

喪失届

国民健康保険異動届出書

●届書には届出人（世帯主）及び被保険者の個人番号の記載をお願いします。個人番号は、番号法に定められた業務に使用します。

(宛先)大田区長

令和 年 月 日届出（受付）

該当する届出 国保	届出を する方	世帯主 世帯員（ ） 代理人
異動事由 □入る <small>ヒヤメル</small> □その他	代理人の方はお書きください 本人との関係（ ）	世帯主 世帯員 の電話（ ）
住 所	住 所	代理人の電話（ ）
世帯主	フリガナ	世帯主の マイナンバー

異動される方全員の氏名	生 年 月 日	性別	続 柄	職 業
1 フリガナ	昭 平 令 ・ ・ マイナンバー	男 女		・無し ・求職中 ・アルバイト ・会社員（ ）
2 フリガナ	昭 平 令 ・ ・ マイナンバー	男 女		・無し ・求職中 ・アルバイト ・会社員（ ）
3 フリガナ	昭 平 令 ・ ・ マイナンバー	男 女		・無し ・求職中 ・アルバイト ・会社員（ ）
4 フリガナ	昭 平 令 ・ ・ マイナンバー	男 女		・無し ・求職中 ・アルバイト ・会社員（ ）

①届出書太枠内を記入してください。

②勤務先の保険の情報が分かるもの（資格確認書や資格情報のお知らせ等）のコピーと併せて、届出書の右上に記載のある本人確認書類のコピーいづれか一点と、大田区の資格確認書等の原本を同封してご郵送ください。

資格確認書等の写し
貼り付け

●太枠の中だけお書きください。

本人確認欄		郵 送
A	運転免許証 バスポート 在留カード等 マイナンバーカード（個人番号カード） 住民基本台帳カード （ ）	
B	資格確認書（健康保険証） 各種医療証 年金手帳（ ） C その他要綱で定めるもの （ ）	

資格確認書	前期証	資格情報のお知らせ	備 考
回 取 交 付	回 取 交 付	回 取 交 付	
有 窓 口 無 郵 送 未交付	有 窓 口 無 郵 送 未交付	有 窓 口 無 郵 送 未交付	
有 窓 口 無 郵 送 未交付	有 窓 口 無 郵 送 未交付	有 窓 口 無 郵 送 未交付	
有 窓 口 無 郵 送 未交付	有 窓 口 無 郵 送 未交付	有 窓 口 無 郵 送 未交付	
有 窓 口 無 郵 送 未交付	有 窓 口 無 郵 送 未交付	有 窓 口 無 郵 送 未交付	

開 始	終 了	そ の 他	適用開始 終了年月日
・転入 ・社保離脱 ・国組離脱 ・生保廃止 ・出生 ・職権回復 ・その他開始	・転出 ・社保加入 ・国組加入 ・生保開始 ・死亡 ・職権消除 ・その他終了	・世帯主変更 ・世帯分離 ・世帯合併 ・世帯変更 ・その他	平成 令和 年 月 日 受付番号 No. 処理年月日
新	旧	令和 年 月 日	
記号	記号	受付	入力
番号	番号		点検

Ota — 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

タイトル・ 届出日 — Header & Dates

喪失届

国民健康保険異動届出書

令和 年 月 日届出(受付)

本人確認欄

運転免許証 パスポート
在留カード等

届出書

該当する届出
国民健康保険

届出を
する方

世帯主
世帯員 () 代理人

太
宰
の
由

- 1

喪失届 Loss notification

Use this section to report loss of residency status or when moving out of the municipality permanently
- 2

国民健康保険異動届出書 National Health Insurance

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 3

令和 年 月 日届出(受付) Reception / Received

Staff use - indicates form was received. Do not fill in.
- 4

(宛先)大田区長 To: Mayor of Ota Ward

This is pre-printed - indicates the form is addressed to the mayor of Ota Ward
- 5

