

第五十六号様式（第二十八条関係）国民健康保険異動届出書		新規加入時は記入しない				
今日の日付を記入してください (西暦・和暦問いません)						
届出日 年 月 日		被保険者記号番号 02-				
氏名 中央 一郎		電話 ××(××××)×××				
届出者 住所 東京都中央区〇〇×丁目×番×号						
世帯主からみた関係 □世帯主本人 <input checked="" type="checkbox"/> 世帯員（ 子 ） □その他（ ）						
世帯主 氏名 □同上 中央 太郎		住所	□同上			
個人番号 1:1:1:1:1:1:1:1:1:1:1:1		異動事由 1				
1	ふりがな チュウカ カク	男	生年月日	職業	□無職 <input checked="" type="checkbox"/> 自営業 □学生	マイナンバーカードの健 保険証利用登録の有無(※)
	氏名 中央 太郎	女	続柄 世帯主		□社保非該当 □その他	<input checked="" type="checkbox"/> 有 □無
2	個人番号 1:1:1:1:1:1:1:1:1:1:1:1	男	生年月日	職業	□無職 □自営業 <input checked="" type="checkbox"/> 学生	マイナンバーカードの健 保険証利用登録の有無(※)
	ふりがな チュウカ 仔叻	女	続柄 子		□社保非該当 □その他	<input checked="" type="checkbox"/> 有 □無
3	個人番号 1:0:1:0:1:0:1:0:1:0:1:0	男	生年月日	職業	□無職 □自営業 □学生	マイナンバーカードの健 保険証利用登録の有無(※)
	氏名	女	続柄		□社保非該当	マイナポータルで確認 することができます。
4	個人番号	女	生年月日	職業	□無職 □自営業 □学生	マイナンバーカードの健 保険証利用登録の有無(※)
	ふりがな	女	続柄		□社保非該当 □その他	<input checked="" type="checkbox"/> 有 □無
記入例 1 (加入)						
番号を記入ください						
1	転入					
2	転出					
3	社保加入					
4	国組加入					
5	社保離脱					
6	国組離脱					
7	生保開始					
8	生保廃止					
9	障害認定					
10	住所地特例					
11	死亡					
12	世帯変更					
13	世帯主変更					

(※) 資格喪失時は記入不要です。また、マイナンバーカードは、有効期限内かつ電子証明書（5年毎に更新が必要）が有効であるものに限ります。

職員記入欄	本人	記入しない	備考
代理人（ ）			

記入例 2 (喪失)

第五十六号様式（第二十八条関係）国民健康保険異動届出書 今日の日付を記入してください (西暦・和暦問いません)				国民健康保険異動届出書			
届出日		年	月	日	被保険者記号番号		02
届出者		氏名		中央 一郎	電話	× × (× × × ×) × × ×	
届出者		住所		東京都中央区〇〇×丁目×番×号			
世帯主		世帯主からみた関係		□世帯主本人 <input checked="" type="checkbox"/> 世帯員 (子) <input type="checkbox"/>		ご自身の ・被保険者証 ・資格確認書 ・資格情報のお知らせ等 をご確認ください	
世帯主		氏名	□同上 中央 太郎		住所	□同上	
世帯主		個人番号	1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1				
1	ふりがな	チュウエイ イチロー		男	続柄	世帯主	生年月日
	氏名	中央 太郎		女			
2	ふりがな	チュウエイ イチロー		男	続柄	子	生年月日
	氏名	中央 一郎		女			
3	ふりがな			男・	続柄		生年月日
	氏名			女			
4	ふりがな			男・	続柄		生年月日
	氏名			女			
個人番号							
今回喪失する方の 情報を記入ください							
喪失時は記入の 必要ありません							
(※) 資格喪失時は記入不要です。また、マイナンバーカードは、有効期限内かつ電子証明書（5年毎に更新が必要）が有効であるものに限ります。							
職員 記入欄		記入しない				備考	
本人 代理人 ()							

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 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 (Part 1/2)

第五十六号様式（第二十八条関係）国民健康保険異動届出書
③今日の日付を記入してください
(西暦・和暦問いません)
新規加入時は記入しない
書

記入例 1 ⑤ (加入)

1 第五十六号様式（第二十八条関係）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.

2 新規加国入民時健は康記保入險異し動な届い出書

New entry into country - health insurance enrollment notification form for residents who have not registered. This form is for new foreign residents who need to register for national health insurance upon first entering Japan

3 今日の日付を記入してください Please enter today's date

Write the current date when you're filling out and submitting the form

4 記入例 1 Example of how to fill in

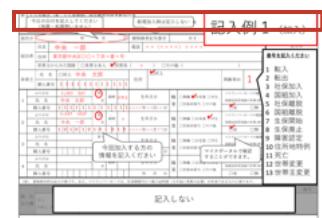
Sample form showing how to complete each field. Study this before filling your own form.

