

国民健康保険資格取得届【郵送専用】												主管課	受付	No.																																																																																																																																							
														受付者																																																																																																																																							
堺市 区長殿			記号			番号																																																																																																																																															
(フリガナ) 世帯主 氏名																																																																																																																																																					
他の健康保険等は別添のとおり												同封書類チェックリスト																																																																																																																																									
<p>□ 国民健康保険資格取得届【郵送専用】(この用紙)</p> <p>□ 健康保険資格喪失証明書(コピー可) (加入される方全員の資格喪失日が分かるもの) ※ご注意※「雇用保険の資格喪失日」や「退職日」の証明書ではなく、必ず「直前に加入了していた健康保険の資格喪失日」が分かる証明書を同封してください。</p> <p>□ 本人確認書類のコピー(世帯主のみ)</p> <p>※ 書類の不備がある場合は、書類一式を返送することができます。記載漏れや不足書類がないか十分にご確認のうえ郵送してください。</p>																																																																																																																																																					
<p>現在の住所</p> <p>日中連絡のとれる電話番号 () - (自宅、携帯/世帯主、その他())</p> <p>今年1月1日 <誤市でなかった場合のみ記入してください></p> <p>現在の住所</p> <p>前年1月1日 <誤市でなかった場合のみ記入してください></p> <p>現役または前記を含む 普主・擬主・普変 減額 納付方法 納付書・口座 徵収区分 普・特・併 証区分 長・短・資 送付先登録あり 済市住持J・他市住持T</p> <p>今回国保に加入される方、されない方を含めた同一世帯全員の氏名(上段はフリガナ)</p>												<table border="1"> <thead> <tr> <th rowspan="2">性別</th> <th rowspan="2">生年月日</th> <th colspan="2">今回加入されない方の現在加入している健康保険</th> <th rowspan="2">高齢証割合</th> <th rowspan="2">効発年月日</th> </tr> <tr> <th>統括</th> <th>事由</th> </tr> </thead> <tbody> <tr> <td>男</td> <td>・</td> <td>□ 堺市の国民健康保険</td> <td>・</td> <td></td> <td></td> </tr> <tr> <td>女</td> <td>・</td> <td>□ 社会保険</td> <td>・</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>□ 国民健康保険組合</td> <td>・</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>□ 後期高齢者医療</td> <td>・</td> <td></td> <td></td> </tr> <tr> <td>1</td> <td>・</td> <td>旧国・旧扶</td> <td>前年・前々年</td> <td>2割 3割 申請2割</td> <td>・</td> </tr> <tr> <td>2</td> <td>・</td> <td>旧国・旧扶</td> <td>前年・前々年</td> <td>2割 3割 申請2割</td> <td>・</td> </tr> <tr> <td>3</td> <td>・</td> <td>旧国・旧扶</td> <td>前年・前々年</td> <td>2割 3割 申請2割</td> <td>・</td> </tr> <tr> <td>4</td> <td>・</td> <td>旧国・旧扶</td> <td>前年・前々年</td> <td>2割 3割 申請2割</td> <td>・</td> </tr> <tr> <td>5</td> <td>・</td> <td>旧国・旧扶</td> <td>前年・前々年</td> <td>2割 3割 申請2割</td> <td>・</td> </tr> </tbody> </table>			性別	生年月日	今回加入されない方の現在加入している健康保険		高齢証割合	効発年月日	統括	事由	男	・	□ 堺市の国民健康保険	・			女	・	□ 社会保険	・					□ 国民健康保険組合	・					□ 後期高齢者医療	・			1	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・	2	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・	3	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・	4	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・	5	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・																																																																									
性別	生年月日	今回加入されない方の現在加入している健康保険		高齢証割合	効発年月日																																																																																																																																																
		統括	事由																																																																																																																																																		
男	・	□ 堺市の国民健康保険	・																																																																																																																																																		
女	・	□ 社会保険	・																																																																																																																																																		
		□ 国民健康保険組合	・																																																																																																																																																		
		□ 後期高齢者医療	・																																																																																																																																																		
