

国民健康保険資格取得喪失届（郵送用）

国民健康保険の加入・脱退にあたり、下記及び裏面の事項について届出します。  
（提出先）足立区長

●本格の中を記入してください（）

世帯主	氏名	フリガナ	（署名）※世帯主の方は省略可	届出年月日	年	月	日
	住所 足立区	フリガナ	世帯主との続柄（ ）	マイナンバー カードの健康保険 利用の有無（有の方は 裏面も記入してください）			
取得または喪失する人	氏名・マイナンバー（個人番号）	世帯主との続柄	生年月日	性別	職業	有・無	有・無
	フリガナ		昭 平 年 月 日	男 女	1. 会社員 2. 自営業 3. アルバイト 4. なし 5. その他（ ）	有・無	有・無
	氏名		昭 平 年 月 日	男 女	1. 会社員 2. 自営業 3. アルバイト 4. なし 5. その他（ ）	有・無	有・無
	氏名		昭 平 年 月 日	男 女	1. 会社員 2. 自営業 3. アルバイト 4. なし 5. その他（ ）	有・無	有・無
転入時の世帯構成の変更の有無（平成30年4月1日以降に都外から転入した場合） 有 ・ 無							
誓約書				①国民健康保険の資格を喪失する理由 □就職した □雇用形態が変わった □扶養になった □その他 ②他の保険に加入した方のお名前			
未返還者氏名				③生年月日 年 月 日			
				④会社の名称または保険者名			
				⑤会社等の健康保険に加入した日 年 月 日			
特記事項							

保険料の納付方法		1. 口座引落し 2. 窓口払い	
記 号 番 号	取得	7. 新規加入 8. 一部加入	
2 1 -	喪失	7. 全部喪失 8. 一部喪失	
事由コード	得喪等年月日		
	年 月 日		
取得事由等		喪失事由等	
01-転入 03-社保離脱 04-国保組合離脱（裏面記入） 05-生保廃止 06-出生 10-外国人登録（法30条の47） 11-帰化・国籍取得 18-特例該当 19-適及取得 28-後期高齢離脱 29-その他（取得）		70-転出 72-社保加入 73-国保組合加入 74-死亡 78-生保開始 79-帰化・国籍離脱 80-住記職権消除 81-国保職権消除 85-特例非該当 86-在留期限切 87-当初より資格なし 91-後期高齢加入 90-その他（喪失）	
備考取得	□振主説明 □指定書コピー □口振案内 普主・振主		
備考喪失	□保険料説明・清算 □マル乳・子・青 普主・振主 □振主書（要・否）		
チェックリスト	年度簡易申告		
□記入不備なし □資格確認書等種別（一般・お知らせ・特療） □取得喪失事由及び取得喪失日（書面・システム・電話） □国保加入資格有 □本人（氏名・生年月日・性別・住所） 国保課処理欄 □保険料 □世帯合算 □RE案内 □HF □マル乳・子・青案内 □産前・産後案内			
個人番号確認	□マイナンバーカード □個人番号通知書 □住民票		
本人確認	□免許証 □パスポート □マイナンバーカード □在留カード □年金手帳 □その他（ ）		
本人確認 （窓口交付）	□免許証 □パスポート □マイナンバーカード □在留カード □年金手帳 □領収書 □郵便物 □その他（ ）		
受付場所	国保課・（ ） 区民事務所		
受付	確認	入力	端末処理日
			・ ・
国保課処理欄	種別	交付方法	資格確認書 高年齢証
点検	処理	手渡し 郵送	旧証回収 有 無
資格確認書・高年齢証を受領しました。 年 月 日			
氏 名（署名）			