5 (加入) (Enrollment)

Check this box if you are enrolling in or joining a service (like national health insurance or pension system)

6 (宛先) 中央区長 (Addressee) Mayor of Chuo Ward

This field shows the addressee of the form, which is pre-printed as 'Mayor of Chuo Ward' - you don't need to write anything here. If you're in a different ward/city, make sure you're using the correct form for your local government office.



Form p.1

タイトル・届出日 — Header & Dates (Part 2/2)

1 今日の日付を記入してください	国民健康保険異動届出書	二月一日
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1 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.



Form p.2

届出人情報 — Who Is Filing (Part 1/2)

① <small>この日の日付を記入してください (西暦・和暦問いません)</small>		新規加入時は記入しない	
届出日	年	月	被保険者記号番号
② 氏名	③ 中央 一郎		
届出者	④ 住所 東京都中央区○○×丁目×番×号		
⑤ 世帯主からみた関係	<input type="checkbox"/> 世帯主本人 <input checked="" type="checkbox"/> 世帯員 (子) <input type="checkbox"/> その他 ()		
⑥ 番号を記入ください			

記入例 1 (加入)

1 (加入) (Enrollment)

Check this box if you are enrolling in or joining a service (like national health insurance or pension system)

2 (宛先) 中央区長 (Addressee) Mayor of Chuo Ward

3 職員記入欄 Staff use only / Office use only

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

4 届出日 Date of filing

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

5 年 月 日 被保険者記号番号 Year Month Day Insured Person Symbol Number

Enter the date and your health insurance symbol/number found on your Japanese health insurance card

6 02- 02-

This appears to be a form section number or code - leave as is or follow any numbering instructions provided with the form

7 受付印 Reception / Received / Seal (inkan / hanko)

Staff use - indicates form was received. Do not fill in. Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

8 中央 Central

This likely refers to a district/ward name - write the name of your central district or ward if applicable to your address.

9 一郎 Ichiro

This is an example name - replace with your actual first name in katakana or the phonetic spelling you use for official documents

10 電話 ××(xxxx)xxxx Telephone ××(xxxx)xxxx

Enter your phone number in the format shown (area code in parentheses)

11 氏名 Full name

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

12 番号を記入ください Please fill in the number

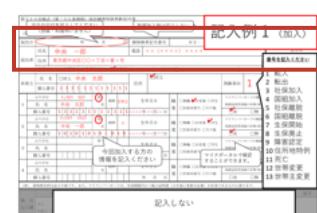
Enter your My Number (12-digit individual number) if this refers to the マイナンバー field

13 届出者住所 東京都中央区○○×丁目×番×号 Address

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

14 世帯主からみた関係 世帯主本人 世帯員 (子) その他 () Other (/ Head of household / Other

Use this field for any information that doesn't fit in the standard categories above. The primary person in a household for registration purposes. If you live alone, you are the head of household.



届出人情報 — Who Is Filing (Part 2/2)

届出者	住所	東京都中央区〇〇×丁目×番×号	ご自身の ・被保険者証	電子化へ
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1 · 被保険者証 Insurance card

Bring your health insurance card (国民健康保険証) or employee health insurance card to submit with this form



Form p.2

住所 — Addresses (Part 1/3)

① 世帯主からみた関係		<input type="checkbox"/> 世帯主本人	<input checked="" type="checkbox"/> 世帯員 (子)	<input type="checkbox"/> その他 ()				
② 氏名	<input type="checkbox"/> 同上 中央 太郎			③ 住所	<input type="checkbox"/> 同上		④ 異動事由	1 転入 2 転出 3 社保加入 4 国組加入
⑤ 世帯主	個人番号 1 1 1 1 1 1 1 1 1 1 1 1			⑥ 生年月日	職	<input type="checkbox"/> 無職 <input checked="" type="checkbox"/> 自営業 <input type="checkbox"/> 学生		
⑦ ふりがな	⑧ チュウオウ タロウ 男・ 続柄 ⑨ 世帯主			⑩ マイナンバーカードの健康				

1 世帯主からみた関係 世帯主本人 世帯員 (子) その他 () Other (/ Head of household / Other

Use this field for any information that doesn't fit in the standard categories above. The primary person in a household for registration purposes. If you live alone, you are the head of household.

