

国民健康保険異動届出書

東京都北区長殿

届出日	年 月 日	▼申請者(窓口にいらした方)のお名前、ご住所、電話番号を記入してください。
届出人	住所 (窓口に来られた方)	電話番号 ()
氏名		1. 世帯主本人 2. 世帯員 3. 代理人(別世帯の方は委任状が必要です)

▼お届けの内容に○をしてください。

届出理由	1. 加入 2. 脱退 3. 資格変更(世帯合併・分離等) 4. その他
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▼世帯主名等を記入してください。

世帯主名 (□ 届出人と同じ)	住所	電話番号 ()
個人番号		

▼今回、加入・脱退・資格変更がある方全員の氏名等を記入してください。

氏名及び個人番号	生年月日	続柄	性別	職業	マイナンバーカードの 健康保険証利用登録の有無
フリガナ (□ 届出人と同じ)	昭 平 令 西暦 年 月 日				<input type="checkbox"/> 有(資格情報通知書) <input type="checkbox"/> 無(資格確認書)
個人番号	昭 平 令 西暦 年 月 日				<input type="checkbox"/> 有(資格情報通知書) <input type="checkbox"/> 無(資格確認書)
フリガナ 個人番号	昭 平 令 西暦 年 月 日				<input type="checkbox"/> 有(資格情報通知書) <input type="checkbox"/> 無(資格確認書)
個人番号	昭 平 令 西暦 年 月 日				<input type="checkbox"/> 有(資格情報通知書) <input type="checkbox"/> 無(資格確認書)
個人番号	昭 平 令 西暦 年 月 日				<input type="checkbox"/> 有(資格情報通知書) <input type="checkbox"/> 無(資格確認書)

承諾確認欄 国民健康保険の資格及び保険料が3ヶ月以上遅ることを承諾します(最長2年)保険料の口座振替 する しない (加入する方のみご記入ください)本人確認書類 マイナンバーカード 運転免許証 パスポート
 在留カード その他()備考

高齢受給者(70歳以上)
割合確認
2割 3割

記号番号

『職員記入欄』		
添付書類	有	無
社会保険資格喪失日		
□資格喪失日 □退職日	年 月 日	
以前の勤務先 の名称		
連絡先	(月 日 様に確認)	
社会保険資格取得日		
資格取得日	年 月 日	
保険者名		
記号番号		
被保険者氏名		
国民健康保険		
資格取得年月日	資格喪失年月日	資格異動年月日
年 月 日	年 月 日	年 月 日
資格取得事由	資格喪失事由	資格異動事由
□転入	□転出	□世帯合併
□社保離脱	□社保加入	□世帯分離
□組合離脱	□組合離脱	□世帯主変更
□生保廃止	□生保開始	
□出生	□死亡	
□その他取得	□職権消滅	
	□若年後期加入	
	□その他喪失	

口別紙で確認

受付	入力	照会		

Kita — 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 & Dates

① 東京都北区長殿
② 届出日 年 月 日
③ 国民健康保険異動届出書
④ ▼申請者(窓口にいらした方)のお名前、ご住所、電話番号を記入してください。

記号番号						
『職員記入欄』	左	右	無			

1 記号番号 Symbol Number

Enter your health insurance symbol and number from your insurance card if applicable, or leave blank if not enrolled in Japanese health insurance.

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 東京都北区長殿 Tokyo

Write the full name of Tokyo prefecture or specific Tokyo ward/city

4 <<職員記入欄>> Staff use only / Office use only

Section for ward office staff. Do not write anything here.

5 ▼申請者(窓口にいらした方)のお名前、ご住所、電話番号を記入してください。 Phone number / Address

Japanese mobile number preferred. Some forms accept overseas numbers. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

6 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) - use the current date when submitting the form

7 届出日 Date of filing

Today's date. Use Japanese calendar or Western calendar.

8 有 無 Yes No

Circle or check the appropriate option based on whether the condition applies to you.



Form p.1

届出人情報 — Who Is Filing

① 届出日	年 月 日	② 申請者(窓口にいらした方)のお名前、ご住所、電話番号を記入してください。
③ 届出人	住所	④ 電話番号 ()
	氏名	⑤ 1. 世帯主本人 2. 世帯員 3. 代理人(別世帯の方は委任状が必要です)
⑥ ▼お届けの内容に○をしてください。		

※職員記入欄	
添付書類	⑦ 有 無 社会保険資格喪失日
□資格喪失日	年 月 日
□退職日	
以前の勤務先の名称	
連絡先	

1 <<職員記入欄>> Staff use only / Office use only

Section for ward office staff. Do not write anything here.

