

## ★記入例★

届出年月日		※健康保険資格喪失証明書(コピーも可)・本人確認資料(コピー)を必ず同封してください。						郵送専用			
世帯主	① 7年8月2日	国民健康保険被保険者適用開始届						杉並区長宛			
	住所 ② 杉並区 阿佐谷南 1丁目15番1号 杉並マンション 方	届出代理人	住 所 杉並区 阿佐谷南 1丁目15番1号 杉並マンション 方								
氏名 ③ 杉並 太郎	電話	自宅 ④ 03-▲▲▲▲-▲▲▲▲ 携帯・他 090-△△△△-△△△△	氏名	杉並 太郎 電 話 090-△△△△-△△△△							
枝番	フリガナ 加入する方の氏名	性別	生年月日	特 記 事							
	すぎなみ たろう	男	昭 ⑦ 平 令 西暦 44・5・8	個人番号	12345 <input type="checkbox"/> 変更あり	※ご記入にあたっての注意» 太枠の中を記入してください。 ①~⑦の欄は必ずご記入ください。 ④電話は、日中連絡のつく番号をご記入ください。 書類の内容に記入もれ等ある場合、ご連絡させていただきます。					
	すぎなみ ももこ	男	昭 平 令 西暦 48・1・16	個人番号	67890 <input type="checkbox"/> 変更あり	※確認できないと、加入の手続きができない場合があります。					
	杉並 桃子	女	昭 平 令 西暦 .	マイナ保険証	1.あり ② <input type="checkbox"/> あり 2	○世帯主欄は、住民票上の世帯主のお名前をご記入ください。 ○今回国保に加入する方全員のお名前(世帯主を含む)をご記入ください。 書ききれない場合は、用紙を追加してご記入ください。					
		男	昭 平 令 西暦 .	個人番号	<input type="checkbox"/> 変更あり	○個人番号がわからない場合には記入を省略して構いません。					
			昭 平 令 西暦 .	マイナ保険証	1.あり 2						
事由	1.転入 2.社 3.後期高齢離脱 4.出生 5.職権適用開始 6.他適用開始 7.組合離脱 8.後期高齢離脱	旧勤務先会社 ・電話番号						○○株式会社 電 話 03-(□□□□)□□□□			
区分	新規 · 追加	本人確認資料のコピー(世帯主と加入者全員)						本年 1月1日の住所 ・住民税課税地			
1点確認 マイナンバーカード 運転免許証 運転経歴証明書 パスポート 住基カード(写真付き) 身体障害者手帳 在留カード 特別永住者証明書 就雇保険受給資格者証(写真・割印有) その他( )								1. 杉並区 2. 転入前の住所 3. その他( )			
2点確認 資格確認書(国保・後期・社保) 介護証 マルクレジット マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 その他( )								前年 1月1日の住所 ・住民税課税地 3. その他( )			
記番号	15 - -	交付印	受付	入力	点検	住所移動に伴う世帯構成変更				有 · 無	
受付場所						現在の勤務先	1. 会社 2. 自営 3. なし	電話 ( )	社保の適用	有 · 理由 無 [ ]	
国保年金課国保資格係(郵送)											

# Suginami — 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

## タイトル・届出日 — Header &amp; Dates



① **★記入例★**

※健康保険資格喪失証明書(コピーも可)・本人確認資料(コピー)を必ず同封してください。

**国民健康保険被保険者適用開始届**

郵送専用  
杉並区長宛

## 1 ★記入例★ Example of how to fill in

Sample form showing how to complete each field. Study this before filling your own form.

## 2 郵送専用 Mail-only / Postal use only

This indicates the form is for postal/mail submission only - you don't need to fill this section out as it's a processing designation for the government office. Leave this field blank as it's for administrative use.

