



# Sagamihara Chuo — 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

セクション 1 — Section 1 (Part 1/2)

第 3 号様式

記載例

介護保険被保険者証等（交付・再交付）申請書

相模原市長 あて

令和〇年 〇月〇〇日

① どなたの分が必要ですか

被 保 険 者	被保険者番号	0001234567	個人番号	987654321000
	フリガナ	サガミ タロウ	生年月日	明・大・昭 〇年 〇月 〇〇日
	氏 名	相模 太郎	性 別	男 ・ 女
	住 所	相模原市中央区中央〇丁目〇番〇号		

- 1

第3号様式 Form No. 3
- 2

記載例 Example entry

This shows how to fill out the form correctly - refer to this sample when completing your information
- 3

介護保険被保険者証等（交付・再交付）申請書 Long-term Care Insurance Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance.
- 4

相模原市長 あて To: Mayor of Sagamihara City

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

令和〇年 〇月〇〇日 Reiwa \_\_ Year \_\_Month \_\_Day

Fill in the current date using Reiwa era year (Reiwa 1 = 2019, Reiwa 6 = 2024, etc.)
- 6

① どなたの分が必要ですか For whom do you need this?

Select or write the name of the person who needs the document/service
- 7

被保険者番号 0001234567 個人番号 987654321000 My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.
- 8

生年月日 明・大・昭 〇年 〇月 〇〇日 Date of birth

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

フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 10

サガミ タロウ SAGAMI TAROU

This is an example name showing the katakana format required
- 11

相模 太郎 Sagami Taro

This appears to be a sample name - replace with your actual name
- 12

氏 名 Full name

Write your full legal name as it appears on your residence card or passport
- 13

性 別 Gender

Usually select from options like 男 (male) or 女 (female)



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

第 3 号様式

記載例

介護保険被保険者証等（交付・再交付）申請書

相模原市長 あて

令和〇年 〇月〇〇日

① どなたの分が必要ですか

被 保 険 者	被保険者番号	0	0	0	1	2	3	4	5	6	7	個人番号	9	8	7	6	5	4	3	2	1	0	0	0	
	フリガナ	サガミ タロウ											生年月日	明・大・昭 〇年 〇月 〇〇日											
	氏 名	相模 太郎											性 別	男 ・ 女											
	住 所	相模原市中央区中央〇丁目〇番〇号																							

住所登録地を記入してください

- 14

男 ・ 女    Male ・ Female

Circle or check the appropriate gender option that matches your official documents.
- 15

相模原市中央区中央〇丁目〇番〇号    〇-〇-〇 Chuo, Chuo-ku, Sagamihara City

This is an address format example - replace 〇 symbols with actual numbers

セクション 1 — Section 1 (Part 2/2)

	<div>1住所</div>	相模原市中央区中央〇丁目〇番〇号	<div>2住民登録地をご記入ください。</div>
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- 1

住所Address

Write your complete residential address including postal code, prefecture, city, and building details
- 2

住民登録地をご記入ください。Please enter your registered address of residence.

Enter the address where you are officially registered as a resident, which may differ from your current living address



セクション 2 — Section 2 (Part 1/2)

	住所	相模原市中央区中央〇丁目〇番〇号	住民登録地をご記入ください。
② 申請をするのはどなたですか	フリガナ	サガミ ハナコ	被保険者との続柄
	氏名	相模 花子	妻
	住所	相模原市中央区中央〇丁目〇番〇号	電話番号 (平日の昼間に連絡できる番号)
			〇〇〇 (△△△△) □□□□
			※本人の場合、住所の記載は不要
			申請者は本人又は代理人です。

- 1 相模原市中央区中央〇丁目〇番〇号    〇-〇-〇 Chuo, Chuo-ku, Sagamihara City  
This is an address format example - replace 〇 symbols with actual numbers
- 2 住所    Address  
Write your complete residential address including postal code, prefecture, city, and building details
- 3 住民登録地をご記入ください。    Please enter your registered address of residence.  
Enter the address where you are officially registered as a resident, which may differ from your current living address
- 4 ② 申請をするのはどなたですか    To do/perform  
This is typically part of a longer phrase on forms - look for the complete text before filling
- 5 サガミ ハナコ    SAGAMI HANAKO  
This is an example name showing the katakana format required for the phonetic reading field
- 6 被保険者との続柄 妻    Relationship to head of household  
See relationship terms table.
- 7 フリガナ    Phonetic reading (katakana)  
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 8 電話番号    Phone number  
Japanese mobile number preferred. Some forms accept overseas numbers.
- 9 相模 花子    Sagami Hanako  
Write your full legal name exactly as it appears on your residence card or passport
- 10 氏名    Full name  
Write your full legal name as it appears on your residence card or passport
- 11 〇〇〇 ( △△△△ ) □□□□    〇〇〇 (△△△△) □□□□  
This is a template showing placeholder symbols - circles (〇) typically indicate where to write in katakana, triangles (△) for additional information in parentheses, and squares (□) for other required information. Fill according to the specific field label.
- 12 ( 平日の昼間に連絡できる番号 )    Phone number (reachable during weekday daytime)  
Provide a number where you can be reached during business hours (9AM-5PM on weekdays)
- 13 ※本人の場合、住所の記載は不要    Address  
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.