2 ▶申請者(窓口にいらした方)のお名前、ご住所、電話番号を記入してください。 Phone number / Address

Japanese mobile number preferred. Some forms accept overseas numbers. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

3 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) - use the current date when submitting the form

4 届出日 Date of filing

Today's date. Use Japanese calendar or Western calendar.

5 有 無 Yes No

Circle or check the appropriate option based on whether the condition applies to you.

6 社会保険資格喪失日 Qualification

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

7 届出人所

電話番号 () □資格喪失日 年 月 日

Phone number / Applicant / Person filing the form

Japanese mobile number preferred. Some forms accept overseas numbers. The person physically submitting the form. Usually yourself.

8 1. 世帯主本人 Head of household

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

9 以前の勤務先 Place of employment / Employer

Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number).

10 (窓口に来られた方) Person who came to the counter

Information about who physically visited the office (may be filled by staff)

11 3. 代理人(別世帯の方は委任状が必要です) Letter of proxy / Power of attorney

Required if someone else is filing on your behalf.

12 ▶お届けの内容に○をしてください。 Please circle the content of your notification.

Circle the type of residence change you're registering (e.g., moving in, moving out, address change within city).

13 連絡先 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.



Form p.1

住所 — Addresses (Part 1/2)

(窓口に来られた方)	名	2. 世帯員 3. 代理人(別世帯の方は委任状が必要です)
▼お届けの内容に○をしてください。 届出理由 ①. 加入 ②. 脱退 ③. 資格変更(世帯合併・分離等) ④. その他		
▼世帯主名等を記入してください。 世帯主名 (□ 届出人と同じ) 住所 電話番号 () 個人番号		
		連絡先 (□ 月 日 様に確認) 社会保険資格取得日
		資格取得日 年 月 日
		保険者名
		記号番号

1 3 . 代理人 (別世帯の方は委任状が必要です) Letter of proxy / Power of attorney

Required if someone else is filing on your behalf.

2 ▼お届けの内容に○をしてください。 Please circle the content of your notification.

Circle the type of residence change you're registering (e.g., moving in, moving out, address change within city).

3 連絡先 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

4 (月 日 様に確認) (Confirmed with [name] on [month] [day])

N/A - this is for office use only to record verification details

5 届出理由 Reason for notification

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

6 1 . 加入 2 . 脱退 3 . 資格変更 (世帯合併・分離等) 4 . その他 Other / Change / Qualification

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

Check this box if you are making changes to existing information

7 ▼世帯主名等を記入してください。 Head of household

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

8 資格取得日 Qualification

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

9 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Western numerals, typically the date you're submitting the form

10 世帯主名 Head of household

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

11 保険者名 Insurer Name

Write the name of your health insurance provider (e.g., your employer's name if you have employer-based insurance, or the municipality name for National Health Insurance)

12 (□ 届出人と同じ) 所 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

13 個人番号 My Number (Individual Number)

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

14 記号番号 Symbol Number

Enter your health insurance symbol and number from your insurance card if applicable, or leave blank if not enrolled in Japanese health insurance.



住所 — Addresses (Part 1/2) (continued)

15 電話番号 () Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

住所 — Addresses (Part 2/2)

① ▶今回、加入・脱退・資格変更がある方全員の氏名等を記入してください。										電話番号 ()	②
<input type="checkbox"/> 氏名及び個人番号 <input type="checkbox"/> 生年月日 <input type="checkbox"/> 続柄 <input type="checkbox"/> 性別 <input type="checkbox"/> 職業										マイナンバーカードの 健康保険証利用登録の有無	
										被保険者氏名	国民健康保険

1 被保険者氏名 Full name

Write in katakana for foreign names. Some forms accept romaji.

2 ▶今回、加入・脱退・資格変更がある方全員の氏名等を記入してください。 Full name / Change / Qualification

Write in katakana for foreign names. Some forms accept romaji. Check this box if you are making changes to existing information

3 氏名及び個人番号 My Number (Individual Number) / Full name

12-digit number. Leave blank on first registration — it will be mailed to you after. Write in katakana for foreign names. Some forms accept romaji.

