

★記入例★

届出年月日  
7 年 8 月 2 日

国民健康保険被保険者適用開始届

郵送専用

杉並区長宛

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

※世帯主以外の方は記入してください。

世帯主住所  
杉並区 阿佐谷南 1 丁目 15 番 1 号  
杉並マンション 方

届出代理人住所  
杉並区 阿佐谷南 1 丁目 15 番 1 号  
杉並マンション 方

氏名  
杉並 太郎

氏名  
杉並 桃子

電話  
自宅 03-▲▲▲▲-▲▲▲▲  
携帯・他 090-▲▲▲▲-▲▲▲▲

電話  
03-0000-0000

個人番号  
123456789012

個人番号  
123456789012

フリガナ  
加入する方の氏名

性別  
男

性別  
女

生年月日  
昭和 44 年 5 月 8 日

生年月日  
昭和 48 年 1 月 16 日

特記事項

特記事項

世帯主と加入者全員の  
本人確認資料のコピー  
を同封してください。

事由  
1. 転入 2. 社会保険停止 4. 出生 5. 職権適用開始  
6. 他適用開始 7. 組合離脱 8. 後期高齢離脱

旧勤務先  
株式会社

旧勤務先  
株式会社

区分  
新規・追加

適用開始年月日

年 月 日

記号  
番号

15 - -

交付印

交付

入力

点検

受付場所  
国保年金課国保資格係(郵送)

住所移動に伴う世帯構成変更

有・無

有・理由

無

※ご記入にあたっての注意

太枠の中を記入してください。

①～⑦の欄は必ずご記入ください。

④電話は、日中連絡のつく番号をご記入ください。

書類の内容に記入もれ等ある場合、ご連絡させていただきます。

※確認できないと、加入の手続きができない場合があります。

○世帯主欄は、住民票上の世帯主のお名前をご記入ください。

○今回国保に加入する方全員のお名前(世帯主を含む)をご記入ください。

書ききれない場合は、用紙を追加してご記入ください。

○個人番号がわからない場合には記入を省略して構いません。

# Suginami — 国民健康保険異動届出書 — National Health Insurance Application

Deadline: Must be submitted within 14 days of the qualifying event (losing employer insurance, moving in, birth, etc.) | Cost: Free | Penalty: Late enrollment means you still owe premiums from the eligibility date, and medical costs 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



- 1 国民健康保険被保険者適用開始届 National Health Insurance  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 2 杉並区長宛 To the Mayor of Suginami Ward  
N/A (this is a pre-printed address line indicating who the form is submitted to)
- 3 7 年 8 月 2 日 Year 7, Month 8, Day 2  
This appears to be a pre-printed date format showing placement - fill in actual dates using Arabic numerals in the format shown.
- 4 ※世帯主以外の方は記入してください。 Head of household  
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 5 杉並区 阿佐谷南 1 丁目 15 番 1 号  
Suginami Ward, Asagaya-minami, 1-chome, 15-ban, 1-go  
This shows the complete Japanese address format - copy your address exactly as it appears on your residence card, maintaining the same character spacing and structure.
- 6 杉並区 阿佐谷南 1 丁目 15 番 1 号 Suginami Ward  
This is a specific ward in Tokyo. Enter your actual ward/city name.
- 7 住 所 Address  
Write your complete current address including apartment/room number if applicable
- 8 住 所 Address  
Write your complete current address including apartment/room number if applicable
- 9 杉並マンション 方 Suginami Mansion, c/o  
Write the building/apartment name followed by 方 (indicating "care of" or that you're staying at someone else's registered address)
- 10 杉並マンション 方 Suginami Mansion, c/o  
Write the building/apartment name followed by 方 (indicating "care of" or that you're staying at someone else's registered address)
- 11 枠帯 Frame/border area  
N/A (this refers to the bordered sections or frame areas of the form layout)
- 12 03-▲▲▲▲-▲▲▲▲理 03-▲▲▲▲-▲▲▲▲ Processing  
Write your phone number in the format 03-XXXX-XXXX. Foreign residents should use their Japanese phone number; if you don't have one yet, you may need to obtain a Japanese phone number before completing this form or contact the office for alternative options.
- 13 自宅 Home address  
Enter your residential address where you actually live

[illegible]

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

- 14

杉並 太郎

Suginami Taro

This is an example name showing the format (surname first, given name second) - replace with your actual name in this order.
- 15

氏 名

Name

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

届出人情報 — Who Is Filing (Part 2/2)