2 転入 Moving in (from another municipality or abroad)

Check this box if you are registering as a new resident moving into this municipality from another city/town in Japan or from abroad. This is the most common selection for foreigners establishing residency.

3 氏名 同上 中央太郎 Full name

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

4 転出 Moving out

Check this box if you are moving out of this municipality to another location. You would typically fill this out when leaving your current address permanently.

5 異動事由 Reason for change / Type of move

Why you are filing this notification (moving in, moving out, address change within municipality).

6 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

7 住所 Address

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

8 個人番号 1 1 1 1 1 1 1 1 1 1 1 1 My Number (Individual Number)

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

9 3社保加入 Social insurance enrollment

Check this box if you're enrolled in company-provided social insurance (health insurance and pension through your employer)

10 チュウオウタロウ 男・ CHUOU TAROU Male·

This appears to be an example name entry showing the format - write your name in katakana followed by gender marking

11 マイナンバーカードの健康4 国組加入 My Number Card / My Number Card / My Number Card

Japan's national ID card with IC chip - bring if you have one 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.

12 ふりがな Furigana (phonetic reading)

Write the phonetic pronunciation of your name in hiragana characters above or next to where you write your name in kanji/katakana

13 生年月日 Date of birth

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



Form p.1

住所 — Addresses (Part 1/3) (continued)

14 異動年月日 Date of Change

Enter the date you moved/changed residence in YYYY/MM/DD format

15 異動事由 Reason for change / Type of move

Why you are filing this notification (moving in, moving out, address change within municipality).

住所 — Addresses (Part 2/3)

- 1 職** 無職 自営業 学生 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
 - 2 続柄 世帯主** Head of household / Relationship to head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household. See relationship terms table.
 - 3 保険✓証利用登録の有無(※) 5社保離脱** Presence/absence of
This is typically part of a longer phrase asking whether something exists or not
- look for the full context
 - 4 中央太郎 Chuo Taro**
This appears to be an example name - replace with your actual full name in katakana or kanji as it appears on your residence card
 - 5 氏名 Full name**
Write your full legal name as it appears on your residence card or passport
 - 6 業** 社保非該当 その他 Other
Use this section for any additional information not covered in other fields
 - 7 個人番号 1 1 1 1 1 1 1 1 1 1 1 xxxx年 xx月 x日** My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
 - 8 有 無** None/Not applicable
Check this box if the item does not apply to you or if you have none to report
 - 9 年月日 Year Month Day**
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,
2024年3月15日



Form p.1

住所 — Addresses (Part 3/3)

済生会	住所	東京都中央区〇〇×丁目×番×号		
	世帯主からみた関係	<input type="checkbox"/> 世帯主本人	<input checked="" type="checkbox"/> 世帯員 (子)	<input type="checkbox"/>
世帯主	氏名	□同上 中央 太郎		住所 <input checked="" type="checkbox"/> 同上

①ご自身の
・被保険者証
・資格認証書
・資格情報のお知らせ等
を確認ください

② 1 転入
2 転出
③

1 被保険者証 Insurance card

Bring your health insurance card (国民健康保険証) or employee health insurance card to submit with this form

2 □同上・資格情報のお知らせ等 Qualification

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

3 をご確認ください Please confirm/check

This is an instruction text meaning 'Please confirm/check' - you don't need to write anything here. It's asking you to verify that you have the required documents like your insurance card, qualification certificates, or notification letters before proceeding with the form.



Form p.2

異動者 — Person Table (Part 1/6)

1	ふりがな	アコソイツ ツロツ	男	続柄	世帯主	生年月日	職業	マイナンバーカードの健康保険証利用登録の有無(※)	4	国組加入
	氏名	中央 太郎	女					□無職 <input checked="" type="checkbox"/> 自営業 <input type="checkbox"/> 学生 □社保非該当 <input type="checkbox"/> その他	5	社保離脱
2	個人番号	111111111111111111	111111111111111111	×××	年 ××月 ××日			① <input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	6	国組離脱
	ふりがな	チュウウカ 仔咲	男	続柄	子	11	職	マイナンバーカードの健康保険証利用登録の有無(※)	7	生保開始
2	氏名	中央 一郎	女			11	生年月日	□無職 <input type="checkbox"/> 自営業 <input checked="" type="checkbox"/> 学生	8	

- 1 保険証利用登録の有無(※) 5 社保離脱** Presence/absence of
This is typically part of a longer phrase asking whether something exists or not
- look for the full context

2 業 □ 社保非該当 □ その他 Other
Use this section for any additional information not covered in other fields

3 個人番号 1 1 1 1 1 1 1 1 1 1 1 ×××年 ×月 ×日 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.