1	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・																																																																																																																																																
2	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・																																																																																																																																																
3	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・																																																																																																																																																
4	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・																																																																																																																																																
5	・	旧国・旧扶	前年・前々年	2割 3割 申請2割	・																																																																																																																																																
<p>支給・未支給</p> <p>直接払 差額あり(支給・未支給)・なし</p> <p>不支給 世社保(現在・年月日まで)・その他</p> <p>受付日 入力日</p> <p>新規・ 更新期別</p> <p>特別徴収 期中止期別</p> <p>期</p>												<table border="1"> <thead> <tr> <th colspan="12">老() 聴() 子() 年() 介() 後()</th> <th colspan="3">(国保に関する説明及び指導等)</th> </tr> <tr> <td colspan="12"></td> <td colspan="3">(高齢受給者証に関する説明及び指導等)</td> </tr> <tr> <td colspan="12"></td> <td colspan="3">口得喪による影響者確認、説明済</td> </tr> <tr> <td colspan="12"></td> <td colspan="3">□得喪による影響者確認、説明済</td> </tr> <tr> <td colspan="12"></td> <td colspan="3">□得喪による負担割合変更ある旨説明済</td> </tr> <tr> <td colspan="12"></td> <td colspan="3">□世帯の所轄により負担割合変更ある旨説明済</td> </tr> <tr> <td colspan="12"></td> <td colspan="3">備考</td> </tr> </thead> <tbody> <tr> <td colspan="12"> <p>手書き加入証番号</p> <p><input type="checkbox"/> 手書き加入証番号</p> <p><input type="checkbox"/> 入力チェック</p> <p>□手書き加入証</p> <p>□発行済み</p> </td> <td colspan="3"></td> </tr> <tr> <td colspan="12"> <p>新規・ 更新期別</p> <p>特別徴収 期中止期別</p> <p>期</p> </td> <td colspan="3"> <p>□擬主かつ滞納無 (擬主変可否判定) 期及 月 日迄</p> </td> </tr> </tbody> </table>			老() 聴() 子() 年() 介() 後()												(国保に関する説明及び指導等)															(高齢受給者証に関する説明及び指導等)															口得喪による影響者確認、説明済															□得喪による影響者確認、説明済															□得喪による負担割合変更ある旨説明済															□世帯の所轄により負担割合変更ある旨説明済															備考			<p>手書き加入証番号</p> <p><input type="checkbox"/> 手書き加入証番号</p> <p><input type="checkbox"/> 入力チェック</p> <p>□手書き加入証</p> <p>□発行済み</p>															<p>新規・ 更新期別</p> <p>特別徴収 期中止期別</p> <p>期</p>												<p>□擬主かつ滞納無 (擬主変可否判定) 期及 月 日迄</p>		
老() 聴() 子() 年() 介() 後()												(国保に関する説明及び指導等)																																																																																																																																									
												(高齢受給者証に関する説明及び指導等)																																																																																																																																									
												口得喪による影響者確認、説明済																																																																																																																																									
												□得喪による影響者確認、説明済																																																																																																																																									
												□得喪による負担割合変更ある旨説明済																																																																																																																																									
												□世帯の所轄により負担割合変更ある旨説明済																																																																																																																																									
												備考																																																																																																																																									
<p>手書き加入証番号</p> <p><input type="checkbox"/> 手書き加入証番号</p> <p><input type="checkbox"/> 入力チェック</p> <p>□手書き加入証</p> <p>□発行済み</p>																																																																																																																																																					
<p>新規・ 更新期別</p> <p>特別徴収 期中止期別</p> <p>期</p>												<p>□擬主かつ滞納無 (擬主変可否判定) 期及 月 日迄</p>																																																																																																																																									