内 主	氏 名 ③ 杉並 太郎	電 ④ 自宅 03-▲▲▲▲-▲▲▲▲	理 人 氏 名 ① 杉並 桃子 ② 電話 090-0000-0000
--------	-------------	---------------------	------------------------------------

- 1  
を主 (subject marker)  
This appears to be part of a larger phrase indicating who is the main filer or subject of the form. You typically don't need to write anything in this specific field as it's part of a pre-printed phrase structure.
- 2  
人氏 名 Name  
Write your full legal name as it appears on your residence card or passport
- 3  
杉並 桃子 Suginami Momoko  
This appears to be an example name - replace with your actual full name in katakana or kanji
- 4  
電 話090-0000-0000 Phone 090-0000-0000  
Enter your mobile phone number in the format shown (090 is a common Japanese mobile prefix)



住所 — Addresses (Part 1/3)

Form layout showing fields for address, phone number, and name, with numbered callouts 1 through 15 indicating specific areas for input or attention.

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

Form layout showing a table with columns for various fields, including a highlighted section for elderly status (高齢).

住所 — Addresses (Part 2/3)

入  
し  
て  
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さ  
い

枝番	フリガナ	性 別	生 年 月 日	特 記 事
	加入する方の氏名			
5	すぎなみ たろう	男	昭和 44 年 5 月 8 日	12345
	杉並 太郎	女		個人番号 12345 マイナ保険証 1. あり 2. なし

太枠の中を記入してください。  
①～⑦の欄は必ずご記入ください。  
④電話は、日中連絡のつく番号をご記入ください。  
書類の内容に記入もれ等ある場合、ご連絡させていただきます。

- 1 生 年 月 日 Date of Birth
- Enter your birth date in the Japanese format: year/month/day (often using the Japanese calendar era system like Reiwa, Heisei, etc.)
- 2 特 記 事 項 Special Notes/Remarks
- Leave blank unless you have special circumstances to report (like unusual living arrangements or documentation issues)
- 3 備 考 Remarks
- Use this section for any additional notes or special circumstances regarding your address change that don't fit in other sections.
- 4 交付 Issuance/Issue
- This section is typically filled out by government office staff, not by you as the applicant.
- ①～⑦の欄は必ずご受記給入者く証ださい。
- Please be sure to fill in fields ①～⑦ (Note: The original text appears to contain errors or unclear characters)
- Fill in all numbered fields ① through ⑦ as they are mandatory sections of the form
- 6 加入 する 方 の 氏 名 To do/perform / Full name
- Write your full legal name as it appears on your residence card or passport
- 7 123456⑧78電90話12は、日中連絡の2つ割く番号をご記入ください。
- For telephone number 123456⑧78電90話12, please write two phone numbers where you can be reached during daytime hours.
- Provide two phone numbers where you can be contacted during business hours (e.g., mobile phone and work phone).
- 8 すぎなみ たろう Suginami Taro
- This appears to be an example name showing the format - write your full name in hiragana characters.
- 9 昭 平 令 西 暦 Western calendar
- Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 10 個人番号 My Number (Individual Number)
- 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 11 □ 変更あり ( 書 年 類 月 の 頃 内 ) 容 に 郵 送 記 入 も れ ・ 等 ある 場 合 、 ご 連 絡 さ せ Change
- Check this box if you are making changes to existing information
- 12 杉 並 太 郎 Suginami Taro
- This is an example name showing the format (surname first, given name second) - replace with your actual name in this order.
- 13 4 4 ・ 5 ・ 8 44・5・8
- Enter your birth date in Japanese era format (year・month・day). The '44' indicates Showa 44 (1969), so this shows May 8, 1969. Foreign residents should convert their birth year to the appropriate Japanese era year.
- 14 マイナ保険証 1 . あり 2 . なてしい 3 た . だ 不 明 き ま す 。 Health insurance card / .
- Japanese health insurance card. Can serve as secondary ID at some banks.



住所 — Addresses (Part 2/3) (continued)

15

3割 30%

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

い。	すぎなみ ももこ	男	昭和 平 令 西暦	マイナ保険証 1. あり (2) ない	いたたきます。
				個人番号 67890	※確認できないと、加入の手続きができない場合があります。

- [illegible]

マイナ保険証	1. あり	2. ない
個人番号	67890	
マイナ保険証	1. あり	2. ない
個人番号	01234	
マイナ保険証	1. あり	2. ない
個人番号	56789	