## 3 ※健康保険資格喪失証明書(コピーも可)・本人確認資料(コピー)を必ず同封してください。 Qualification

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

## 4 届出年月日 Date of notification

Write the date you are submitting this form to the municipal office (format: year/month/day)

## 5 国民健康保険被保険者適用開始届 National Health Insurance

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

## 6 杉並区長宛 To the Mayor of Suginami Ward

N/A (this is a pre-printed address line indicating who the form is submitted to)



Form p.1

## 届出人情報 — Who Is Filing (Part 1/2)

届出年月日 **1** 7年8月2日

※健康保険資格喪失証明書(コピーも可)・本人確認資料(コピー)を必ず同封してください。

**2** 国民健康保険被保険者適用開始届

※太線の枠内に  
世帯主の住所記入  
※世帯主以外の方は記入してください。

世帯主 氏名	② 並区 阿佐谷南 1 丁目 15 番 1号 杉並マンション 方	届出代理人 氏名	杉並区 阿佐谷南 1 丁目 15 番 1号 杉並マンション 方
電 自宅	03-▲▲▲-▲▲▲	電話	03-0000-0000

③ 杉並 太郎

**1** 国民健康保険被保険者適用開始届 National Health Insurance

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

**2** 杉並区長宛 To the Mayor of Suginami Ward

N/A (this is a pre-printed address line indicating who the form is submitted to)

**3** 7年8月2日 Year 7, Month 8, Day 2

This appears to be a pre-printed date format showing placement - fill in actual dates using Arabic numerals in the format shown.

**4** ※世帯主以外の方は記入してください。 Head of household

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

**5** 杉並区 阿佐谷南 1 丁目 15 番 1号

Suginami Ward, Asagaya-minami, 1-chome, 15-ban, 1-go

This shows the complete Japanese address format - copy your address exactly as it appears on your residence card, maintaining the same character spacing and structure.

**6** 杉並区 阿佐谷南 1 丁目 15 番 1号 Suginami Ward

This is a specific ward in Tokyo. Enter your actual ward/city name.

**7** 住所 Address

Write your complete current address including apartment/room number if applicable

**8** 住所 Address

Write your complete current address including apartment/room number if applicable

**9** 杉並マンション 方 Suginami Mansion, c/o

Write the building/apartment name followed by 方 (indicating "care of" or that you're staying at someone else's registered address)

**10** 杉並マンション 方 Suginami Mansion, c/o

Write the building/apartment name followed by 方 (indicating "care of" or that you're staying at someone else's registered address)

**11** 枠帶 Frame/border area

N/A (this refers to the bordered sections or frame areas of the form layout)

**12** 03-▲▲▲-▲▲▲理 03-▲▲▲-▲▲▲ Processing

Write your phone number in the format 03-XXXX-XXXX. Foreign residents should use their Japanese phone number; if you don't have one yet, you may need to obtain a Japanese phone number before completing this form or contact the office for alternative options.

**13** 自宅 Home address

Enter your residential address where you actually live



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

14 杉並 太郎 Suginami Taro

This is an example name showing the format (surname first, given name second) - replace with your actual name in this order.

15 氏名 Name

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

## 届出人情報 — Who Is Filing (Part 2/2)

① 内 を 主	氏名	③ 杉並 太郎	電 4	自宅 03-▲▲▲▲-▲▲▲▲	④ 理 人	氏名	⑤ 事 業 主 姓 名 杉並 桃子	電 話 090-○○○○-○○○○
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## 1 を主 (subject marker)

This appears to be part of a larger phrase indicating who is the main filer or subject of the form. You typically don't need to write anything in this specific field as it's part of a pre-printed phrase structure.

## 2 人氏名 Name

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

## 3 杉並 桃子 Suginami Momoko

This appears to be an example name - replace with your actual full name in katakana or kanji

## 4 電話 090-○○○○-○○○○ Phone 090-○○○○-○○○○

Enter your mobile phone number in the format shown (090 is a common Japanese mobile prefix)



Form p.1

## 住所 — Addresses (Part 1/3)

1 枠内を記入し 枝	主	杉並マンション 方			出 代 理 人	杉並マンション 方
		氏名	③ 杉並 太郎	電話		
		自宅	④ 03-▲▲▲-▲▲▲	携帯・他	090-△△△△-△△△△	
		性	牛 年 月 日	特 記 事		
<b>《ご記入にあたっての注意》</b> 太枠の中を記入してください。						