# Adachi — 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 the future will be higher.

## 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国民健康保険資格喪失届(郵送用)

2国民健康保険の加入・脱退にあたり、下記及び裏面の事項について届出します。  
(提出先) 足立区長

届出年月日 年 月 日

4保険料の納付方法 1. 口座引落し 2. 窓口払い

5記号番号 取得 新規加入 一部加入 喪失 全部喪失 一部喪失

21- -

- 1取得 Acquisition  
Check this box if you're acquiring Japanese nationality or registering a newly acquired status
- 2国民健康保険資格 National Health Insurance / Qualification  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 3(郵送用) (For mail/postal use)  
N/A - this indicates the form is designed to be submitted by mail rather than in person
- 4保険料の納付方法 Insurance premium payment method  
Select how you want to pay health insurance premiums (automatic bank transfer, direct payment, etc.)
51. 口座引落し 2. 窓口払い 1. Bank account withdrawal 2. Counter payment  
Choose your preferred payment method for municipal fees - automatic bank deduction or paying in person at the municipal office counter.
- 6喪失 Loss/Forfeiture  
Check this box if you're losing your residence status or registration (e.g., moving abroad permanently)
- 7記号番号 Symbol Number  
Leave blank unless specifically assigned a symbol number by the municipal office for your case.
- 8国民健康保険の加入・脱退にあたり、下記及び裏面の事項について届出します。 National Health Insurance / .  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 9取得7.新規加入 一部加入 Partial  
Used when making changes to only some family members or partial updates to registration
- 10年 月 日 Year Month Day  
Fill in the date using the Japanese calendar year (e.g., Reiwa 6 for 2024) or Western calendar year as accepted by your municipality
- 112 1 - - 21- -  
This appears to be a postal code field format - enter your 7-digit postal code with the first 3 digits, then the last 4 digits in the spaces provided.
- 12(提出先) 足立区長 Submission destination / Mayor of Adachi Ward / Adachi Ward  
This indicates where to submit the form - usually pre-printed or filled by staff  
This is a pre-printed title - do not fill in
- 13喪失7.全部喪失 一部喪失 All / Partial  
Select this option when requesting all records or information available Used when making changes to only some family members or partial updates to registration



## 届出人情報 — Who Is Filing (Part 1/2)

国民健康保険の加入・脱退にあたり、下記及び裏面の事項について届出します。

(提出先) 足立区長

氏 名 戸 籍 窓 口	届出年月日 年 月 日	記 号 番 号 211-	取得 新規加入 ④ 一部加入
	(署 名) ※世帯主の方は省略可 戸 籍	喪失 ⑤ 全部喪失 ⑥ 一部喪失	事 由 コー ド 得 喪 年 月 日 年 月 日
	取得事由等 喪失事由等	取得事由等 喪失事由等	

- 1 年 月 日 Year Month Day  
Fill in the date using the Japanese calendar year (e.g., Reiwa 6 for 2024) or Western calendar year as accepted by your municipality
  - 2 2 1 - - 21- -  
This appears to be a postal code field format - enter your 7-digit postal code with the first 3 digits, then the last 4 digits in the spaces provided.
  - 3 (提出先) 足立区長 Submission destination / Mayor of Adachi Ward / Adachi Ward  
This indicates where to submit the form - usually pre-printed or filled by staff  
This is a pre-printed title - do not fill in
  - 4 喪失7.全部喪失 1.一部喪失 All / Partial  
Select this option when requesting all records or information available Used when making changes to only some family members or partial updates to registration
  - 5 氏 名 Name  
Write your full name as it appears on your residence card or passport
  - 6 (署名) ※世帯主の方は省略可 Head of household  
The primary person in a household for registration purposes. If you live alone, you are the head of household.
  - 7 得喪等年月日 Date of acquisition/loss, etc.  
Enter the date when your status changed (e.g., move-in date, move-out date, or other relevant status change date)
  - 8 マ 個 Ma Individual  
This appears to be a section marker or checkbox option - check with the municipal office staff for specific instructions on when to use this designation.
  - 9 カリカナ Furigana (phonetic reading)  
Write your name in katakana phonetic characters above or next to your name in kanji/hiragana
  - 10 年 月 日 Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_  
Fill in the date using Japanese calendar format (year, month, day with numbers only)
  - 11 ナ 番 Name Number  
Leave blank - this is an administrative field used by municipal office staff for processing
  - 12 の世 's household  
This appears to be part of a larger field label indicating household information - fill in according to the complete field instruction visible on your form.
  - 13 取得事由等 Reason for acquisition, etc.  
Indicate the reason you acquired your status (e.g., "birth," "naturalization," "marriage," etc.)
  - 14 喪失事由等 Reason for loss, etc.  
Select or write the specific reason why you're losing your previous registration (e.g., moving out, death of household member, etc.)