Sakai — 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

The form is a 'National Health Insurance Application Form (Sakai City)' specifically for postal submission. It includes fields for the supervising government department (1), processing date (5), and various staff signatures/initials (6-7). The main application section (3) asks for 'eligibility' (國民健康保険資格取得届). Other fields include 'ward name' (9), 'symbol/code' (10), 'residence card number' (11), 'katakana reading' (12), 'other insurance' (13), and a checkbox for 'document checklist' (14).

1 主管課 Supervising Department

This field is for the supervising government department to fill in - leave blank as an applicant. The relevant city office will stamp or write their department name here when processing your application.

2 受付 Reception / Received

Staff use - indicates form was received. Do not fill in.

3 国民健康保険資格取得届 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)

4 【郵送専用】 Mail/By post

Check this if you want to receive documents by mail or are submitting this form by postal mail

5 处理年月日 Date / Processing

Write in YYYY/MM/DD format (e.g., 2024/03/15) Staff use - processing status. Do not fill in.

6 長課長補佐係 Section chief

Staff use only - do not fill in

7 受付者 Reception / Received

Staff use - indicates form was received. Do not fill in.

8 堺市 Sakai City

Write '堺市' (Sakai City) here since this form is specifically for Sakai City residents. If you live in a different city, you would need that city's version of this form.

9 区長殿 To the Ward Mayor

Write the name of your ward (区) followed by '区長殿' - for example, if you live in Sakai Ward, write '堺区長殿'. Check your residence card or utility bills to confirm which ward you live in.

10 記号 Symbol/Code

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

11 番号 Number

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

12 (フリガナ) Phonetic reading (katakana)

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

13 他の健康保険等は別添のとおり Other health insurance, etc. is as per attached document

If you have other health insurance (workplace, national, etc.), attach the required documentation as specified in the separate attachment

14 同封書類チェックリスト Check

Mark this checkbox if applicable to your situation



セクション 1 — Section 1 (continued)

国民健康保険資格取得届【郵送専用】		処理年月日	主管課	受付	No.						
埠市	区長殿	記号				番号	説明	長	課長補佐	係長	係員
フリガナ 帯主 氏名									他の健康保険等は別添のとおり 同封書類チェックリスト		
										受付者	

15 氏名 Name

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

セクション 2 — Section 2 (Part 1/2)

世帯主 氏名											他の健康保険等は別添のとおり		同封書類チェックリスト	
現在の住所	〒										<input checked="" type="checkbox"/> 国民健康保険資格取得届【郵送専用】(この用紙) <input checked="" type="checkbox"/> 健康保険資格喪失証明書(コピー可) (加入される方全員の資格喪失日が分かるもの) ※ご注意»「雇用保険の資格喪失日」や「退職日」の証明書ではなく、必ず「直前に加入されていた健康保険の資格喪失日」が分かる証明書を同封してください。 <input checked="" type="checkbox"/> 本人確認書類のコピー(世帯主分のみ) ※書類の不備がある場合は、書類一式を返送することができます。記載漏れや不足書類がないか十分にご確認のうえ郵送してください。			
□ 日中連絡のとれる電話番号	(自宅、携帯(世帯主・ <input checked="" type="checkbox"/> その他(<input checked="" type="checkbox"/>))													
□ 今年1月1日	<堺市でなかった場合のみ記入してください>													
□ 現在の住所														
□ 前年1月1日	<堺市でなかった場合のみ記入してください>													
<small>現地または 郵便局用語</small>														
<small>普主・擬主・普変 <input checked="" type="checkbox"/> 減 <input checked="" type="checkbox"/> 納付 <input checked="" type="checkbox"/> 納付書・口座 <input checked="" type="checkbox"/> 徴収 <input checked="" type="checkbox"/> 普・特・併 <input checked="" type="checkbox"/> 証長・短・資 <input checked="" type="checkbox"/> 送付先登録あり 堺市住所J・堺市住所T</small>														

1 同封書類チェックリスト Check

Mark this checkbox if applicable to your situation

2 氏名 Name

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

3 □国民健康保険資格取得届【郵送専用】(この用紙) National Health Insurance / National Health Insurance / Qualification

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

4 現在の住所 Address

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

5 □健康保険資格喪失証明書(コピー可)(加入される方全員の資格喪失日が分かるもの) Certificate / Qualification / Person who

This refers to official documents like residence certificates or income certificates that may need to be attached. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

6 日中連絡のと Daytime contact

Enter a phone number where you can be reached during business hours (usually your work phone or mobile number).

7 <ご注意>「雇用保険の資格喪失日」や「退職日」の証明書ではなく、必ず「直前に加入された健康保険の資格喪失日」が分かる証明書を同封してください。 Certificate / Qualification / Loss/Cancellation

This refers to official documents like residence certificates or income certificates that may need to be attached. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

8 () - (自宅、携帯(世帯主・ その他())

Head of household / Other / Mobile phone

The primary person in a household for registration purposes. If you live alone, you are the head of household. Use this section for any additional information not covered in other fields

9 入されていた健康保険の資格喪失日が分かる証明書を同封してください。 Please / Please / Please

This is typically part of an instruction - look for the preceding text to understand what action is requested

10 今年1月1日 <堺市でなかった場合のみ記入してください> Please / Fill in

This is part of a longer instruction - look for the complete phrase

11 □本人確認書類のコピー(世帯主分のみ) Identity verification documents / Head of household / Confirmation

Documents that prove your identity. Primary: Residence Card, Passport, My Number Card. Secondary: Health Insurance Card, Driver's License. The primary person in a household for registration purposes. If you live alone, you are the head of household.