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

	住所	相模原市中央区中央〇丁目〇番〇号			住民登録地をご記入ください。
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② 申請をするのはどなたですか

申請者	フリガナ	サガミ ハナコ	被保険者との続柄	妻	
	氏名	相模 花子	電話番号 <small>(平日の昼間に連絡できる番号)</small>	〇〇〇 (△△△△) □□□□	
	※本人の場合、住所の記載は不要				
	住所	相模原市中央区中央〇丁目〇番〇号			申請者は本人又は代理人です。

- 14

住所 Address

Write your complete residential address including postal code, prefecture, city, and building details
- 15

申請者は本人又は 代理人です。

This is an informational note stating that the applicant is either the person themselves or their representative/agent. No action needed - this is just explaining who can submit the form.

セクション 2 — Section 2 (Part 2/2)

	住 所	① 相模原市中央区中央○丁目○番○号	申請者は本人又は代理人です。
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③ 必要なものは何ですか (○で囲んでください。複数の証の選択も可能です)

② 再交付する証明書	③ ① 被保険者証      ② 資格者証      ③ 受給資格証明書
	④ ④ 負担割合証 (適用期間: 令和○ 年 8 月 1 日 ~ 翌年 7 月 31 日分)
	⑤ ⑤ 負担限度額認定証      ⑥ ⑥ 社会福祉法人等による利用者負担軽減確認証

- ① 相模原市中央区中央○丁目○番○号      ○-○-○ Chuo, Chuo-ku, Sagamihara City  
This is an address format example - replace ○ symbols with actual numbers
- ② ③ 必要なものは何ですか (○で囲んでください。複数の証の選択も可能です)  
What documents are required? (Circle applicable items. Multiple selections allowed.)  
This is an instruction asking you to circle the required documents from a list below. You can select more than one option.
- ③ ① 被保険者証   ② 資格者証   ③ 受給資格証明書      Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- ④ ○④ 負担割合証 ( 適用期間: 令和○ 年8月1日 ~ 翌年7月31日分 )  
Co-payment rate certificate (Valid period: August 1, Reiwa ○ year ~ July 31 of the following year)  
Medical insurance certificate showing your healthcare co-payment percentage (10%, 20%, or 30%)
- ⑤ 再交付する証明書      To do/perform  
This is typically part of a longer phrase on forms - look for the complete text before filling
- ⑥ ⑤ 負担限度額認定証   ⑥ 社会福祉法人等による利用者負担軽減確認証      Certificate / Confirmation  
Refers to official certificates like income certificate, tax exemption certificate, etc. Staff use only - do not fill in





セクション 3 — Section 3 (Part 1/2)

5 負担限度額認定証 6 社会福祉法人等による利用者負担軽減確認証

④ 再交付の理由は何ですか (○で囲んでください)

再交付申請の理由

① 紛失・焼失 2 破損・汚損  
3 その他 ( )

⑤ 2号被保険者 (40歳から64歳の医療保険加入者) のみ記入してください

医療保険者名

医療保険被保険者証  
記号・番号

⑧ 以下は市記入欄ですので記入しないでください (二重枠内は受付者が記入してください)

⑩ 旧被保険者証

⑪ ☐回収 ☐未回収

⑫ その他証類

⑬ ☐回収 ☐未回収

⑭ 受付者

⑮ 介護処理

⑯ 送付先変更同時受付

⑰ ☐有 ☐無

資格者証

☐交付 ☐未交付

1~3

4~6

- 1

5 負担限度額認定証 6 社会福祉法人等による利用者負担軽減確認証

Certificate / Confirmation

Refers to official certificates like income certificate, tax exemption certificate, etc. Staff use only - do not fill in
- 2

④ 再交付の理由は何ですか (○で囲んでください)

What is the reason for reissuance? (Circle one)

Select one reason why you need a replacement document issued
- 3

① 紛失・焼失 2 破損・汚損 ① Lost・Burned 2 Damaged・Soiled

Select option 1 if your residence card was lost or destroyed by fire, option 2 if it was damaged or dirty but still in your possession.
- 4

再交付申請の理由 Reason for reissuance application

Common reasons include: lost, stolen, damaged, or illegible document
- 5

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
- 6

⑤ 2号被保険者 (40歳から64歳の医療保険加入者) のみ記入してください

From

Used to indicate the starting point (previous address, etc.)
- 7

医療保険被保険者証 Health insurance card

Bring your health insurance card (e.g., National Health Insurance card, employee insurance card)
- 8

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)
- 9

⑧ 以下は市記入欄ですので記入しないでください (二重枠内は受付者が記入してください)

Do not / Reception / Received

This typically appears before other text to indicate something should not be done or does not apply Staff use - indicates form was received. Do not fill in.
- 10