- 1 枠帶 Frame/border area  
N/A (this refers to the bordered sections or frame areas of the form layout)
- 2 03-▲▲▲-▲▲▲理 03-▲▲▲-▲▲▲ Processing  
Enter your phone number in the format 03-XXXX-XXXX. Replace the triangles (^) with your actual phone number digits.
- 3 自宅 Home address  
Enter your residential address where you actually live
- 4 杉並 太郎 Suginami Taro  
This is an example name showing the format (surname first, given name second) - replace with your actual name in this order.
- 5 氏名 Name  
Write your full name as it appears on your residence card or passport
- 6 を主 (subject marker)  
This appears to be a grammatical particle or connector - leave as is or follow the form's specific instructions for this field.
- 7 人氏名 Name  
Write your full legal name as it appears on your residence card or passport
- 8 杉並 桃子 Suginami Momoko  
This appears to be an example name - replace with your actual full name in katakana or kanji
- 9 電話 090-〇〇〇〇-〇〇〇〇 Phone 090-〇〇〇〇-〇〇〇〇  
Enter your mobile phone number in the format shown (090 is a common Japanese mobile prefix)
- 10 話携帯・他 090-△△△△-△△△△ Mobile phone  
Enter your mobile/cell phone number including area code
- 11 123456789012 123456789012  
Enter your 12-digit individual number (マイナンバー). This is your personal identification number issued by the Japanese government.
- 12 個人番号 My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 13 フリガナ Furigana (phonetic reading)  
Write the pronunciation of your name in katakana characters above or next to your name written in kanji/other scripts
- 14 し枝 Branch/extension  
Leave blank unless you have a complex family relationship requiring a branch designation in the family registry system
- 15 高齢 Elderly  
Check this box if you are 65 years or older (age threshold may vary by municipality)



## 住所 — Addresses (Part 2/3)

入して ください	枝番	フリガナ 加入する方の氏名	性別 男	生年月日 昭平令西暦 7 44·5·8	特記事項 個人番号 12345 マイナ保険証 □ 変更あり 1. あり (2) 19	太枠の中を記入してください。 ①~⑦の欄は必ずご記入ください。 ④電話は、日中連絡のつく番号をご記入ください。 書類の内容に記入もれ等ある場合、ご連絡させていただきます。
	5	すぎなみ たろう	6 女			

## 1 生年月日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using the Japanese calendar era system like Reiwa, Heisei, etc.)

## 2 特記事項 Special Notes/Remarks

Leave blank unless you have special circumstances to report (like unusual living arrangements or documentation issues)

## 3 備考 Remarks

Use this section for any additional notes or special circumstances regarding your address change that don't fit in other sections.

## 4 交付 Issuance/Issue

This section is typically filled out by government office staff, not by you as the applicant.

## 5 ①~⑦の欄は必ずご受記給入者く証ださい。

Please be sure to fill in fields ①~⑦ (Note: The original text appears to contain errors or unclear characters)

Fill in all numbered fields ① through ⑦ as they are mandatory sections of the form

## 6 加入する方の氏名 To do/perform / Full name

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

## 7 123456⑦8電90話12は、日中連絡の2つ割く番号をご記入ください。

For telephone number 123456⑦8電90話12, please write two phone numbers where you can be reached during daytime hours.

Provide two phone numbers where you can be contacted during business hours (e.g., mobile phone and work phone).

## 8 すぎなみ たろう Suginami Taro

This appears to be an example name showing the format - write your full name in hiragana characters.

## 9 昭平令西暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

## 10 個人番号 My Number (Individual Number)

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

## 11 □ 変更あり ( 書年 類 月の頃内 ) 容に郵送記入もれ 等ある場合、ご連絡させ Change

Check this box if you are making changes to existing information

## 12 杉並 太郎 Suginami Taro

This is an example name showing the format (surname first, given name second) - replace with your actual name in this order.