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

5 年月日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,
2024年3月15日

6 国組離脱 Withdrawal from nationality/citizenship organization
Leave blank unless you are withdrawing from a nationality-related organization or renouncing citizenship

7 チュウオウイチロ 男・ CHUOU ICHIRO Male
This appears to be an example name entry showing the format - write your name in katakana followed by gender (男 for male, 女 for female)

8 フリガナ Furigana (phonetic reading)
Write the phonetic pronunciation of your name in hiragana characters above or next to where you write your name in kanji/katakana

9マイナンバーカードの健康 My Number Card / My Number Card / My Number Card
Japan's national ID card with IC chip - bring if you have one 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.

10 続柄 子 Relationship to head of household
See relationship terms table.

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

12 7生異動保年月開日 始異動事由 Reason for change / Type of move
Why you are filing this notification (moving in, moving out, address change within municipality).

13 職 □ 無職 □ 自営業 □ 学生 None/Not applicable
Check this box if the item does not apply to you or if you have none to report

14 保険証利用登録の有無(※) Health insurance card / Presence/absence of
Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context



異動者 — Person Table (Part 1/6) (continued)

15

中央一郎 Chuo Ichiro

This is an example name showing the format (surname + given name in kanji characters)

異動者 — Person Table (Part 2/6)

2	氏名 個人番号	中央一郎 1010101010	性別 男	続柄 子	生年月日 ××××年××月××日	職業	<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input checked="" type="checkbox"/> 学生 <input type="checkbox"/> 社保非該当 <input type="checkbox"/> その他 <input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	保険証利用登録の有無(※) マイナンバーカードの健康保険証の有無(※) マイナポータルで確認
3	ふりがな 氏名 個人番号		男		生年月日 ××××年××月××日	職業	<input type="checkbox"/> 無職 <input type="checkbox"/> 自営業 <input type="checkbox"/> 学生 <input type="checkbox"/> 社保非該当	
今回加入する方の 生年月日 職業								

- 7 生保開始
8 生保廃止
9 障害認定
10 住所地特例

1 氏名 Full name

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

2 業 社保非該当 その他 Other

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

3 有 無 8 生年 保 月廃 止日 None/Not applicable

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

4 個人番号 10 1 0 1 0 1 0 1 0 1 0 ××××年××月××日 My Number (Individual Number)

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

5 マイナンバーカードの健康9 障害認定 My Number Card / My Number Card / My Number Card

Japan's national ID card with IC chip - bring if you have one 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.

6 ふりがな Furigana (phonetic reading)

Write the phonetic pronunciation of your name in hiragana characters above or next to where you write your name in kanji/katakana

7 男・ Male·

Circle or check "男" if you are male (this is likely part of a gender selection field where you choose between 男/female options)

8 続柄 Relationship to head of household

See relationship terms table.

9 生年月日 Date of birth

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

10 異動年月日 Date of Change

Enter the date you moved/changed residence in YYYY/MM/DD format

11 異動事由 Reason for change / Type of move

Why you are filing this notification (moving in, moving out, address change within municipality).

12 業 無職 自営業 学生 None/Not applicable

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

13 氏名 Full name

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

14 業 社保非該当 その他 Other

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

15 マイナポータル有で確認無 None/Not applicable

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



Form p.1

異動者 — Person Table (Part 3/6)

- 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 年月日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,
2024年3月15日

3 年月日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,
2024年3月15日

4 11 死亡 11 Death
Check this box if reporting the death of a household member - you'll need death certificate and other required documents

5 情報を記入ください Please fill in the information
This is a general instruction telling you to fill in the information in this section. It's directing you to complete all the relevant fields in the person table, including personal details like name, address, and other required information for each household member being registered.

6 ふりがな Furigana (phonetic reading)
Write the phonetic pronunciation of your name in hiragana characters above or next to where you write your name in kanji/katakana

7 男・ Male
Circle or check "男" if you are male (this is likely part of a gender selection field where you choose between 男/female options)

8マイナンバーカードの健康 My Number Card / My Number Card / My Number Card
Japan's national ID card with IC chip - bring if you have one 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.

9 続柄 Relationship to head of household
See relationship terms table.

10 12異世動帶年月変日 更異動事由 Reason for change / Type of move
Why you are filing this notification (moving in, moving out, address change within municipality).