Figure 1 shows a sample of a Japanese tax form (Form 1040). A red box highlights the 'Income' section, which includes fields for 'Income from employment', 'Income from business', 'Income from capital', 'Income from real estate', 'Income from savings', 'Income from other sources', and 'Total income'.

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

15

バ面の Page B

届出人情報 — Who Is Filing (Part 2/2)

世帯主の記入欄	住所 足立区	世帯主の続柄 ( ) 住所※世帯主または世帯主と同一世帯の方は省略可	世帯主の続柄 ( ) 住所※世帯主または世帯主と同一世帯の方は省略可	世帯主の続柄 ( ) 住所※世帯主または世帯主と同一世帯の方は省略可	世帯主の続柄 ( ) 住所※世帯主または世帯主と同一世帯の方は省略可	取得事由等	喪失事由等
	01-転入 03-社保離脱 04-国保組合離脱 (裏面記入) 05-生保廃止					70-転出 72-社保加入 73-国保組合加入 74-死亡 75-生保加入	

- 1

世帯主との続柄 ( ) 一も変 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.
- 2

7723--社国保保加組入合加入 Social Insurance/National Health Insurance - Insurance Group Enrollment/Association Enrollment

Check the appropriate box for your health insurance type (social insurance through employer or national health insurance through municipality)
- 3

一力記入更の For office use only
- 4

来住所※世帯主または世帯主と同一世帯の方は省略可 Head of household / Address

The primary person in a household for registration purposes. If you live alone, you are the head of household. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 5

0045--国生保保組廃合止離脱 (裏面記入)

0045--National Health Insurance, Welfare, Insurance Association, Dissolution/Merger, Cessation, Withdrawal (fill in reverse side)

This relates to changes in national health insurance or welfare benefits status  
- complete the information on the back of the form if applicable to your situation.
- 6

入 足立区 Adachi Ward

This is a specific ward in Tokyo - only select if you live in Adachi Ward
- 7

利ドし有 Interest/profit existence

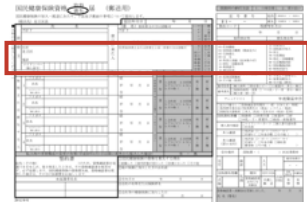
N/A - this appears to be corrupted or incorrectly copied text, as this combination of characters doesn't form standard Japanese for residence registration forms



住所 — Addresses (Part 1/2)

中を記入してください	世帯主	住所 足立区	世帯主との続柄 (続柄) 住所※世帯主または世帯主と同一世帯の方は省略可	生 年 月 日	性 別	職 業	1 カード 利用の 健康 保険 有 無 証 明 書 も 記 入 し て く だ さ い	01-転入 03-社保離脱 04-国保組合離脱 (裏面記入) 05-生廃止 06-出生 10-外国人登録 (法30条の47) 11-帰化・国籍取得 18-特例該当 19-適及取得 (2年度前の4月1日取得)	70-転出 72-社保加入 73-国保組合加入 74-死亡 78-生保開始 79-帰化・国籍離脱 80-住記職権消除 81-国保職権消除 85-特例非該当 86-在留期限切 り に 至 り た か ら お し や う な し て く だ さ い
		電話							