本人確認欄 Personal Identification Section
- 6

A 運転免許証 パスポート Driver's license / Passport

Bring your physical driver's license as identification Bring your passport as identification when submitting this form
- 7

世帯主 世帯員 () 代理人 Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 8

書し国保 Document [checkbox] National Health Insurance

Check this box if you are enrolled in Japan's National Health Insurance (kokuho) system.
- 9

する方 世帯主 中 Head of household / To do/perform / Person who

Write the full name of the person who is officially registered as the head of the household This is typically part of a longer phrase on forms - look for the complete text before filling



届出人情報 — Who Is Filing (Part 1/2)

(宛先) 入国区長 該当する届出 <input checked="" type="checkbox"/> 国保 異動事由 <input type="checkbox"/> 入る <input checked="" type="checkbox"/> やめる <input type="checkbox"/> その他 世帯主		届出をする方 世帯主 世帯主の電話 () 代理人の方はお書きください 本人との関係 () 代理人の電話 () 住所	本人確認欄 運転免許証 バスパスポート 在留カード等 マイナンバーカード (個人番号カード) 住民基本台帳カード () 資格確認書 (健康保険証) 各種医療証 年金手帳 () その他要綱で定めるもの	郵送
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- 1 **A 運転免許証 パスポート** Driver's license / Passport
Bring your physical driver's license as identification. Bring your passport as identification when submitting this form.
 - 2 **世帯主 世帯員 () 代理人** Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
 - 3 **書し ☐ 国保** Document ☐ National Health Insurance
Check this box if you are enrolled in Japan's National Health Insurance (kokuho) system.
 - 4 **する方 世帯主 中** Head of household / To do/perform / Person who
Write the full name of the person who is officially registered as the head of the household. This is typically part of a longer phrase on forms - look for the complete text before filling.
 - 5 **世帯員の電話 ()** Household member's phone number ()
Enter the phone number of a household member who can be contacted regarding this registration.
 - 6 **マイナンバーカード (個人番号カード)** My Number Card / My Number Card / My Number (Individual Number)
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.
 - 7 **代理人の方はお書きください 本人との間柄 ()** If you are a representative, please fill this out. Relationship to the applicant ()
Write your relationship to the person you're representing (e.g., "spouse," "parent," "child," "friend").
 - 8 **届 ☐ 入る ☐ しやめる** Submit ☐ Moving in ☐ Moving out
Check the appropriate box - "入る" (moving in) when registering your residence, "やめる" (moving out) when deregistering.
 - 9 **()** (blank field for filling in information)
Write the name of your residential card or identification document type (e.g. 在留カード for residence card, or パスポート for passport). Choose the most relevant ID document from the options listed.
 - 10 **郵送** Mail/Postal delivery
This indicates the delivery method is by mail/postal service. This appears to be a label rather than a field to fill out, showing how the form or response will be sent to you.
 - 11 **住所** Address
Write your complete residential address including postal code, prefecture, city, and building details.
 - 12 **代理人の電話 ()** Representative's Phone Number ()
Enter the phone number of the person filling out the form on your behalf, if applicable. Leave blank if you're filling it out yourself.

[illegible]

届出人情報 — Who Is Filing (Part 1/2) (continued)

- 13

B 資格確認書 (健康保険証)

Health insurance card / Qualification

Japanese health insurance card. Can serve as secondary ID at some banks. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 14

年金手帳 ()

Pension

Select your pension type (National Pension, Employee Pension, etc.)
- 15

帯住

Accompanying residence

Check this box if you are moving together with family members or registering as part of a household unit rather than moving alone.