## 13 4 4 · 5 · 8 44·5·8

Enter your birth date in Japanese era format (year · month · day). The '44' indicates Showa 44 (1969), so this shows May 8, 1969. Foreign residents should convert their birth year to the appropriate Japanese era year.

## 14 マイナ保険証 1. あり 2. なてしい 3. た. だ不明ります。 Health insurance card / .

Japanese health insurance card. Can serve as secondary ID at some banks.



## 住所 — Addresses (Part 2/3) (continued)

15 3割 30%

Enter your healthcare insurance copayment percentage. Most working adults pay 30% (3割) of medical costs, while children, elderly, and some low-income individuals may pay 10% or 20%.

## 住所 — Addresses (Part 3/3)

い。	すぎなみ ももこ	男	マイナ保険証 1.あり 67890	ていただきます。 ※確認できないと、加入の手続きができない場合があります。
----	----------	---	-------------------------	--

**1** 67890123※45 確67認ないと、2 加割入の手続きができない場

67890123※45 confirmation 67 If confirmation cannot be made, procedures for 2 additional enrollment cannot be completed

This appears to be an insurance verification number or policy number field.

Enter the complete number exactly as it appears on your insurance documents - accuracy is critical as incorrect numbers will prevent enrollment processing.

**2** すぎなみ ももこ Suginami Momoko

This appears to be an example name showing the format - write your name in katakana characters in the designated field.

**3** 昭 平 令 西暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

**4** 個人番号 My Number (Individual Number)

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



Form p.1

## 異動者 — Person Table (Part 1/4)

い。	すぎなみ ももこ	男	昭 平 令 西暦 個人番号 マイナ保険証	1. あり 2. なし <input checked="" type="checkbox"/> 67890 <input type="checkbox"/> 変更あり	ていただきます。 ※確認できないと、加入の手続きができない場合があります。 ○世帯主欄は、住民票上の世帯主のお名前をご記入ください。 ○今回国保に加入する方全員のお名前（世帯主を含む）をご記入ください。
	杉並 桃子	女	48・1・16		
		男	昭 平 令 西暦 個人番号 マイナ保険証	1. あり 2. なし <input type="checkbox"/>	

1 67890123※45 確認できないと、2加割入の手続きができない場

67890123※45 confirmation 67 If confirmation cannot be made, procedures for 2 additional enrollment cannot be completed

This appears to be a My Number (マイナンバー) field - enter your 12-digit individual number from your My Number card. This number is required for enrollment verification.

2 すぎなみ ももこ Suginami Momoko

This appears to be an example name showing the format - write your name in katakana characters in the designated field.

3 昭 平 令 西暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

4 個人番号 My Number (Individual Number)

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

5 □ 変更あり ( 年合 が 月あ頃り ) ま郵す送。 Change

Check this box if you are making changes to existing information

6 杉並 桃子 Suginami Momoko

This appears to be an example name - replace with your actual full name in katakana or kanji

7 48・1・16 48・1・16

This appears to be a date format (Year 48, Month 1, Day 16) - likely using Japanese era year system where 48 would correspond to Showa 48 (1973). Fill in your relevant date using the same format.

8 マイナ保険証 1. あり 2. なし ○ 世帯主 不明欄は、住民票上割の世帯主のお名前をご記

Health insurance card / Head of household

Japanese health insurance card. Can serve as secondary ID at some banks. The primary person in a household for registration purposes. If you live alone, you are the head of household.

9 入ください。 Please enter.

This is an instruction telling you to enter information in the preceding field - follow the specific guidance given in the form section above this text.

10 昭 平 令 西暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

11 2割 20% / 2/10ths

This indicates a 20% cost-sharing ratio, likely for health insurance - this may be pre-filled or you may need to select this option if it applies to your situation.

12 個人番号 My Number (Individual Number)

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



Form p.1

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

13  変更あり ( ○ 今年 回 国月頃保 ) に加郵送入する方・全員のお名前 (世帯主を  
Head of household / Change / To do/perform

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

14 • . • (bullet points/list markers)  
These are formatting separators for date entry - enter numbers in the format indicated (likely birth date or another date in year/month/day format with dots as separators).