- 17723--社国保保加組入合加入 Social Insurance/National Health Insurance - Insurance Group Enrollment  
Check the appropriate box for your health insurance type (social insurance through employer or national health insurance through municipality)
- 2一力記入更の For office use only
- 3来住所※世帯主または世帯主と同一世帯の方は省略可 Head of household / Address  
The primary person in a household for registration purposes. If you live alone, you are the head of household. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 40045--国生保保組廃合止離脱 (裏面記入)  
0045--National Health Insurance, Welfare, Insurance Association, Dissolution/Merger, Cessation, Withdrawal (fill in reverse side)  
This relates to changes in national health insurance or welfare benefits status - complete the information on the back of the form if applicable to your situation.
- 5入 足立区 Adachi Ward  
This is a specific ward in Tokyo - only select if you live in Adachi Ward
- 6利トし有 Interest/profit existence  
N/A - this appears to be corrupted or incorrectly copied text, as this combination of characters doesn't form standard Japanese for residence registration forms
- 78801--住国記保職職権権消消除除 8801--Residence Record Maintenance Staff Official Authority Deletion Deletion
- 8録の康保ださ有の Health insurance record holder  
Check the box if you are the primary holder of a health insurance policy (not a dependent)
- 9くだ Please
- 101118--帰特化例・該国当籍取得 1118--Special naturalization case・ acquisition of relevant country nationality  
Check this if you've acquired Japanese nationality through special naturalization procedures
- 11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.
- 12有険い方 Insured person  
Check this if you have Japanese health insurance (国民健康保険 or employee insurance)
- 13と世の帯続主柄生 年 月 日 Relationship to household head, birth year, month, day  
Write your relationship to the household head (e.g., "本人" for self, "妻" for spouse, "子" for child) and fill in your birth date using Japanese calendar or Western calendar as specified.
- 148867--在当留初期よ限り切資格なし Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



住所 — Addresses (Part 1/2) (continued)

15

氏名・マイナンバー（個人番号）

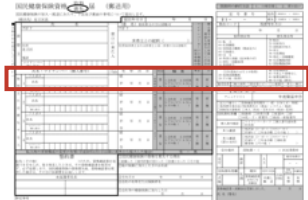
My Number (Individual Number) / My Number / Full name

12-digit number. Leave blank on first registration — it will be mailed to you after. Enter your 12-digit Individual Number from your My Number card or notification

住所 — Addresses (Part 2/2)

(個人番号)		氏名・マイナンバー (個人番号)		世帯主との続柄	生 年 月 日	性別	職 業	有 限 無 証	い 方 は	19-週及取得 (2年度前の4月1日取得)		85-特例非該当 86-在留期限切 87-当初より資格なし 91-後期高齢加入 90-その他(喪失)
フリガナ	氏名	イナナンバー (個人番号)	昭 平	男	1.会社員 2.自営業 3.アルバイト 4.なし 5.その他( )	有・無	有・無	備考取得 備考喪失		□擬主説明 □指定書コピー □口振案内 普主・擬主 □保険料説明・清算 □マル乳・子・青 普主・擬主 □郷主書(要・不)		

- 1 職 業 Occupation  
Write your job title or profession (e.g., "English Teacher," "Engineer," "Student," etc.)
- 2 性別 Gender  
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 3 (2年度前の4月1日取得) (Acquired on April 1st, 2 years ago)  
Enter the date you obtained your residence status if it was April 1st of the year that was 2 years before the current year
- 4 フリガナ Phonetic reading (katakana)  
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 5 29-その他 (取得) 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 ※男1.会社員 2.自営業 ※Male 1. Company employee 2. Self-employed (yes)  
Select option 1 if you work for a company as an employee, or option 2 if you are self-employed/run your own business
- 7 90-その他 (喪失) 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
- 8 氏名 Full name  
Write in katakana for foreign names. Some forms accept romaji.
- 9 平 年 月 日資格 3.アルバイト 4.なし・ Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 10 得ま Income/earnings  
N/A (appears to be incomplete text - likely part of a longer field label)
- 11 取得の女5.その他 ( ) 無 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 備考喪失□□保擬險主料書説 ( 明要・ ・ 清否算 ) □ マル乳・ 子・ 青 普主・ 擬主 Remarks / Notes  
Space for additional information or special circumstances. Usually optional.
- 13 マ ( イ個人ナン番ハ号ー ) My Number (Individual Number)  
Enter your 12-digit My Number if you have been assigned one; leave blank if not yet received