届出人情報 — Who Is Filing (Part 2/2)

世帯主 主	住 所			年金手帳 ()	C その他要綱で定めるもの
		フリガナ	世帯主の		
<input type="checkbox"/> 個人番号確認					

1

C その他要綱で定めるもの Other

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



住所 — Addresses (Part 1/3)

①
世帯主及び被保険者

住所

フリガナ

世帯主のマイナンバー

④
個人番号確認

②
年金手帳
各種医療証
年金手帳
C
その他要綱で定めるもの

③
資格確認書
前期証
資格情報のお知らせ

備考

⑧
世帯主
世帯主
異動される方全員の氏名

⑩
生年月日

性別

続柄

⑪
職業

- ① 年金手帳 () Pension
Select your pension type (National Pension, Employee Pension, etc.)
- ② 帯住 Accompanying residence
Check this box if you are moving together with family members or registering as part of a household unit rather than moving alone.
- ③ C その他要綱で定めるもの Other
Use this section for any additional information not covered in other fields
- ④ □ 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.
- ⑤ フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- ⑥ () (blank field for filling in information)
- ⑦ マイナンバー My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- ⑧ 世帯主 Head of household
Write the name of the person who is registered as the head of the household you're joining or leaving
- ⑨ 前期証 Previous period certificate
If you had health insurance or pension coverage in your previous residence, attach the relevant certificates or documentation here.
- ⑩ 資格情報のお知らせ Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- ⑪ 職業 Occupation
Write your job title or profession (e.g., "Teacher," "Engineer," "Student," "Unemployed")
- ⑫ 異動される方全員の氏名 Full name / Person who
Write in katakana for foreign names. Some forms accept romaji. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters
- ⑬ 備考 Remarks
Use this section for any additional notes or special circumstances related to your residence change that don't fit in other fields.
- ⑭ 生年月日 性別 続柄 Date of birth / Year Month Day / Relationship to head of household
Write in format: Year/Month/Day (YYYY/MM/DD) using Western calendar Write dates in Japanese format: year/month/day (e.g., 2024/03/15)



住所 — Addresses (Part 1/3) (continued)

- 15 回収交付回収交付回収交付 Collection Issue Collection Issue Collection Issue
- N/A - this is header text for administrative processing sections that office staff will fill out

住所 — Addresses (Part 2/3)

共働される方主員の氏名		生 年 月 日		性別	職 柄	業 種		回 収	交 付	回 収	交 付	回 収	交 付	備 考	
① 保険者の個人番号	フリガナ	姓	名	期	女	・無し	・個人事業主	有	口送	有	口送	有	口送		
		姓	名	期	女	・求職中	・パート	有	口送	有	口送	有	口送		
		姓	名	期	女	・アルバイト	・パート	有	口送	有	口送	有	口送		
	マイナンバー					・会社員 ()		無	未交付	無	未交付	無	未交付		
	フリガナ	姓	名	期	男	・無し	・個人事業主	有	口送	有	口送	有	口送		

1 險者 Insured person

Enter the name of the person who holds the health insurance policy (usually the household head or primary earner)

フリガナ Furigana (phonetic reading)

Write the phonetic reading of your name in katakana characters above or next to your name written in kanji/other scripts

2 ・ ・ 無求し職 中 ・ ・ 個パ人一事ト業 主 Job seeking... unemployed... sole proprietor/individual business owner part-time

Check the appropriate box that matches your employment status - whether you're unemployed and job seeking, or running your own small business/working part-time as an individual contractor.

昭平 Showa/Heisei

This likely refers to era name abbreviations - write the first characters of the Japanese era (昭和 for Showa or 平成 for Heisei) corresponding to your birth date or relevant date on the form.

男女 Male/Female

Check the appropriate box for your gender as it appears on your official identification documents.

窗口 Window/Counter

Check this box if you want to receive documents at a government office counter/window. This requires you to visit in person to collect your documents.

7 • • Bullet points

These are bullet points listing delivery method options. You don't need to write anything here - just reference them when making your selection.

有 窗口 有窗口 有 Available at counter / Available at counter / Available

This appears to be indicating service availability at municipal office counters - likely just informational text rather than a field to fill out

 郵送 Mail/Postal delivery

Check this box if you want documents mailed to your registered address. This is the most convenient option for most foreign residents.

