請者に委任します。

委任者 住 所

氏 名 (署名又は記名押印)

※ 処理欄		丁	課長	課長代理	担当	受付	起案	・	・
上記申請について、交付し てよろしいでしょうか。							決裁	・	・
							交付	・	・
	代理権確認	個人番号確認			身元確認書類				
本人		<input type="checkbox"/> 通知カード <input type="checkbox"/> 個人番号カード <input type="checkbox"/> 個人番号入り住民票等			1 点	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> 介護支援専門員証 <input type="checkbox"/> 個人番号カード <input type="checkbox"/> その他（ ）			
代理人						<input type="checkbox"/> 登記事項証明書 <input type="checkbox"/> 委任状 <input type="checkbox"/> 介護保険証 <input type="checkbox"/> その他（ ）	2 点	<input type="checkbox"/> 医療・介護保険証 <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 預金通帳 <input type="checkbox"/> 官公署発行書類、通知書 <input type="checkbox"/> その他（ ）	

Hadano — 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

- 1 第5号様式 (省令第27条、第28条の2、第83条の6関係) Form No. 5 (Related to Ordinance Articles 27, 28-2, and 83-6)
This is the form title and reference numbers - no action needed, it's pre-printed information identifying this as Form No. 5 for long-term care insurance certificate reissuance.
- 2 介護保険 被保険者証等再交付申請書 Long-term Care Insurance
Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance.
- 3 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals
- 4 (宛先) Addressee
The person or office the form/document should be sent to
- 5 秦野市長 Mayor of Hadano City
Pre-printed title - indicates the form is addressed to/processed by the mayor's office
- 6 申請者 Applicant
Write the name of the person submitting this form
- 7 本人との関係 Relationship to applicant
Write your relationship to the main person on this form (e.g., spouse, child, parent, self)
- 8 話 () Phone number ()
Enter your phone number in the parentheses for contact purposes.
- 9 次のとおり申請します。
This is pre-printed text meaning 'I apply as follows' - no action needed, it's standard application language that appears on the form.
- 10 被保険者番号 Insured Person Number
Enter your health insurance member number found on your insurance card (国民健康保険証 or employee insurance card)
- 11 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.

Figure 1. Example of a Japanese medical record form.

セクション 2 — Section 2 (Part 1/2)

1 ふりがな		2 性別	3 生年月日
4 被保険者氏名		5 男・女	6 年 月 日
7 住 所	8 電話 ()		
9 医療保険者名	第2号被保険者のみ記入	10 医療保険証記号番号	
11 再交付する	12 1 被保険者証 2 資格者証	13 1 紛失・焼失 2 破損・汚損	

- 1
ふりがな Furigana (phonetic reading)
Write the phonetic pronunciation of your name in hiragana characters above or next to where you write your name in kanji/katakana
- 2
性別 Gender
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 3
生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 4
被保険者氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.
- 5
男・女 Male・ Female
Circle or check the appropriate gender
- 6
年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals
- 7
住 所 Address
Write your current residential address in Japan exactly as it appears on official documents
- 8
電話 () Telephone Number ()
Enter your phone number in the parentheses - mobile or landline number where you can be contacted.
- 9
第2号被保険者のみ記入 Insured person / Fill in
The person covered by the insurance policy (usually yourself when applying)
- 10
医療保険者名 Health insurance provider name
Write the name of your health insurance organization (e.g., company name for employee insurance, or municipality name for national health insurance)
- 11
医療保険証記号番号 Health insurance card
Japanese health insurance card. Can serve as secondary ID at some banks.
- 12
1 被保険者証 1. Insured person's certificate
This refers to your health insurance card - bring the physical card or be prepared to provide the certificate number
- 13
2 資格者証 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 14
1 紛失・焼失 1. Lost/Destroyed by fire
Select this option if your document was lost or destroyed in a fire



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

1 ふりがな		2 性別	3 生年月日
4 被保険者氏名		5 男・女	6 年 月 日
7 住 所	8 電話 ()		
9 医療保険者名	第2号被保険者のみ記入	10 医療保険証記号番号	
11 再交付する	12 1 被保険者証 2 資格者証 3 受給資格証明書	13 申請	14 1 紛失・焼失 2 破損・盗損

15 再交付する To do/perform

This is typically part of a longer phrase on forms - look for the complete text before filling

セクション 2 — Section 2 (Part 2/2)

再交付する証明書	2 3 4	資格者証 受給資格証明書 負担割合証	1 2 3	紛失・焼失 破損・汚損 その他()
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- 1

申請Application

This indicates the form is an application that requires submission
- 2

3 受給資格証明書Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 3

2 破損・汚損Damage/deterioration

Check this if your document is damaged or deteriorated
- 4

証明書Certificate

This refers to official documents like residence certificates or income certificates that may need to be attached
- 5

理由Reason

Select or write the reason for your request (e.g., moving, marriage, job change)
- 6

4 負担割合証Copayment ratio certificate

Certificate showing your healthcare copayment percentage (typically 10%, 20%, or 30%)
- 7