15 世帯主と加入者全員の女 Head of household  
The primary person in a household for registration purposes. If you live alone, you are the head of household.

## 異動者 — Person Table (Part 2/4)

①	世帯主と加入者全員の 本人確認資料のコピー を同封してください。	昭 平 令 西暦	マイナ保険証 1.あり 2.なし	□ 変更あり	○今回国保に加入する万全貞のお名前（但帝王を含む）をご記入ください。
事由	1.転入 2.社保離脱 3.生保廃止 4.出生 5.職権適用開始	個人番号	マイナ保険証 1.あり 2.なし	□ 変更あり	書ききれない場合は、用紙を追加してご記入ください。
					○個人番号がわからない場合には記入を省略して構いません。
					○株式会社

- 1 マイナ保険証 1 .あり 2 .なし 3 .を不明ご記入ください割。 Health insurance card  
Japanese health insurance card. Can serve as secondary ID at some banks.
- 2 書ききれない場合は、用紙を追加してご記入ください If you cannot fit everything, please add additional sheets and fill them out  
Use extra paper if you run out of space for listing family members or addresses
- 3 昭 平 令 西暦 Western calendar  
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 4 2割 20% / 2/10ths  
This indicates a 20% co-payment rate for medical expenses. You don't need to write anything here - it's a pre-printed option that may apply to your insurance coverage.
- 5 個人番号 My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 6 本人確認資料のコピー Copy of identity verification documents  
Attach photocopies of documents like your residence card, passport, or driver's license to verify your identity
- 7 □ 変更あり ( 年 月 ) 郵送 Change  
Check this box if you are making changes to existing information
- 8 . . . (bullet points/list markers)  
These are bullet points or list markers for organizing information. Leave these as they are - they're formatting elements, not fields to fill in.
- 9 ○個人番号がわからない場合には記入を省略して My Number (Individual Number) / From  
12-digit number. Leave blank on first registration — it will be mailed to you after. Used to indicate the starting point (previous address, etc.)
- 10 3割 30%  
This indicates a 30% co-payment rate for medical expenses. Like field 4, this is a pre-printed option and doesn't require any input from you.
- 11 マイナ保険証 1 .あり 2 .なし 3 .不明 Health insurance card  
Japanese health insurance card. Can serve as secondary ID at some banks.
- 12 を同封してください。 Please enclose.  
This instruction means 'Please enclose [documents].' Make sure to include copies of identity verification documents for the household head and all applicants as requested in the circled area above.
- 13 1.転入 2.社保離脱 3.生保廃止 4.出生 5.職権適用開始  
1. Moving in 2. Social insurance withdrawal 3. Welfare termination 4. Birth 5. Ex officio application start  
These are checkbox options for national health insurance enrollment reasons - select the one that applies to your situation (most foreign residents would select option 1 for moving in)
- 14 旧勤務先名称 Place of employment / Employer  
Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number).



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

15

○○株式会社 ○○ Corporation

Replace ○○ with your company's actual name if this is an employment-related field

## 異動者 — Person Table (Part 3/4)

事由	1. 転入 2. 社会 3. 正 4. 出生 5. 職権適用開始 6. 他適用開始 7. 組合離脱 8. 後期高齢離脱	本人確認資料のコピー(世帯主と加入者全員)	構いません。 旧勤務先名 ・電話番号 ○○株式会社 電話 03 ( 0000 ) 0000
区分	新規 · 追加	1点確認 マイナンバーカード 運転免許証 運転経歴証明書 パスポート 住基カード(写真付き) 身体障害者手帳 在留カード 特別永住者証明書 雇用保険受給資格者証(写真・割印有) その他( )	1. 本年 1. 杉並区 2. 転入前の住所 月1日の住所 ・住民税課税地 2. 前年 1. 杉並区 2. 転入前の住所 月1日の住所 ・住民税課税地 3. その他( ) 3. その他( )
適用開始年月日	年 月 日	年会員登録 マリ子育 マリ相続 年会員登録 健保品除資格登録	

## 1 事由 Reason

Select the reason for your address change (moving in, moving out, change of address within city, etc.)