12 前年1月1日 <堺市でなかった場合のみ記入してください> Please / Fill in

This is part of a longer instruction - look for the complete phrase

13 ※書類の不備がある場合は、書類一式を返送することができます。記載漏れや不足書類が

This indicates affirmative response - check if applicable to your situation. 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 1/2) (continued)

世帯主 氏名											
他の健康保険等は別添のとおり											同封書類チェックリスト
<p>① 日中連絡のとれる電話番号 (自宅、携帯(世帯主・ その他))</p> <p>② 今年1月1日 <選市でなかった場合のみ記入してください></p> <p>③ 現在の住所</p> <p>④ 前年1月1日 <選市でなかった場合のみ記入してください></p> <p>⑤ 現在の住所</p>											<p>⑥ 国民健康保険資格取得届【郵送専用】(この用紙)</p> <p>⑦ 健康保険資格喪失証明書 (コピー可) (加入される方全員の資格喪失日が分かるもの) ※ご注意】「雇用保険の資格喪失日」や「退職日」の証明書ではなく、必ず「直前に加入されていた健康保険の資格喪失日」が分かる証明書を同封してください。</p> <p>⑧ 本人確認書類のコピー (世帯主分のみ)</p> <p>※ 書類の不備がある場合は、書類一式を返送することがあります。記載漏れや不足書類がないか十分にご確認のうえ郵送してください。</p>
<p>現在または普主・擬主・普変減 Current or household head· pseudo-head· ordinary change/reduction</p> <p>N/A - this appears to be fragmented or corrupted form field labels that would normally be clearer in context</p> <p>納付納付書・口座徴収普・特・併証長・短・資</p> <p>Payment slip / Account withdrawal / General / Special / Combined certificate / Long / Short / Qualification</p> <p>This appears to be checkbox options for insurance/pension payment methods and certificate types - consult the municipal office staff for guidance on which options apply to your situation.</p>											

14

現在または普主・擬主・普変減 Current or household head· pseudo-head· ordinary change/reduction

N/A - this appears to be fragmented or corrupted form field labels that would normally be clearer in context

15

納付納付書・口座徴収普・特・併証長・短・資

Payment slip / Account withdrawal / General / Special / Combined certificate / Long / Short / Qualification

This appears to be checkbox options for insurance/pension payment methods and certificate types - consult the municipal office staff for guidance on which options apply to your situation.

セクション 2 — Section 2 (Part 2/2)

現在の住所 現住所番号	普主・擬主・普変 納付方法	減額	納付書・口座 区分	徴収区分	普・特・併	証区分 長・短・資	送付先登録あり 市住特J・他市住特T	※①書類の不備がある場合は、書類一式を返送することができます。記載漏れや不足書類が ないか十分にご確認のうえ郵送してください。		
①今回国保に加入される方、されない方を含めた 同一世帯全員の氏名（上段はフリガナ）	②性別	③生年月日	④今回加入されない方の 現在加入している健康保険	⑤	⑥	⑦	⑧	⑨	⑩	

1 ないか十分にご確認のうえ郵送してください。 Please / Please / Please

This is typically part of an instruction - look for the preceding text to understand what action is requested

2 堺市住特J・他市住特T Sakai City Special Resident J · Other City Special Resident T

These appear to be administrative codes - likely leave blank unless specifically instructed by city staff to mark one of these categories.

3 区分 Category

Select the type of registration change (e.g., moving in, moving out, address change)

4 事由 Reason

Select or write the reason for your application (e.g., moving, marriage, etc.)

5 異動年月日 Date of change

Enter the date when your residence change actually occurred (not when you're filing this form)

6 今回国保に加入される方、されない方を含めた Person who

This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

7 生年月日 Date of birth

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

8 高齢証割合 Elderly certificate ratio

N/A if it's just instructions/layout text

9 発効年月日 Date

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

10 後期関連 Late-stage related

This likely refers to late-stage elderly medical insurance (後期高齢者医療制度) for residents 75+ years old - check if applicable to you or leave blank if under 75



Form p.1

セクション 3 — Section 3 (Part 1/2)

- 1 区分** Category
Select the type of registration change (e.g., moving in, moving out, address change)

2 事由 Reason
Select or write the reason for your application (e.g., moving, marriage, etc.)