異動者 — Person Table (Part 1/4)

取得または	1	氏名		平	年	月	日	男	1.会社員 2.自営業 3.アルバイト 4.なし 5.その他 ( )	有	有	29-その他 (取得)	91-後期高齢加入 90-その他 (喪失)
		マイナンバー (個人番号)						女		無	無	備考取得	備考喪失
		フリガナ										備考取得	備考喪失
	2	氏名		昭	平	年	月	日	男	1.会社員 2.自営業 3.アルバイト 4.なし 5.その他 ( )	有	有	備考取得
		マイナンバー (個人番号)						女		無	無	備考取得	備考喪失

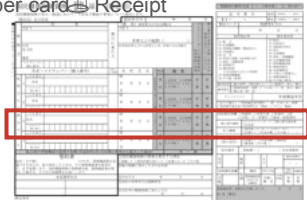
- 1 平 年 月 日資格 3.アルバイト 4.なし・ Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 2 得ま Income/earnings  
N/A (appears to be incomplete text - likely part of a longer field label)
- 3 取得の女5.その他 ( ) 無 Other ( / Other  
Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields
- 4 備考喪失□□保擬險主料書説 ( 明要・ ・ 清否算 ) □ マル乳・ 子・ 青 普主・ 擬主 Remarks / Notes  
Space for additional information or special circumstances. Usually optional.
- 5 マ ( イ個ナ人ン番バ号ー ) My Number (Individual Number)  
Enter your 12-digit My Number if you have been assigned one; leave blank if not yet received
- 6 フリガナ Phonetic reading (katakana)  
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 7 年度簡易申告 Annual simplified tax return  
Check this if you need to file a simplified tax return for the current tax year (usually for those with simple income situations)
- 8 チェックリスト Checklist
- 9 合は男1.会社員 2.自営業有 If male 1. Company employee 2. Self-employed yes  
Select option 1 for salaried workers or option 2 if you run your own business
- 10 氏名 Full name  
Write in katakana for foreign names. Some forms accept romaji.
- 11 平 年 月 日右記 女35..アソルのバ他イ ( ト 4 . な ) し・ 無  
Heisei \_\_ year \_\_ month \_\_ day Right side: Female 35.. Part-time job/Other (4. None) ・ None
- 12 ・ 無 ・ None  
Select this option if the question doesn't apply to you or if you have none of the items being asked about.
- 13 □□記記入得不喪備失な事し由及 □び資取格得確喪認失書日等 ( 種書別面 ( ・ ーシ般ス・ テおム知・ ら電せ話・ ) 特療 )  
Reason for acquisition/loss of records and related qualification confirmation documents (type/general/notification/special/medical/telephone/system), etc.
- 14 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.
- 15 □国保加入資格有 □本人 ( 氏名・ 生年月日・ 性別・ 住所 ) Date of birth / Full name / Address  
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.  
Write in katakana for foreign names. Some forms accept romaji.