 郵送 Mail/Postal delivery

This appears to be a duplicate mail delivery option. Check with the office staff if both boxes 9 and 10 need to be marked or just one.

無未交付 無未交付 無未交付

None - Not Issued / Not Delivered - None - Not Issued / Not Delivered - None - Not Issued / Not Delivered

These are checkbox options indicating you don't have or haven't received certain documents (likely residence cards, certificates, etc.). Check the appropriate box if the document wasn't issued to you or you haven't received it yet.

 マイナンバー My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.

・ 会社員 () ・ Company employee ()

Write your company name in the parentheses if you are employed by a company

[illegible]

住所 — Addresses (Part 2/3) (continued)

- 14

フリガナ

Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 15

番号

Number

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

住所 — Addresses (Part 3/3)

人 番 号	フリガナ	マイナンバー				氏名	住所				性別	年齢	職業	就業状況	備考
		昭 平	昭 平	昭 平	昭 平		有 窓 口	有 窓 口	有 窓 口	有 窓 口					

- 1昭平 Showa/Heisei
- This likely refers to era name abbreviations - write the first characters of the Japanese era (昭和 for Showa or 平成 for Heisei) corresponding to your birth date or relevant date on the form.
- 2・ ・ 無求し職 中 ・ ・ 個パ人一事ト業 主 Job seeking... unemployed... sole proprietor/individual business owner part-time
- Check the appropriate box that matches your employment status - whether you're unemployed and job seeking, or running your own small business/working part-time as an individual contractor.
- 3男女 Male/Female
- Check the appropriate box for your gender as it appears on your official identification documents.
- 4窓 口 Window/Counter
- Write the name of the person who will be handling this application at the government office window/counter, or leave blank if unknown - this is typically filled by office staff.
- 5・ ・ Bullet points
- These are bullet point markers for listing items or options - you would write relevant information after each bullet point based on the specific form requirements.
- 6有 窓 口 有 窓 口 有 Available at counter / Available at counter / Available
- This appears to be indicating service availability at municipal office counters - likely just informational text rather than a field to fill out

異動者 — Person Table (Part 1/4)

1	フリガナ	マイナンバー	昭平令	男女	・会社員 () ・無し ・求職中 ・アルバイト ・会社員 () ・個人事業主 ・パート	無	未交付	無	未交付	無	未交付
2	フリガナ	マイナンバー	昭平令	男女	・会社員 () ・無し ・求職中 ・アルバイト ・会社員 () ・個人事業主 ・パート	有	窓口 未交付	有	窓口 未交付	有	窓口 未交付

- 1 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 2 番号 Number
Enter your residence card number or other identifying number as specified in the form instructions.
- 3 昭平 Showa/Heisei
This likely refers to era name abbreviations - write the first characters of the Japanese era (昭和 for Showa or 平成 for Heisei) corresponding to your birth date or relevant date on the form.
- 4 ・ ・ 無求し職中 ・ ・ 個パ人一事ト業主 Job seeking... unemployed... sole proprietor/individual business owner part-time
Check the appropriate box that matches your employment status - whether you're unemployed and job seeking, or running your own small business/working part-time as an individual contractor.
- 5 男女 Male/Female
Check the appropriate box for your gender as it appears on your official identification documents.
- 6 窓口 Window/Counter
Check or mark this box if you want to receive documents or notifications at a service counter/window in person rather than by mail.
- 7 ・ ・ Bullet points
These bullet points separate different sections or options - no action needed, they are just formatting elements on the form.
- 8 有 窓口 有 窓口 有 Available at counter / Available at counter / Available
This appears to be indicating service availability at municipal office counters - likely just informational text rather than a field to fill out
- 9 郵送 Mail/Postal delivery
Check or mark this box if you want documents mailed to your registered address - this is the most common choice for foreign residents.
- 10 郵送 Mail/Postal delivery
This appears to be a duplicate mail delivery option - check with the office staff which one to use if both options seem identical.
- 11 無 未 交 付 無 未 交 付 無 未 交 付 None - Not Issued / Not Delivered - None - Not Issued / Not Delivered - None - Not Issued / Not Delivered
These are checkbox options indicating you don't have or haven't received certain documents (likely residence cards, certificates, etc.). Check the appropriate box if the document wasn't issued to you or you haven't received it yet.
- 12 マイナンバー My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 13 ・ 会社員 () ・ Company employee ()
Write your company name in the parentheses if you are employed by a company