3 異動年月日 Date of change
Enter the date when your residence change actually occurred (not when you're filing this form)

4 今回国保に加入される方、されない方を含めた Person who
This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

5 生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western

6 高齢証割合 Elderly certificate ratio
N/A if it's just instructions/layout text

7 発効年月日 Date
Write in YYYY/MM/DD format (e.g., 2024/03/15)

8 後期関連 Late-stage related
This likely refers to late-stage elderly medical insurance (後期高齢者医療制度) for residents 75+ years old - check if applicable to you or leave blank if under 75

9 堺市会の保険民健康保険 Sakai City National Health Insurance
Check this box if you're enrolled in Sakai City's national health insurance program

10 2割 20% (copayment rate)
Refers to 20% medical copayment rate for national health insurance

11
 - • • (bullet points/list markers)These bullet points are for listing additional family members or dependents.
Write the names and details of other household members who should be included in this application.

12
 - • • (bullet points/list markers)These bullet points are for listing additional family members or dependents.
Write the names and details of other household members who should be included in this application.

13
 - • • (bullet points/list markers)These bullet points are for listing additional family members or dependents.
Write the names and details of other household members who should be included in this application.

14 国民健康保険組合 National Health Insurance / National Health Insurance
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

15 申請2割 Application 20% (copay)
Related to healthcare copayment rate - consult staff if unsure



セクション3 — Section 3 (Part 2/2)

1	女	・	<input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	① 旧国・旧扶	② 前年・前々年	3割 申請2割	・
2	男	・	<input type="checkbox"/> 堺市の国民健康保険 <input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合	③	④	2割 3割 申請2割	・

1 旧国・旧扶 Former province/Former dependent

Historical administrative terms - likely refers to old provincial system and dependency status

2 前年・前々年 Previous year / Year before last

Select the tax year being referenced - previous year or the year before that

3 堺市会の保険民健康保険 Sakai City National Health Insurance

Check this box if you're enrolled in Sakai City's national health insurance program

4 2割 20% (copayment rate)

Refers to 20% medical copayment rate for national health insurance

5 . . • (bullet points/list markers)

6 . . • (bullet points/list markers)

7 . . • (bullet points/list markers)



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

- 国民健康保険組合 National Health Insurance / National Health Insurance

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

セクション 4 — Section 4 (Part 2/2)

3	女	.	.	<input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	② 旧国・旧扶	① 前年・前々年	3割 申請2割	.	.
---	---	---	---	--	---------	----------	------------	---	---

1 申請 2割 Application 20% (copay)

Related to healthcare copayment rate - consult staff if unsure

2 旧国・旧扶 Former province/Former dependent

Historical administrative terms - likely refers to old provincial system and dependency status

3 前年・前々年 Previous year / Year before last

Select the tax year being referenced - previous year or the year before that



Form p.1

セクション 5 — Section 5 (Part 1/2)

3	男 女	.	.	⑩	<input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	2割 3割 申請2割	.	.
4	男 女	.	.	⑪	<input type="checkbox"/> 堺市国民健康保険 <input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	.	.	⑫	2割 3割 申請2割	.	.	
5	男	.	.	⑬	<input type="checkbox"/> 堺市国民健康保険 <input type="checkbox"/> 社会保険	2割 3割	.	.	

1 **国民健康保険組合** National Health Insurance / National Health Insurance

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 **申請 2割** Application 20% (copay)

Related to healthcare copayment rate - consult staff if unsure

3 **旧国・旧扶** Former province/Former dependent

Historical administrative terms - likely refers to old provincial system and dependency status

4 **前年・前々年** Previous year / Year before last

Select the tax year being referenced - previous year or the year before that

5 **堺市会の保険民健康保険** Sakai City National Health Insurance

Check this box if you're enrolled in Sakai City's national health insurance program

6 **2割** 20% (copayment rate)

Refers to 20% medical copayment rate for national health insurance

7 . . . (bullet points/list markers)

These bullet points are for listing additional insurance or medical coverage details for person 3. Leave blank if no additional coverage beyond the checkboxes above.

8 . . . (bullet points/list markers)

These bullet points are for listing additional insurance or medical coverage details for person 4. Leave blank if no additional coverage beyond the checkboxes above.