3 その他()Other

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



セクション 3 — Section 3 (Part 1/2)

1 再交付申請書	3 受給資格証明書 4 負担割合証 5 負担限度額認定証	2 申請理由 2 破損・汚損 3 その他()
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6 再交付申請について上記申請者に委任します。

7 委任者 住所 _____

8 氏名 _____ (署名又は記名押印)

9 ※ 処理欄	10 課長	11 課長代理	12 担当	13 受付	14 起案	15 決裁
上記申請について、交付し	丁				・	・

- 1 証明書 Certificate
This refers to official documents like residence certificates or income certificates that may need to be attached
- 2 理由 Reason
Select or write the reason for your request (e.g., moving, marriage, job change)
- 3 4 負担割合証 Copayment ratio certificate
Certificate showing your healthcare copayment percentage (typically 10%, 20%, or 30%)
- 4 3 その他() Other
Use this section for any additional information not covered in other fields
- 5 5 負担限度額認定証 Certificate
Refers to official certificates like income certificate, tax exemption certificate, etc.
- 6 再交付申請について上記申請者に委任します。
This is a delegation statement that says 'I delegate the above applicant for reissuance application.' This appears to be pre-printed text that doesn't require you to write anything - it's explaining that you're authorizing someone to handle your reissuance application on your behalf.
- 7 委任者 住所 Address
Write your complete residential address including postal code, prefecture, city, and building details
- 8 氏名 (署名又は記名押印) Full name / Signature / Seal (inkan / hanko)
Write your full legal name as it appears on your residence card or passport Sign your name. Foreigners can use a written signature instead of a seal (inkan).
- 9 ※ 処理欄 Processing
Staff use - processing status. Do not fill in.
- 10 課長 Section chief
Staff use only - do not fill in
- 11 課長代理 Section chief
Staff use only - do not fill in
- 12 担当 Staff in charge
Staff use only - do not fill in
- 13 受付 Reception / Received
Staff use - indicates form was received. Do not fill in.



14 起案 · · Draft/Proposal
N/A - this is an administrative processing field for municipal office staff use only

15 決裁 · · Approval
Staff use only - do not fill in

セクション 3 — Section 3 (Part 2/2)

<div>1</div> 上記申請について、交付してよろしいでしょうか。	丁					決裁	・	・	
						交付	・	・	

- 1

上記申請について、交付し

Regarding the above application, issued

Staff use only - do not fill in
- 2

交付 ・ ・ Issuance

Staff use only - do not fill in



セクション 4 — Section 4 (Part 1/2)

2 上記申請について、交付してよろしいでしょうか。	丁	氏名	性別	生年	交付	1 決裁	・	・
						3 交付	・	・
7 本人	4 代理権確認	5 個人番号確認	6 身元確認書類					
			9 1 点 □運転免許証 □介護支援専門員証 □個人番号カード □その他 ()					
12 代理人	□登記事項証明書 □委任状 □介護保険証 □その他 ()	11 □通知カード □個人番号カード □個人番号入り住民票等	14 2 点 □医療・介護保険証 □年金手帳 □預金通帳 □官公署発行書類、通知書					

- 1 決裁 ・ ・ Approval
Staff use only - do not fill in
- 2 上記申請について、交付し Regarding the above application, issued
Staff use only - do not fill in
- 3 交付 ・ ・ Issuance
Staff use only - do not fill in
- 4 代理権確認 Confirmation
Staff use only - do not fill in
- 5 個人番号確認 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 6 身元確認書類 Confirmation
Staff use only - do not fill in
- 7 本人 Self (head of household)
Check this box if you are applying for yourself as the head of household or primary applicant. This is the most common selection for individual applications where you are handling your own affairs directly.
- 8 □運転免許証 Driver's license
Bring your physical driver's license as identification
- 9 1 □介護支援専門員証 1 □ Care Manager Certificate
Check this box if you hold a certified care manager license (for elderly care services)
- 10 □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
- 11 □通知カード Notification card
The individual number notification card sent to all residents - bring this document if you have it
- 12 代理人 □登記事項証明書 □個人番号カード
Certificate of Registered Matters (company registry extract) / My Number (Individual Number)
Issued by the Legal Affairs Bureau (法務局). Must be from the last 6 months.
¥480-600. 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 13 □個人番号入り住民票等 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.



セクション 4 — Section 4 (Part 1/2) (continued)

2 上記申請について、交付してよろしいでしょうか。		丁	氏名	性別	生年	交付	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000
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- 14
年金手帳 Pension
Select your pension type (National Pension, Employee Pension, etc.)
- 15
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

セクション 4 — Section 4 (Part 2/2)

		<input type="checkbox"/> その他 ()		<div><div>1</div><div><input type="checkbox"/> 官公署発行書類、通知書</div></div> <div><input type="checkbox"/> その他 ()</div>	
--	--	----------------------------------	--	--	--

- 1

☐ 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



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