異動者 — Person Table (Part 1/4) (continued)

- 14

フリガナ

Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 15

・ 無し

・ 個人事業主

・ None

・ Individual business owner

Select "None" if you're not self-employed, or "Individual business owner" if you run your own business/are a freelancer.

異動者 — Person Table (Part 2/4)

概をお願いし ます。	フリガナ	昭平	男	・無し ・求職中 ・アルバイト ・会社員（ ）	・個人事業主 ・パート	有	窓	口	有	窓	口	有	窓	口
	フリガナ	昭平	男	・無し ・求職中	・個人事業主 ・パート	有	窓	口	有	窓	口	有	窓	口

- 1 **窓 口** Window/Counter
Check this box if you are submitting this form in person at a government office counter/window.
 - 2 **男女** Male/Female
Check the appropriate box for your gender as it appears on your official identification documents.
 - 3 **・ ・** Bullet points
These are bullet points listing options - select the appropriate category that applies to your situation from the list provided.
 - 4 **有 窓 口 有 窓 口 有** Available at counter / Available at counter / Available
This appears to be indicating service availability at municipal office counters - likely just informational text rather than a field to fill out
 - 5 **郵 送** Mail/Postal delivery
Check this box if you are submitting this form by mail or postal delivery rather than in person.
 - 6 **郵 送** Mail/Postal delivery
Check this box if you want to receive the response or documents by mail rather than picking them up in person.
 - 7 **い し** Doctor/Physician
Write your occupation if you work as a medical doctor or physician
 - 8 **無 未 交 付 無 未 交 付 無 未 交 付**
None - Not Issued / Not Delivered - None - Not Issued / Not Delivered - None - Not Issued / Not Delivered
These are checkbox options indicating you don't have or haven't received certain documents (likely residence cards, certificates, etc.). Check the appropriate box if the document wasn't issued to you or you haven't received it yet.
 - 9 **マイ ナンバ ー** My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
 - 10 **ま す** -masu (verb ending/continuation mark)
This appears to be part of a longer sentence or instruction - follow the complete sentence guidance that this word concludes.
 - 11 **フ リ ガ ナ** Furigana (phonetic reading)
Write the phonetic reading of your name in katakana characters above or next to your name written in kanji/other scripts
 - 12 **男 女** Male/Female
Check the appropriate box for your gender as it appears on your official identification documents.
 - 13 **昭 平** Showa/Heisei
This likely refers to era name abbreviations - write the first characters of the Japanese era (昭和 for Showa or 平成 for Heisei) corresponding to your birth date or relevant date on the form.

Figure 1 shows a sample of a Japanese tax return form (Form 1040) for an individual taxpayer. The form is titled "国民健康保険料額決定通知書" (National Health Insurance Premium Determination Notice). It contains various sections for personal information, income, and deductions. A red box highlights the "所得控除" (Income Deductions) section, which includes "基礎控除" (Basic Deduction) and "配偶者控除" (Spouse Deduction). The "基礎控除" section shows a deduction of 38,000 yen for the taxpayer and 38,000 yen for the spouse, totaling 76,000 yen. The "所得控除" section also shows a deduction of 76,000 yen for the taxpayer and 76,000 yen for the spouse, totaling 152,000 yen. The form is filled out with handwritten information, including names, addresses, and income amounts.

異動者 — Person Table (Part 2/4) (continued)

- 14

・ ・ 無求し職 中 ・ ・ 個/パ人一事ト業 主 Job seeking... unemployed... sole proprietor/individual business owner part-time

Check the appropriate box that matches your employment status - whether you're unemployed and job seeking, or running your own small business/working part-time as an individual contractor.
- 15

窓 口 Window/Counter

Check this box if you want to receive the response or pick up documents at the government office counter/window in person.