9 . . . (bullet points/list markers)

These bullet points are for listing additional insurance or medical coverage details for person 5. Leave blank if no additional coverage beyond the checkboxes above.

10 **国民健康保険組合** National Health Insurance / National Health Insurance

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

11 **申請 2割** Application 20% (copay)

Related to healthcare copayment rate - consult staff if unsure

12 **旧国・旧扶** Former province/Former dependent

Historical administrative terms - likely refers to old provincial system and dependency status

13 **前年・前々年** Previous year / Year before last

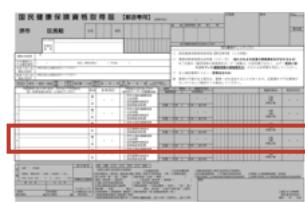
Select the tax year being referenced - previous year or the year before that

14 **堺市会の保険民健康保険** Sakai City National Health Insurance

Check this box if you're enrolled in Sakai City's national health insurance program

15 **2割** 20% (copayment rate)

Refers to 20% medical copayment rate for national health insurance



セクション 5 — Section 5 (Part 2/2)

5	男	<input checked="" type="checkbox"/> 堺市の国民健康保険 <input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	女	<input type="checkbox"/> 堺市の国民健康保険 <input checked="" type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	1	2割 3割 申請2割	1	2	3	4	5
		旧国	旧扶	前年	前反年						

- 1 . . • (bullet points/list markers)
- 2 . . • (bullet points/list markers)
- 3 . . • (bullet points/list markers)
- 4 □ **国民健康保険組合** National Health Insurance / National Health Insurance
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
- 5 **申請 2割** Application 20% (copay)
Related to healthcare copayment rate - consult staff if unsure



Form p.1

セクション 6 — Section 6 (Part 1/2)

5	男 女	<input type="checkbox"/> 後期高齢者医療 <input type="checkbox"/> 堺市の国民健康保険 <input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	旧国・旧扶	前年・前々年	12割 2割 3割 申請2割
出 支給 未支給	受付番号	老 障 ○ 子 年 介 後 (国保に関する説明及び指導等) <input type="checkbox"/> 任継説明済 <input type="checkbox"/> 収支扶養指導 <small>高齢受給者証に関する説明及び指導等)</small> <small>給付開始届(最終届)・給付終了届(最初の届)・往來伝票(最初の届)・無<input type="checkbox"/> 保険料通知</small> <small>扶養親族登録届(最初の届)・扶養親族登録届(最終届)</small> <small>得主に上手影響表達用</small>			

1 堺市会の保険民健康保険 Sakai City National Health Insurance

Check this box if you're enrolled in Sakai City's national health insurance program

2 **2割** 20% (copayment rate)

Refers to 20% medical copayment rate for national health insurance

3 . . . (bullet points/list markers)

These bullet points are for listing specific medical conditions or health issues you currently have. Write each condition clearly in Japanese or have them translated, as this helps determine your insurance coverage needs.

4 . . . (bullet points/list markers)

Use these bullet points to list any medications you regularly take or medical treatments you're currently receiving. Include prescription drugs, ongoing therapies, or regular medical procedures.

5 . . . (bullet points/list markers)

These bullet points are for noting any allergies, dietary restrictions, or other health-related information that might affect your medical care. Include drug allergies, food allergies, or physical limitations.

6 国民健康保険組合 National Health Insurance / National Health Insurance

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

7 **申請2割** Application 20% (copay)

Related to healthcare copayment rate - consult staff if unsure

8 **旧国・旧扶** Former province/Former dependent

Historical administrative terms - likely refers to old provincial system and dependency status

9 **前年・前々年** Previous year / Year before last

Select the tax year being referenced - previous year or the year before that

10 **受付番号** Reception number

Staff use only - do not fill in

11 **子年介後** Child age after intervention

N/A - this appears to be a data field label or processing notation rather than something requiring user input

12 **出 支給・未支給** Issued/Paid · Not Issued/Not Paid

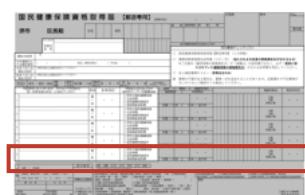
N/A - this is a checkbox or status field that office staff will complete regarding benefit/allowance payment status

13 任継説明済 Assignment succession explanation completed

This appears to be a checkbox for officials to mark that they have explained assignment/succession procedures - not for resident to fill