異動者 — Person Table (Part 2/4)

氏名	フリガナ	平	昭	男	1.会社員	2.自営業	有	有	国保加入資格有	本人 (氏名・生年月日・性別・住所)			
フリガナ		年	月	日	男女	3.アルバイト	4.なし	無	国保課処理欄	保険料	世帯合算	RE案内	HF
マイナンバー		令	昭	女	5.その他 ( )	有	無	無	マイ乳・子・青案内	産前・産後案内			
フリガナ		昭	平	男					個人番号確認	マイナンバーカード	個人番号通知書		
氏名		昭	平	男					本人確認	免許証	パスポート	マイナンバーカード	
		昭	平	女					本人確認	在留カード	年金手帳	その他 ( )	
		昭	平	男					本人確認	免許証	パスポート	マイナンバーカード	
		昭	平	女					本人確認	在留カード	年金手帳	その他 ( )	

- 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 て男1.会社員 2.自営業有 Male 1. Company employee 2. Self-employed business owner  
Select option 1 if you work for a company as an employee, or option 2 if you run your own business or are self-employed
- 3 マ乳・子・青案内 産前・産後案内 Maternal/childcare/youth information Prenatal/postnatal information  
Check these boxes if you want to receive municipal services information about childcare support, youth programs, or prenatal/postnatal care.
- 4 氏名 Full name  
Write in katakana for foreign names. Some forms accept romaji.
- 5 失 3マイナンバー My Number  
Enter your 12-digit Individual Number from your My Number card or notification
- 6 平 年 月 日記入し 女35..アソルのバ他イ (ト 4. な ) し・無  
Heisei \_\_\_ year \_\_\_ month \_\_\_ day entered, female 35..a so ru no ba i ( t 4 . na ) shi・ mu  
N/A - this appears to be garbled/corrupted text, possibly from poor scanning or copying of the form
- 7 ・無 ・None  
Select this option if the question doesn't apply to you or if you have none of the items being asked about.
- 8 てく Teku
- 9 ( 個人番号 ) My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 10 免許証 パスポート マイナンバーカード Driver's License Passport My Number Card  
Check the box for whichever form of ID you're presenting with your application.
- 11 本人確認 Personal identification  
This section is for verifying your identity - bring valid ID like passport, residence card, or driver's license
- 12 平 年 月 日さい男 13..会社員アルバイト 2. 自4. 営な業し有  
Heisei year \_\_\_ month \_\_\_ day, age \_\_\_, male, 13..company employee/part-time worker 2. self-employed 4. none  
This appears to be a fragmented/poorly formatted section - look for clearer employment status checkboxes elsewhere on the form to select your occupation category.
- 13 有・ Yes・  
Check this box if the statement or condition applies to you, leave unchecked if it doesn't apply.
- 14 ( 窓本口人交確付認 ) 免許在留証カード 年金手帳 金ト手 帳 マイナンバー 領 収 書 ト  
(Identity verification at window) Driver's license Residence card Passport Pension handbook My Number card Receipt  
Check the boxes for ID documents you're bringing - residence card and passport are most common for foreign residents.



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

15

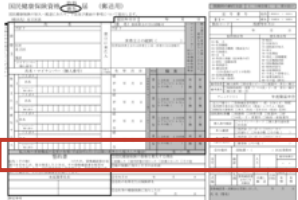
る 4氏名 Full name

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

異動者 — Person Table (Part 3/4)

Form header and top section including fields for name, date of birth, sex, and insurance status.