- 1 67890123※45確認できないと、2 加割入の手続きができない場  
67890123※45 confirmation 67 If confirmation cannot be made, procedures for 2 additional enrollment cannot be completed  
This appears to be a My Number (マイナンバー) field - enter your 12-digit individual number from your My Number card. This number is required for enrollment verification.
  - 2 すぎなみ ももこ Suginami Momoko  
This appears to be an example name showing the format - write your name in katakana characters in the designated field.
  - 3 昭 平 令 西暦 Western calendar  
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
  - 4 個人番号 My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.
  - 5 ☐ 変更あり ( 年合 が 月あ頃り ) ま郵す送。 Change  
Check this box if you are making changes to existing information
  - 6 杉並 桃子 Suginami Momoko  
This appears to be an example name - replace with your actual full name in katakana or kanji
  - 7 4 8 ・ 1 ・ 1 6 48・1・16  
This appears to be a date format (Year 48, Month 1, Day 16) - likely using Japanese era year system where 48 would correspond to Showa 48 (1973). Fill in your relevant date using the same format.
  - 8 マイナ保険証 1 . あり 2 . な〇し世 3 帯 . 主不明欄は、住民票3上割の世帯主のお名前をご記  
Health insurance card / Head of household  
Japanese health insurance card. Can serve as secondary ID at some banks. The primary person in a household for registration purposes. If you live alone, you are the head of household.
  - 9 入ください。 Please enter.  
This is an instruction telling you to enter information in the preceding field - follow the specific guidance given in the form section above this text.
  - 10 昭 平 令 西暦 Western calendar  
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
  - 11 2 割 20% / 2/10ths  
This indicates a 20% cost-sharing ratio, likely for health insurance - this may be pre-filled or you may need to select this option if it applies to your situation.
  - 12 個人番号 My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.

[illegible]

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

13

☐ 変更あり (    ○    今年   回   国月頃保 ) に加郵送入する方・ 全員のお名前 ( 世帯主を

Head of household / Change / To do/perform

The primary person in a household for registration purposes. If you live alone, you are the head of household. Check this box if you are making changes to existing information

14

・                      ・                      ・ (bullet points/list markers)

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

15

世帯主と加入者全員の女                      Head of household

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

世帯主と加入者全員の 本人確認資料のコピー を同封してください。		昭平令西暦	<input type="checkbox"/> 変更あり マイナ保険証 1. あり 2.	<input type="checkbox"/> 今回国保に加入する方全員のお名前（世帯主を含む）をご記入ください。 書ききれない場合は、用紙を追加してご記入ください。 <input type="checkbox"/> 個人番号がわからない場合には記入を省略して構いません。
事由 1. 転入 2. 社会保険 3. 退職 4. 出生 5. 職権適用開始 6. 他適用開始 7. 組合員 8. 後期高齢者		<input type="checkbox"/> 変更あり 個人番号 1. あり 2.	<input type="checkbox"/> 変更あり マイナ保険証 1. あり 2.	

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

[illegible]

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

15

〇〇株式会社    〇〇 Corporation

Replace 〇〇 with your company's actual name if this is an employment-related field

異動者 — Person Table (Part 3/4)

1. 事由  
2. 転入  
3. 転出  
4. 出生  
5. 職権適用開始  
6. 他適用開始  
7. 組合離脱  
8. 後期高齢離脱

9. 区分  
10. 新規・追加  
11. 適用開始年月日  
12. 年 月 日

1. 本人確認資料のコピー(世帯主と加入者全員)  
2. 点確認  
マイナンバーカード 運転免許証 運転経歴証明書 パスポート  
住基カード(写真付き) 身体障害者手帳 在留カード  
特別永住者証明書 雇用保険受給資格者証(写真・割印有)  
その他( )  
3. 点確認  
資格確認書(国保・後期・社保) 介護証 マル乳証  
フルネーム フル姓 年令 年齢・部書 健康保険資格者証生部別書

旧勤務先名  
・電話番号  
電 話 03 ( )  
1. 杉並区  
2. 転入前の住所  
3. その他( )  
1. 杉並区  
2. 転入前の住所  
3. その他( )