異動者 — Person Table (Part 3/4) (continued)

- 14

・ 転 入

Moving In

Check this box if you are registering your address after moving into this municipality from another city/ward
- 15

・ 転 出

Moving out

Check this box if you're moving out of the current municipality to a different city/town

異動者 — Person Table (Part 4/4)

①届出書太枠内を記入してください。

②勤務先の保険の情報が分かるもの（資格確認書や資格情報のお知らせ等）のコピーと併せて、届出書の右上に記載のある本人確認書類のコピーいずれか一点と、大田区の資格確認書等の原本を同封してご郵送ください。

資格確認書等の写し

転入	転出	世帯主変更
社保離脱	社保加入	世帯分離
国組離脱	国組加入	世帯合併
生保廃止	生保開始	世帯変更
出生	死亡	その他
職権回復	職権消除	
その他開始	その他終了	

適用開始

終了年月日

平成
令和 年 月 日

受付番号 No.

処理年月日

- 1

世帯主変更

Head of household / Change

The primary person in a household for registration purposes. If you live alone, you are the head of household. Check this box if you are making changes to existing information
- 2

号て、届出書の右上に記載のある本人確認書類のコピーいずれか一点と、大田区の資格確認書等

国組離脱

Identity verification documents / Qualification

Documents that prove your identity. Primary: Residence Card, Passport, My Number Card. Secondary: Health Insurance Card, Driver's License. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 3

国組加入

National Health Insurance enrollment

Check this box if you want to enroll in Japan's National Health Insurance system (required for most residents not covered by employer insurance)
- 4

世帯合併

Household merger

Check this if you're combining two separate households into one (e.g., when family members move in together and want to be registered as a single household unit)
- 5

平成

Heisei (era name)

This refers to the Heisei era (1989-2019) - if filling a date, use the appropriate era year or convert to Western calendar year
- 6

生保廃止

Welfare termination

Check this box if you are ending public assistance/welfare benefits due to your move
- 7

その他 令和 年 月 日

Other

Use this section for any additional information not covered in other fields
- 8

死亡

Death

Check this box only if you are reporting a death. This would be used when notifying authorities of someone's passing for insurance or administrative purposes.
- 9

にの原本を同封してご郵送ください。

Please enclose the original of this and mail it to us.

This is an instruction, not a field to fill out. It reminds you to include the original documents (like insurance certificates or identification) when mailing this form to the office.
- 10

受付番号 No.

Reception / Received

Staff use - indicates form was received. Do not fill in.
- 11

その他開始・その他終了

Other

Use this section for any additional information not covered in other fields
- 12

処理年月日

Processing

Staff use - processing status. Do not fill in.
- 13

資格確認書等の写し

Copy / Qualification

Refers to certified copies of documents that may be required Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



本人確認書類 — ID & Documents

に業務に使用します。

資格確認書等の写し

貼り付け

新	旧	令和	年	月	日
記号	記号	受付	入力	点検	
番号	番号				

- 1

資格確認書等の写し Copy / Qualification

Refers to certified copies of documents that may be required Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 2

令和 年 月 日 Reiwa __ year __ month __ day

Fill in the current date using the Japanese Reiwa era calendar (Reiwa 1 = 2019, Reiwa 2 = 2020, etc.)
- 3

記号 Symbol/Code

This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.
- 4

記号 Symbol/Code

This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.
- 5

受付 Reception/Received

N/A (this is for office use only - staff will stamp/fill this section when they receive your form)
- 6

入力 Input
- 7

点検 Verification/Check
- 8

貼り付け Attach/Affix

This indicates where to attach required documents like passport copies or residence card copies to the form.
- 9

番号 Number

Enter your residence card number or other identifying number as specified in the form instructions.
- 10

番号 Number

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



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