- 1 女5.その他 ( ) 無 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 郵便物 □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
- 3 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.
- 4 受付場所 Reception / Received  
Staff use - indicates form was received. Do not fill in.
- 5 国保課・ ( ) 区民事務所 National Health Insurance Division・ ( ) Ward Citizens Affairs Office
- 6 転入時の世帯構成の変更の有無(平成30年4月1日以降に都外から転入した場合)  
Presence/absence of / Moving in (from another municipality or abroad) / Change  
This is typically part of a longer phrase asking whether something exists or not - look for the full context Check this box if you are making changes to existing information
- 7 有 ・ 無 Yes / No  
Circle or check the appropriate option based on whether the condition applies to your situation
- 8 誓約書 Pledge/Oath/Written Promise  
This is a separate document where you formally pledge/promise certain conditions - read carefully and sign if required by your municipality
- 9 ①国民健康保険の資格を喪失する理由 National Health Insurance / Qualification / To do/perform  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 10 端末処理日 Processing  
Staff use - processing status. Do not fill in.
- 11 紛失・その他( )のため、資格確認書を返□就職した □雇用形態が変わった □扶養になった □その他  
Other / Qualification / Document  
Use this section for any additional information not covered in other fields Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 12 ・ ・ (bullet points/dots indicating blank fields to fill in)
- 13 ②他の保険に加入した方のお名前 ②Name of person who enrolled in other insurance  
Write the name of any household member who joined a different health insurance plan (such as employee health insurance through a new job).



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

- 14

ず、必ず返還します。国民健康保険の資格喪失後、資格確認書を使

National Health Insurance / . / Qualification

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 15

確資格書高齢証 Senior Citizen Qualification Confirmation Certificate

If you're 65+ and have a senior citizen certificate, provide the certificate number or attach a copy as proof of age-related benefits eligibility.

異動者 — Person Table (Part 4/4)

① 国保課処理欄		② 種別	③ 交付方法	④ 旧証	資格 確認書	高齢証
点 検	処理	資格 確認書 お知らせ	手渡し 郵 送	回収	有 無	有 無

- 1

国保課処理欄 Processing

Staff use - processing status. Do not fill in.
- 2

種別 Type/Category

Select the type of residence change (e.g., moving in, moving out, address change within city)
- 3

交付方法 Method of delivery/issuance

Select how you want to receive official documents (e.g., by mail, in-person pickup, etc.)
- 4

旧証 Old certificate

Enter details from your previous residence certificate or registration document that you're replacing/updating
- 5

理資格確認書手渡し回収有 Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 6

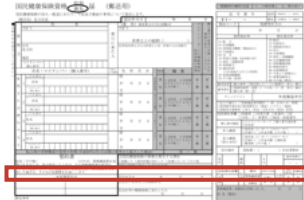
未返還者氏名 Full name

Write in katakana for foreign names. Some forms accept romaji.
- 7

③ 生年月日                      年                      月                      日      Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 8

お知らせ Notice



本人確認書類 — ID & Documents

①未返還者氏名	③生年月日 年 月 日	点検 理 資格確認書 お知らせ 高齢証 手渡し 郵送 旧証 回収 有無 有無	
	④会社の名称または保険者名		資格確認書・高齢証を受領しました。 氏名（署名）
	⑤会社等の健康保険に加入した日 年 月 日		
特記事項			

- 1

旧証 Old certificate

Enter details from your previous residence certificate or registration document that you're replacing/updating
- 2

理資格確認書手渡し回収有 Qualification

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

未返還者氏名 Full name

Write in katakana for foreign names. Some forms accept romaji.
- 4

③生年月日 年 月 日 Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 5

お知らせ Notice
- 6

郵送 Mail/Postal Service

N/A (this is a section header indicating the form can be submitted by mail)
- 7

資格確認書・高齢証を受領しました。 Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 8

年 月 日 Year Month Day

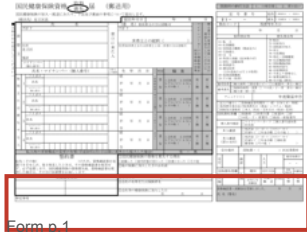
Write the date in Japanese format (year/month/day) using Arabic numerals, typically the date you're submitting the form or the date of your move.
- 9

年 月 日 Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_

Write the date in Japanese format (year/month/day) using Western numerals - this is typically when you're submitting the form or when the address change takes effect.
- 10

特記事項 Special remarks/notes

Leave blank unless you have special circumstances to report (like name changes, family situations, 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, kokuho ni kirikae tai desu

I left my company and want to switch to National Health Insurance