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

12 職□無職 □自営業 □学生 None/Not applicable
Check this box if the item does not apply to you or if you have none to report

13 保険証利用登録の有無(※) Health insurance card / Presence/absence of Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context

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



異動者 — Person Table (Part 3/6) (continued)

15 業 社保非該当 その他 Other

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

異動者 — Person Table (Part 4/6)

4	氏名		性別	女			業	<input type="checkbox"/> 社保非該当 <input type="checkbox"/> その他	保険証利用登録の有無(※)	<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	記入しない	12 市名・文	13 世帯主変更	11
①	個人番号					③	年 月 日							
(※) 資格喪失時は記入不要です。また、マイナンバーカードは、有効期限内かつ電子証明書（5年毎に更新が必要）が有効であるものに限ります。														
⑫	職員	⑬	⑭	⑮	⑯	⑰	⑱	⑲	⑳	備考				

記入しない

1 13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 個人番号 My Number (Individual Number)

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

3 年月日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,
2024年3月15日

4 □有 □無 None/Not applicable

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

5 年月日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,
2024年3月15日

6 (※) 資格喪失時は記入不要です。また、マイナンバーカードは、有効期限内かつ電子証明書（5年毎に更新が必要）が有効であるもの My Number Card / My Number Card / My 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 届出者 Applicant/Person filing the notification

Write your name here as the person submitting this residence change notification form

8 身元確認 Identity verification

This field is for identity verification documents. You would typically write the type of ID you're presenting, such as '在留カード' (residence card) or 'パスポート' (passport).

9 番号確認 Number Confirmation

Provide your My Number (12-digit individual number) for verification - bring your My Number card or notification card

10 他保確認 Other insurance confirmation

Check this if you have other health insurance coverage besides the standard national health insurance system

11 備考 Remarks

Use this section for any additional information or special circumstances regarding your address change that doesn't fit in other fields.

12 職員 Staff/Official

This is the staff/official section - leave this blank as it's for the government office worker to fill in their information when processing your form.

13 記入しない Do not

This typically appears before other text to indicate something should not be done or does not apply



異動者 — Person Table (Part 4/6) (continued)

14 資格情報のお知らせ・喪失証明書 Qualification

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

15 本人 Self (head of household)

Check this if you are the head of household submitting the form yourself. If someone else is submitting on your behalf, they would check a different relationship option.

異動者 — Person Table (Part 5/6)

① 職員 記入欄	本人	②	記入しない	③	
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1 マイナンバーカード・運免・在留カード マイナンバーカード・個人番号付きの住民票

My Number Card / Residence Card / My Number Card

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. ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.

2 記入欄 Entry field

This is the main entry field where you write the requested information for each person listed in the household. Fill in the specific details as prompted by each row's category (such as name, relationship, age, etc.) using clear Japanese characters or katakana for foreign names.

3 離職票・資格確認書・勤務先確認 Place of employment / Employer / Qualification

Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number). Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

4 代理人（委任状有・無）その他（ ）本人同意により職権記載（記載者 ）

Other (/ Letter of proxy / Power of attorney / Other

Use this field for any information that doesn't fit in the standard categories above Required if someone else is filing on your behalf.



Form p.1

異動者 — Person Table (Part 6/6)

3	姓 氏名 個人番号	職業 □無職 □自営業 □学生 □社保非該当 □その他	喪失時記入の必要ありません 10 住所地特例
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※ 今回喪失する方の情報を記入ください。

1 保必險要証利あ用登り録まの有せ無ん(※) 10住所地特例 Address / Special provision

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address. Check this box if special circumstances apply to your registration

2 女 今回喪失する方の To do/perform / Person who

This is typically part of a longer phrase on forms - look for the complete text before filling. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

3 情報を記入くだ年さ月い日 Please fill in information - Year Month Day

Enter the date using Japanese calendar format (usually Reiwa era) or Western calendar as specified on the form

4 □有 □無 None/Not applicable

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



Form p.2

本人確認書類 — ID & Documents

The screenshot shows the Japanese version of the NHIC application form. It features two large rectangular input fields side-by-side. A red circle with the number '1' is placed near the left field, and another red circle with the number '2' is placed near the right field. A red arrow points from the explanatory text below the first field to the '記入欄' label.

1 記入欄 Entry field

This is a general entry field section where you would write the required information as specified by the form's context. Since this appears to be the header of an entry section, look for specific labels or instructions nearby to determine what information should be filled in here.

2 離職票・資格確認書・勤務先確認 Place of employment / Employer / Qualification

Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number). Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

3 代理人 (委任状 有・無) その他 () 本人同意により職権記載 (記載者)

Other (/ Letter of proxy / Power of attorney / Other

Use this field for any information that doesn't fit in the standard categories above Required if someone else is filing on your behalf.

4 マイナポータル確認・年金得喪 My Number Portal / Pension

Official government online service portal using your My Number card Select your pension type (National Pension, Employee Pension, etc.)



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