旧被保険者証 Previous insurance card

Bring your old insurance card to surrender when getting a new one
- 11

☐回収 ☐未回収 ☐Collected ☐Not collected

Staff use only - do not fill in
- 12

その他証類 Other

Use this section for any additional information not covered in other fields
- 13

☐回収 ☐未回収 受付者 Reception / Received

Staff use - indicates form was received. Do not fill in.
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<span style="color: red;">5</span> 負担限度額認定証	<span style="color: red;">6</span> 社会福祉法人等による利用者負担軽減確認証
---	---

2 ④ 再交付の理由は何ですか（○で囲んでください）

<span style="color: red;">4</span> 再交付申請の理由	<div style="display: flex; justify-content: space-between;"> <div> <span style="color: red;">5</span> <span style="color: red;">①</span> 紛失・焼失                             </div> <div> <span style="color: red;">2</span> 破損・汚損                             </div> </div> <div style="margin-top: 10px;"> <span style="color: red;">3</span> その他（                             <span style="float: right;">）</span> </div>
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8 ⑤ 2号被保険者（40歳から64歳の医療保険加入者）のみ記入してください

<span style="color: red;">6</span> 医療保険者名	<span style="color: red;">7</span> 医療保険被保険者証 記号・番号
---	---

9 以下は市記入欄ですので記入しないでください（二重枠内は受付者が記入してください）

<span style="color: red;">10</span> 旧被保険者証	<span style="color: red;">11</span> <input type="checkbox"/> 回収 <input type="checkbox"/> 未回収	<span style="color: red;">12</span> その他証類	<span style="color: red;">13</span> <input type="checkbox"/> 回収 <input type="checkbox"/> 未回収	受付者	<span style="color: red;">14</span> 介護処理
送付先変更同時受付	<span style="color: red;">15</span> <input type="checkbox"/> 有 <input type="checkbox"/> 無	資格者証	<input type="checkbox"/> 交付 <input type="checkbox"/> 未交付		1～3
					4～6

15 ☐有 ☐無 None/Not applicable  
Check this box if the item does not apply to you or if you have none to report

セクション 3 — Section 3 (Part 2/2)

<div>1</div> <div>送付先変更同時受付</div>	<div><input type="checkbox"/>有 <input type="checkbox"/>無</div>	<div>1</div> <div>資格者証</div>	<div>2</div> <div><input type="checkbox"/>交付 <input type="checkbox"/>未交付</div>		1~3	4~6	
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- 1

資格者証    Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 2

☐交付 ☐未交付    ☐Issued ☐Not issued

Check the appropriate box to indicate whether a document has been issued to you or not
- 3

送付先変更同時受付    Reception / Received / Change

Staff use - indicates form was received. Do not fill in. Check this box if you are making changes to existing information



セクション 4 — Section 4

4

送付先変更同時受付

1

☐有 ☐無

2

資格者証

3

☐交付 ☐未交付

5

被保証・その他証類同時発送 ☐

6

郵送年月日

7

番号確認

8

身元確認

9

☐個人番号カード（身元確認も兼ねる）  
☐通知カード ☐住民票（番号記載有）  
☐住民基本台帳 ☐過去作成ファイル  
☐その他（ ）

10

☐運転免許証 ☐障害者手帳（身・療・精） ☐旅券  
☐運転経歴証明書 ☐その他写真付証明書（ ）  
☐公的医療保険の被保険者証 ☐年金手帳  
☐その他（ ）

12

※写真の無い証明書は2点以上必要

- 1

☐有 ☐無    None/Not applicable

Check this box if the item does not apply to you or if you have none to report
- 2

資格者証    Qualification

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

☐交付 ☐未交付    ☐Issued ☐Not issued

Check the appropriate box to indicate whether a document has been issued to you or not
- 4

送付先変更同時受付    Reception / Received / Change

Staff use - indicates form was received. Do not fill in. Check this box if you are making changes to existing information
- 5

被保証・その他証類同時発送 ☐    Other

Use this section for any additional information not covered in other fields
- 6

郵送年月日    Mailing date

Date when the form was sent by mail - may be pre-filled or for staff use
- 7

番☐個人番号カード（身元確認も兼ねる） 身☐運転免許証 ☐障害者手帳（身・療・精） ☐旅券

Driver's license / My Number (Individual Number)

Bring your physical driver's license as identification 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 8

元☐運転経歴証明書 ☐その他写真付証明書（    ）    Other

Use this section for any additional information not covered in other fields
- 9

☐住民基本台帳 ☐過去作成ファイル    ☐ Basic Resident Register ☐ Previously created file

Staff use only - do not fill in
- 10

☐公的医療保険の被保険者証 ☐年金手帳    Pension

Select your pension type (National Pension, Employee Pension, etc.)
- 11

☐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
- 12

※写真の無い証明書は2点以上必要    ※Two or more documents required if no photo ID

If you don't have photo ID (like driver's license or residence card), bring 2+ documents like utility bills, bank statements, or insurance cards



## 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