4 生年月日 Date of birth

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

5 続柄 Relationship to head of household

See relationship terms table.

6 性別 職業 Gender / Occupation

男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one. e.g. 会社員 (company employee), 自営業 (self-employed), 学生 (student)



Form p.1

異動者 — Person Table (Part 1/4)

フリガナ、氏名及び個人番号、生年月日、統柄、性別、職業、マイナンバーカードの健康保険証利用登録の有無										扶養親子氏名		
① 氏名及び個人番号 フリガナ (□ 届出人と同じ)		② 生年月日 昭 平 令 西暦 年 月 日		③ 統柄	④ 性別	職業	マイナンバーカードの健康保険証利用登録の有無 <input checked="" type="checkbox"/> 有(資格情報通知書) <input type="checkbox"/> 無(資格確認書)	⑤ 国民健康保険 資格取得年月日 年 月 日	⑥ 資格喪失年月日 年 月 日	⑦ 資格異動年月日 年 月 日		
										⑧ 資格取得事由 資格喪失事由 資格異動事由		

1 氏名及び個人番号 My Number (Individual Number) / Full name

12-digit number. Leave blank on first registration — it will be mailed to you after. Write in katakana for foreign names. Some forms accept romaji.

2 生年月日 Date of birth

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

3 統柄 Relationship to head of household

See relationship terms table.

4 性別 職業 Gender / Occupation

男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one. e.g. 会社員 (company employee), 自営業 (self-employed), 学生 (student)

5 資格取得年月日 Qualification

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

6 資格喪失年月日 Qualification

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

7 資格異動年月日 Qualification

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

8 フリガナ Phonetic reading (katakana)

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

9 □有(資格情報通知書) 年 月 日 年 月 日 年 月 日 Yes (/ Qualification)

Check this box if applicable - the full condition should be specified after the parenthesis Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

10 昭 平 令 西暦 Western calendar

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

11 (□届出人と同じ) 年 月 日 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

12 資格取得事由 Qualification

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

13 資格喪失事由 Qualification

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

14 資格異動事由 Reason for change / Type of move / Qualification

Why you are filing this notification (moving in, moving out, address change within municipality). Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



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

15

 無 (資格確認書) None/Not applicable / Qualification

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

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

異動者 — Person Table (Part 2/4)

(□ 届出入と同じ) 個人番号 フリガナ		年 月 日			<input type="checkbox"/> 無(資格確認書) <input type="checkbox"/> 有(資格情報通知書) <input type="checkbox"/> 無(資格確認書)	資格取得事由 <input type="checkbox"/> 転入 <input type="checkbox"/> 社保離脱 <input type="checkbox"/> 組合離脱 <input type="checkbox"/> 生保廃止	資格喪失事由 <input type="checkbox"/> 転出 <input type="checkbox"/> 社保加入 <input type="checkbox"/> 組合離脱 <input type="checkbox"/> 生保開始	資格異動事由 <input type="checkbox"/> 世帯合併 <input type="checkbox"/> 世帯分離 <input type="checkbox"/> 世帯主変更
個人番号		昭 平 令 西暦	年 月 日					

1 個人番号 My Number (Individual Number)

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

2 □転入 Moving in (from another municipality or abroad)

Check this box if you are moving into this municipality from another city/town in Japan or from overseas. This is typically used when registering your new address after relocation.

3 □転出 Moving out

Check this box if you are moving out of this municipality to another location. You would use this when notifying the city office that you're leaving and need to deregister your current address.

4 □世帯合併 Household merger

Check this box 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 □有(資格情報通知書) □社保離脱 Yes (/ Qualification)

Check this box if applicable - the full condition should be specified after the parenthesis Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

6 □社保加入 □Social insurance enrollment

Check this box if you are enrolled in social insurance (health insurance through your employer)

7 □世帯分離 Household separation

Check this box if you're separating from your current household to form a new independent household at the same address

8 昭 平 令 西暦 Western calendar

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

9 □組合離脱 Withdrawal from association

Check this box if you are withdrawing from a neighborhood association or similar community group due to your move

10 □組合離脱 Withdrawal from association

Check this box if you are withdrawing from a neighborhood association or similar community group due to your move

11 □世帯主変更 Change of household head

Check this box if you are changing who is registered as the head of your household

12 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年12月15日

13 □無(資格確認書) None/Not applicable / Qualification

Check this box if the item does not apply to you or if you have none to report
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