14 社保扶養指導 Social Insurance Dependent Guidance

Check this box if you need guidance about registering dependents for social insurance (health insurance/pension)



セクション 6 — Section 6 (Part 1/2) (continued)

(高齢受給者証に関する説明及び指導等) 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 6 — Section 6 (Part 2/2)

- 得喪による影響者確認、説明済 Confirmation
Staff use only - do not fill in

転入所得（増・減）簡申納付相談（分納・承認・
Check the appropriate boxes if you recently moved to this municipality from another area or abroad, need simplified filing procedures, or require payment consultation including installment plans. Most foreign residents who recently moved should check the moving-in box (転入).
Moving in (from another municipality or abroad)

遷及得喪による負担割合変更ある旨説明済世帯の所得により負担割合変更ある旨説明済 Change / Household
Check this box if you are making changes to existing information Refers to your household unit - all people living together and sharing living expenses

不支給 母社保（現在・ 年 月 日まで） その他手書加入証番号減免（受付済・ 説明済・
Other / Remarks / Notes / Reception / Received
Use this section for any additional information not covered in other fields
Space for additional information or special circumstances. Usually optional.

入力日 Input Date
Enter today's date in Japanese format (year/month/day). Use the Japanese calendar year (Reiwa era) if required, or ask staff for assistance with the correct date format.

旧被扶養者資格喪失連絡票 Qualification / Loss/Cancellation
Refers to your legal status or eligibility (e.g., resident status, insurance qualification) Used for losing benefits or insurance coverage when moving or changing status

異動連絡票（旧被扶養者・特定）（受・渡） Type of change
Select the type of registration change you are making (moving in, moving out, address change, etc.)

手書き加入証全喪保険料（月割差額）確認済喪失後受診（有/返還金説明済・無） Insurance premium / Confirmation / Loss/Cancellation
Amount you pay for national health insurance coverage, usually calculated based on income and household size Staff use only - do not fill in

更定期別 Period/Term
Refers to billing periods for insurance premiums or tax payments

期中止定期別 Period/Term
Refers to billing periods for insurance premiums or tax payments

（擬主変可否判定） (Household Head Change Eligibility Determination)
This is typically filled by office staff to indicate whether you're eligible to change household head status. Leave blank unless specifically instructed - this is usually an administrative determination made by the municipal office.



セクション 7 — Section 7

<input checked="" type="checkbox"/> 新規・ 更正期別	<input checked="" type="checkbox"/> 特別徵収 期	<input checked="" type="checkbox"/> 口手書き加入証 期	<input type="checkbox"/> 口全喪保険料(月割差額)確認済 ・全喪時差額保険料口座振替了承済	<input type="checkbox"/> 口喪失後受診(有/返還金説明済・無) ・全喪時差額保険料納付書交付(口座停止最終引落月入力済・口座停止月入力済)	<input type="checkbox"/> 口賃主かつ滞納無 (擬主変可否判定) 溯及月日迄
---	---	--	--	--	---

1 手書き加入証 全喪保険料(月割差額)確認済 喪失後受診(有/返還金説明済・無)

Insurance premium / Confirmation / Loss/Cancellation

Amount you pay for national health insurance coverage, usually calculated based on income and household size Staff use only - do not fill in

2 更正期別 Period/Term

Refers to billing periods for insurance premiums or tax payments

3 期中止期別 Period/Term

Refers to billing periods for insurance premiums or tax payments

4 (擬主変可否判定) (Household Head Change Eligibility Determination)

This field determines whether you are eligible to become the new household head.

If you are taking over as the primary resident/household head (such as due to the previous head moving out, passing away, or transferring headship), mark the appropriate box to indicate your eligibility status.

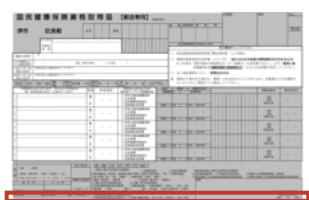
5 全喪時差額保険料納付書交付(口座停止最終引落月入力済・口座停止月入力済)

Insurance premium / Data entry / Issuance

Amount you pay for national health insurance coverage, usually calculated based on income and household size Staff use - data entry field. Do not fill in.

6 遷及 月 日迄 Retroactive to: Month ___ Day ___

Fill in the month and day if you need the registration change to take effect from a past date instead of today.



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, kokuhō ni kirikae tai desu

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