## 2 電話 03 ( 0000 ) 0000 Telephone 03 ( 0000 ) 0000

Fill in your phone number - the 03 is pre-filled for Tokyo area code, enter the remaining digits in the boxes

## 3 本人確認資料のコピー(世帯主と加入者全員) Head of household

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

## 4 新規 · 追加 New registration / Addition

Select "新規" for your first registration in this municipality, or "追加" if adding family members to existing registration

## 5 区分 Classification/Category

This section indicates the type of registration change you're making (e.g., moving in, moving out, address change within the city).

## 6 1. 杉並区 2. 転入前の住所 Suginami Ward / Address / Moving in (from another municipality or abroad)

This is a specific ward in Tokyo. Enter your actual ward/city name. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

## 7 本年 This year

Enter the current calendar year (e.g., 2024)

## 8 マイナンバーカード 運転免許証 運転経歴証明書 パスポート 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 適用開始年月日 Application Start Date

Enter the date when your residence registration or status change takes effect (usually the date you moved or your circumstances changed).

## 10 ・住民税課税地 3. 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 特別永住者証明書 雇用保険受給資格者証(写真・割印有) Qualification / Seal (inkan / hanko)

Refers to your legal status or eligibility (e.g., resident status, insurance qualification) Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

## 12 年 月 日 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



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

13 1 . 杉並区 2 . 転入前の住所 Suginami Ward / Address / Moving in (from another municipality or abroad)

This is a specific ward in Tokyo. Enter your actual ward/city name. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

14 前年 Previous year

Enter the year before the current year (e.g., if filling out in 2024, enter 2023)

15 1 . 住民税課税地 3 . 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

## 異動者 — Person Table (Part 4/4)

記号	15	資格確認書(国保・後期・社保) 介護証 マル乳証 マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 その他( )	住民税課税地	3. その他( )
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1 マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 Pension / Qualification

Select your pension type (National Pension, Employee Pension, etc.) Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

2 記号 Symbol/Code

Leave blank unless instructed by municipal office staff - this field is typically for internal administrative codes



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## 本人確認書類 — ID &amp; Documents

記号番号 15 - -	其他(その他) 健康保険証(国民健康保険証・医療・健康手帳)・年金手帳・証書・健康保険資格喪失証明書 マル子証・マル親証				住民税課税地	3. その他( )	
受付場所 国保年金課国保資格係(郵送)	交付印	受付	入力	点検	住所移動に伴う世帯構成変更		有・無
					現 勤務先 1. 会社 2. 自営 3. なし	電話 ( )	社保の適用 有・理由 無 ( )

1. 住民税課税地 3. 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
2. マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 Pension / Qualification  
Select your pension type (National Pension, Employee Pension, etc.) Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
3. 記号 Symbol/Code  
Leave blank unless instructed by municipal office staff - this field is typically for internal administrative codes
4. 15 - - - 15 ---  
This appears to be a form field number with blank spaces for data entry - fill in the required information in the dashes as specified in the form instructions.
5. 住所移動に伴う世帯構成変更 Address / Change  
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address. Check this box if you are making changes to existing information
6. 有・無 Yes / No  
Circle or check the appropriate option based on whether the condition applies to your situation
7. 交付印 Seal (inkan / hanko)  
Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
8. 受付 Reception/Received  
N/A - this is an office use only section where municipal staff will stamp or write when they receive your form
9. 入力 Input/Entry
10. 点検 Inspection/Review  
N/A - this is a section header for municipal office staff use only
11. 受付場所 Reception Location
12. の勤務 23.. 自な 営し電話 ( ) Employment 23.. Self-employed telephone ( )  
Enter your work phone number if self-employed; use parentheses for area code
13. の適無・理由 Applicability/Reason  
Check the appropriate box for applicability (有/無) and write the reason in the space provided if applicable.
14. 国保年金課国保資格係(郵送) Pension / Qualification  
Select your pension type (National Pension, Employee Pension, etc.) Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



## 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