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

14 生保廃止 Welfare benefits termination

Check this box if you are terminating social welfare/public assistance benefits due to your address change

15 個人番号 My Number (Individual Number)

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

異動者 — Person Table (Part 3/4)

個人番号	年月日			<input type="checkbox"/> 無(資格確認書)	<input type="checkbox"/> 有(資格情報通知書)	<input type="checkbox"/> 個人登録 口生保廃止	<input type="checkbox"/> 個人登録 口生保開始	口医工交叉
フリガナ	昭 平 令 西暦			<input type="checkbox"/> 無(資格確認書)	<input type="checkbox"/> 有(資格情報通知書)	<input type="checkbox"/> 出生	<input type="checkbox"/> 死亡	
個人番号	年月日			<input type="checkbox"/> 無(資格確認書)	<input type="checkbox"/> 有(資格情報通知書)	<input type="checkbox"/> その他取得	<input type="checkbox"/> 職権消除	
フリガナ	昭 平 令 西暦			<input type="checkbox"/> 無(資格確認書)	<input type="checkbox"/> 有(資格情報通知書)	<input type="checkbox"/> 若年後期加入	<input type="checkbox"/> その他喪失	
個人番号	年月日			<input type="checkbox"/> 無(資格確認書)	<input type="checkbox"/> 有(資格情報通知書)			

- 1 □生保開始 Welfare benefits commencement**
Check this box if you are starting to receive public assistance/welfare benefits due to this address change

2 □有 (資格情報通知書) □出生 Yes (/ Qualification
Check this box if applicable - the full condition should be specified after the parenthesis Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

3 □死亡 □Death
Check this box if registering a death in the household (family member has passed away).

4 昭平令西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

5 □その他取得 Other
Use this section for any additional information not covered in other fields

6 □職権消除 Official removal by authority
This is a checkbox for city office use only - do not fill out yourself

7 年月日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g. 2024年12月15日

8 □無 (資格確認書) None/Not applicable / Qualification
Check this box if the item does not apply to you or if you have none to report
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

9 □若年後期加入 □ Late-stage youth enrollment
Check this box if you're enrolling in the latter period of the youth category for national health insurance (typically ages 20-39)

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 □その他喪失 Other
Use this section for any additional information not covered in other fields

12 □有 (資格情報通知書) Yes (/ Qualification
Check this box if applicable - the full condition should be specified after the parenthesis Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

13 昭平令西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

14 年月日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g. 2024年12月15日



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

15

 無 (資格確認書) None/Not applicable / Qualification

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

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

異動者 — Person Table (Part 4/4)

個人番号	年 月 日	□無(資格確認書)	
承諾確認欄	<input checked="" type="checkbox"/> 国民健康保険の資格及び保険料が3ヶ月以上遅ることを承諾します(最長2年)		
④保険料の口座振替	<input checked="" type="checkbox"/> する	<input type="checkbox"/> しない	(加入する方のみご記入ください)
本人確認書類	<input type="checkbox"/> マイナンバーカード	<input type="checkbox"/> 運転免許証	<input type="checkbox"/> パスポート
	交付方法	窓口	
□別紙で確認			

1 個人番号 My Number (Individual Number)

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

2 □別紙で確認 □Confirmed by separate document

Check this box if you're providing additional documentation on a separate sheet to verify your information.

3 保険料の口座振替 Insurance premium automatic bank transfer

Check this box if you want insurance premiums automatically deducted from your bank account instead of paying manually

4 □ する □ しない (加入する方のみご記入ください) Do not / To do/perform / Person who

This typically appears before other text to indicate something should not be done or does not apply This is typically part of a longer phrase on forms - look for the complete text before filling

5 窓口 Window/Counter

Write the counter number or window where you are submitting this form at the government office. If you're unsure, you can ask the staff member helping you which counter number to write, or leave it blank as they may fill it in for you.



Form p.1

本人確認書類 — ID & Documents

⑩ 本人確認書類 備考	<input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 在留カード <input type="checkbox"/> その他()	<input type="checkbox"/> 口運転免許証 <input type="checkbox"/> 口パスポート	交付方法	<input type="checkbox"/> 窓口 <input type="checkbox"/> 郵送 <small>高齢受給者(70歳以上) 割合確認</small> <input type="checkbox"/> 2割 <input type="checkbox"/> 3割					



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