- 1 事由 Reason  
Select the reason for your address change (moving in, moving out, change of address within city, etc.)
- 2 電話 03 ( ) Telephone 03 ( )  
Fill in your phone number - the 03 is pre-filled for Tokyo area code, enter the remaining digits in the boxes
- 3 本人確認資料のコピー(世帯主と加入者全員) Head of household  
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 4 新規・追加 New registration / Addition  
Select "新規" for your first registration in this municipality, or "追加" if adding family members to existing registration
- 5 区分 Classification/Category  
This section indicates the type of registration change you're making (e.g., moving in, moving out, address change within the city).
- 6 1. 杉並区 2. 転入前の住所 Suginami Ward / Address / Moving in (from another municipality or abroad)  
This is a specific ward in Tokyo. Enter your actual ward/city name. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 7 本年 This year  
Enter the current calendar year (e.g., 2024)
- 8 マイナンバーカード 運転免許証 運転経歴証明書 パスポート My Number Card / My Number Card / Driver's license  
Plastic IC card with your 12-digit Individual Number. Can be used as primary ID. Apply at your ward office after receiving the notification letter. Japan's national ID card with IC chip - bring original if you have one
- 9 適用開始年月日 Application Start Date  
Enter the date when your residence registration or status change takes effect (usually the date you moved or your circumstances changed).
- 10 ・住民税課税地 3. その他( ) Other ( / Other)  
Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields
- 11 特別永住者証明書 雇用保険受給資格者証(写真・割印有) Qualification / Seal (inkan / hanko)  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification) Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
- 12 年 月 日 その他( ) Other ( / Other)  
Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields



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

- 13

1 . 杉並区

2 . 転入前の住所

Suginami Ward / Address / Moving in (from another municipality or abroad)

This is a specific ward in Tokyo. Enter your actual ward/city name. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 14

前年

Previous year

Enter the year before the current year (e.g., if filling out in 2024, enter 2023)
- 15

・ 住民税課税地

3 . その他 (

)

Other ( / Other

Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields

異動者 — Person Table (Part 4/4)

記号	15	資格確認書(国保・後期・社保) 介護証 マル乳証 マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 その他( )	住民税課税地	3. その他( )
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- 1 マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 Pension / Qualification  
Select your pension type (National Pension, Employee Pension, etc.) Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 2 記号 Symbol/Code  
Leave blank unless instructed by municipal office staff - this field is typically for internal administrative codes



本人確認書類 — ID & Documents

記号 番号	15 - -	交付印	受付	入力	点検	住民税課税地	3. その他 ( )
受付場所						住所移動に伴う世帯構成変更	有・無
国保年金課国保資格係 (郵送)						1. 会社 2. 自営 3. なし	有・無 理由 [ ]

- 1・住民税課税地 3. その他 ( ) Other ( / Other)  
Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields
- 2マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 Pension / Qualification  
Select your pension type (National Pension, Employee Pension, etc.) Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 3記号 Symbol/Code  
Leave blank unless instructed by municipal office staff - this field is typically for internal administrative codes
- 41 5 - - 15 - - -  
This appears to be a form field number with blank spaces for data entry - fill in the required information in the dashes as specified in the form instructions.
- 5住所移動に伴う世帯構成変更 Address / Change  
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address. Check this box if you are making changes to existing information
- 6有・無 Yes / No  
Circle or check the appropriate option based on whether the condition applies to your situation
- 7交付印 Seal (inkan / hanko)  
Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
- 8受付 Reception/Received  
N/A - this is an office use only section where municipal staff will stamp or write when they receive your form
- 9入力 Input/Entry
- 10点検 Inspection/Review  
N/A - this is a section header for municipal office staff use only
- 11受付場所 Reception Location
- 12の勤務 2 3 . . 自な 営し電話 ( ) Employment 23.. Self-employed telephone ( )  
Enter your work phone number if self-employed; use parentheses for area code
- 13の適無・理由 Applicability/Reason  
Check the appropriate box for applicability (有/無) and write the reason in the space provided if applicable.
- 14国保年金課国保資格係 (郵送) Pension / Qualification  
Select your pension type (National Pension, Employee Pension, etc.) Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



## COUNTER PHRASES

Point and show these to ward office staff

### FINDING THE COUNTER

すみません、国民健康保険の窓口はどこですか？

Sumimasen, kokumin kenkō hoken no madoguchi wa doko desu ka?

Excuse me, where is the National Health Insurance counter?

### ENROLLING

国民健康保険に加入したいのですが

Kokumin kenkō hoken ni kanyū shitai no desu ga

I would like to enroll in National Health Insurance

### CANCELLING

国民健康保険をやめたいのですが

Kokumin kenkō hoken wo yametai no desu ga

I would like to cancel my National Health Insurance

### SHOWING PROOF

資格喪失証明書を持っています

Shikaku sōshitsu shōmeisho wo motteimasu

I have my Certificate of Health Insurance Loss

### ASKING ABOUT PREMIUMS

保険料はいくらですか

Hokenryō wa ikura desu ka?

How much is the insurance premium?

### LEFT PREVIOUS JOB

会社を辞めたので、国保に切り替えたいです

Kaisha wo yameta node, kokuho ni kirikae tai desu

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