

様式第13号

受付事務所

国民健康保険資格確認書等再交付申請書

(宛先)姫路市長

年 月 日

どなたのものが必要ですか	氏名	生年月日 昭和・平成・令和・西暦 年 月 日	枝番	個人番号						
				1	2	3	4	5		
1		昭和・平成・令和・西暦 年 月 日								
2		昭和・平成・令和・西暦 年 月 日								
3		昭和・平成・令和・西暦 年 月 日								
4		昭和・平成・令和・西暦 年 月 日								
5		昭和・平成・令和・西暦 年 月 日								

必要なものに✓をつけてください

国民健康保険資格確認書
 国民健康保険資格情報通知書(資格情報のお知らせ)
 特定同一世帯所属者異動連絡票 旧被扶養者異動連絡票

理由 破損 焼失 紛失 盗難 未着
 その他()

届出人(世帯主) 住 所 姫路市

氏名

個人番号

--	--	--	--	--	--	--	--	--	--

電 話 (- - -)

申請者(世帯主以外の場合) 住 所

氏名

続柄 (世帯主からみて)

電 話 (- - -)

被保険者番号

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下欄には記入しないでください

受付	作成・交付					
	郵送	手渡	交付書類		3	確認書・通知書・特定同一・旧被
1			確認書・通知書・特定同一・旧被	4		
2			確認書・通知書・特定同一・旧被	5	確認書・通知書・特定同一・旧被	

Himeji — 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

セクション 1 — Section 1

1 様式第 13 号
2 受付事務所
3

国民健康保険資格確認書等再交付申請書

4 (宛先) 姫路市長

年 月 日

どなたの申込	氏名	5 生年月日 昭和・平成・令和・西暦 10 年月日 昭和・平成・令和・西暦 11 年月日	6 枝番	7 個人番号																
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

1 様式第 13 号 [様式第 13 号]

2 受付事務所 Reception / Received

Staff use - indicates form was received. Do not fill in.

3 国民健康保険資格確認書等再交付申請書 National Health Insurance / Qualification / Confirmation

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)

4 年月日 [年月日]

5 生年月日 Date of birth

Write in format: Year/Month/Day (YYYY/MM/DD) using Western calendar

6 枝番 [枝番]

7 個人番号 [個人番号]

8 昭和・平成・令和・西暦 Western calendar

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

9 年月日 [年月日]

10 昭和・平成・令和・西暦 Western calendar

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

11 年月日 [年月日]



セクション 2 — Section 2

この ものが 必要 ですか	年 月 日	① 年 月 日 昭和・平成・令和・西暦												
3		② 年 月 日 昭和・平成・令和・西暦												
4		③ 年 月 日 昭和・平成・令和・西暦												
5		④ 年 月 日 昭和・平成・令和・西暦												
		⑤ 年 月 日 昭和・平成・令和・西暦												

1 年 月 日 [年 月 日]

2 昭和・平成・令和・西暦 Western calendar

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

3 年 月 日 [年 月 日]

4 昭和・平成・令和・西暦 Western calendar

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

5 年 月 日 [年 月 日]

6 昭和・平成・令和・西暦 Western calendar

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

7 年 月 日 [年 月 日]



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セクション 3 — Section 3

年 月 日 [年 月 日]

必要なものに✓をつけてください [必要なものに✓をつけてください]

國民健康保險資格確認書 National Health Insurance / Qualification / Confirmation

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)

□ 国民健康保険資格情報通知書（資格情報のお知らせ） 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)

□ 特定同一世帯所属者異動連絡票 □ 特定同一世帯所属者異動連絡票 □ 旧被扶養者異動連絡票

破損 燃失 紛失 盜難 未着 破損 燃失 紛失 盜難 未着

□ 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

一 居出人（世帯主）住　　Applicant / Person filing the form / Head of household

申请人（或业主） / Applicant / Person filling the form / Head of household
The person physically submitting the form. Usually yourself. The primary person in a household for registration purposes. If you live alone, you are the head of household.

所 姫路市 [所 姫路市]

○ 屬出人（世董主） 氏 Applicant / Person filing the form / Head of household

The person physically submitting the form. Usually yourself. The primary person in a household for registration purposes. If you live alone, you are the head of household.

届出人（世帯主） 個人番号 My Number (Individual Number) / Applicant / Person filing the form / Head of household

12-digit number. Leave blank on first registration — it will be mailed to you after. The person physically submitting the form. Usually yourself.



セクション 4 — Section 4

①	電	②	話	()
③	申請者(世帯主以外の場合)		住	所				
④			氏	名				
⑤			続	柄	(世帯主からみて)			
⑥	電	⑦	話	()
⑧被保険者番号								
⑨下欄にハガキ式申込用紙を記入して下さい。								

- 1 届出人 (世帯主) 電** Applicant / Person filing the form
The person physically submitting the form. Usually yourself.
 - 2 話 (- - -) [話 (- - -)]**
 - 3 申請者(世帯主以外の場合) 住** Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
 - 4 届出人 (世帯主) 氏** Applicant / Person filing the form / Head of household
The person physically submitting the form. Usually yourself. The primary person in a household for registration purposes. If you live alone, you are the head of household.
 - 5 続柄 (世帯主からみて)** Head of household / From
The primary person in a household for registration purposes. If you live alone, you are the head of household. Used to indicate the starting point (previous address, etc.)
 - 6 話 (- - -) [話 (- - -)]**
 - 7 届出人 (世帯主) 電** Applicant / Person filing the form / Head of household
The person physically submitting the form. Usually yourself. The primary person in a household for registration purposes. If you live alone, you are the head of household.
 - 8 被保険者番号** Insured Person Number
Enter your health insurance member number found on your insurance card (国民健康保険証 or employee insurance card)
 - 9 下欄には記入しないでください** Do not
This typically appears before other text to indicate something should not be done or does not apply



セクション 5 — Section 5

受付		作成・交付		
		交付書類		確認書・通知書・特定同一・旧被
郵送	手渡	1	確認書・通知書・特定同一・旧被	4 確認書・通知書・特定同一・旧被
		2	確認書・通知書・特定同一・旧被	5 確認書・通知書・特定同一・旧被

① 下欄には記入しないでください

1 下欄には記入しないでください Do not

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

2 受付 Reception / Received

Staff use - indicates form was received. Do not fill in.

3 作成・交付 [作成・交付]

4 3 確認書・通知書・特定同一・旧被 Confirmation

Staff use only - do not fill in

5 交付書類 [交付書類]

6 1 確認書・通知書・特定同一・旧被 4 確認書・通知書・特定同一・旧被 Confirmation

Staff use only - do not fill in

7 郵送 [郵送]

8 手渡 [手渡]

9 2 確認書・通知書・特定同一・旧被 5 確認書・通知書・特定同一・旧被 Confirmation

Staff use only - do not fill in



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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