



# Sagamihara Midori — 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

セクション 1 — Section 1

第 3 号様式

相模原市長 あて

介護保険被保険者証等（交付・再交付）申請書

受付印

年 月 日

① どなたの分が必要ですか

被 保 険 者	被保険者番号	0 0 0	個人番号	
	フリガナ		生年月日	明・大・昭 年 月 日
	氏 名		性 別	男 ・ 女
	住 所			

- 1 第3号様式 Form No. 3
- 2 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.
- 3 介護保険被保険者証等（交付・再交付）申請書 Long-term Care Insurance  
Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance.
- 4 相模原市長 あて To: Mayor of Sagamihara City  
This is pre-printed - indicates the form is addressed to the mayor
- 5 年 月 日 Year Month Day  
Write the date in Japanese format (year/month/day) using Arabic numerals
- 6 ① どなたの分が必要ですか For whom do you need this?  
Select or write the name of the person who needs the document/service
- 7 被保険者番号 0 0 0 個人番号 My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 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 生年月日 明・大・昭 年 月 日 Date of birth  
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 10 氏 名 Full name  
Write your full legal name as it appears on your residence card or passport
- 11 性 別 Gender  
Usually select from options like 男 (male) or 女 (female)
- 12 男 ・ 女 Male ・ Female  
Circle or check the appropriate gender option that matches your official documents.
- 13 住 所 Address  
Write your complete residential address including postal code, prefecture, city, and building details



セクション 2 — Section 2

1

2

申請をするのはどなたですか

申請者	フリガナ	被保険者との続柄	
	氏名	電話番号 (平日の昼間に連絡できる番号)	( )
	※本人の場合、住所の記載は不要		
	住所		

10

3

必要なものは何ですか (○で囲んでください。複数の証の選択も可能です)

再交付する証明書	1 被保険者証	2 資格者証	3 受給資格証明書
	4 負担割合証 (適用期間: _____ 年 8 月 1 日 ~ 翌年 7 月 31 日分)	5 負担限度額認定証 6 社会福祉法人等による利用者負担軽減確認証	

15

4

再交付の理由は何ですか (○で囲んでください)

--	--	--	--

- 1

2

申請をするのはどなたですか

To do/perform

This is typically part of a longer phrase on forms - look for the complete text before filling
- 2

被保険者との続柄

Relationship to head of household

See relationship terms table.
- 3

フリガナ

Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 4

電話番号

Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.
- 5

氏名

Full name

Write your full legal name as it appears on your residence card or passport
- 6

( ) ( )
- 7

( 平日の昼間に連絡できる番号 )

Phone number (reachable during weekday daytime)

Provide a number where you can be reached during business hours (9AM-5PM on weekdays)
- 8

※本人の場合、住所の記載は不要

Address

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 9

住所

Address

Write your complete residential address including postal code, prefecture, city, and building details
- 10

3

必要なものは何ですか (○で囲んでください。複数の証の選択も可能です)

What documents are required? (Circle applicable items. Multiple selections allowed.)

This is an instruction asking you to circle the required documents from a list below. You can select more than one option.
- 11

1 被保険者証 2 資格者証 3 受給資格証明書

Qualification

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



セクション 2 — Section 2 (continued)

12

申請をするのはどなたですか

申請者	フリガナ	被保険者との続柄	
	氏 名	電話番号	( )
	※本人の場合、住所の記載は不要		
	住 所		

13

必要なものは何ですか (○で囲んでください。複数の証の選択も可能です)

再交付する証明書	1 被保険者証	2 資格者証	3 受給資格証明書
	4 負担割合証 (適用期間: _____ 年 8 月 1 日 ~ 翌年 7 月 31 日分)		
	5 負担限度額認定証	6 社会福祉法人等による利用者負担軽減確認証	

15

④ 再交付の理由は何ですか (○で囲んでください)

- 12

再交付する証明書 To do/perform

This is typically part of a longer phrase on forms - look for the complete text before filling
- 13

4 負担割合証 ( 適用期間 : 年8月1日 ~ 翌年7月31日分 )

4 Burden Ratio Certificate (Application period: August 1, \_\_\_\_ year ~ July 31 of the following year)

This refers to healthcare cost-sharing certificates for medical insurance - attach if you have one, as it affects your copayment percentage at medical facilities.
- 14

5 負担限度額認定証 6 社会福祉法人等による利用者負担軽減確認証 Certificate / Confirmation

Refers to official certificates like income certificate, tax exemption certificate, etc. Staff use only - do not fill in
- 15

④ 再交付の理由は何ですか ( ○で囲んでください ) What is the reason for reissuance? (Circle one)

Select one reason why you need a replacement document issued

セクション 3 — Section 3 (Part 1/2)

再交付申請の理由

1 紛失・焼失 2 破損・汚損  
3 その他 ( )

⑤ 2号被保険者 (40歳から64歳の医療保険加入者) のみ記入してください

医療保険者名

医療保険被保険者証  
記号・番号

⑦ 以下は市記入欄ですので記入しないでください (二重枠内は受付者が記入してください)

旧被保険者証

☐回収 ☐未回収

⑩ その他証類

☐回収 ☐未回収

受付者

介護処理

送付先変更同時受付

☐有 ☐無

⑭ 資格者証

☐交付 ☐未交付

1~3

4~6

1

1 紛失・焼失 2 破損・汚損 1 Lost/Destroyed by fire 2 Damaged/Soiled  
Select the reason why you need a replacement resident card - choose option 1 if lost or burned, option 2 if damaged or dirty

2

再交付申請の理由 Reason for reissuance application  
Common reasons include: lost, stolen, damaged, or illegible document

3

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

4

⑥ 2号被保険者 (40歳から64歳の医療保険加入者) のみ記入してください From  
Used to indicate the starting point (previous address, etc.)

5

医療保険被保険者証 Health insurance card  
Bring your health insurance card (e.g., National Health Insurance card, employee insurance card)

6

医療保険者名 Health insurance provider name  
Write the name of your health insurance organization (e.g., company name for employee insurance, or municipality name for national health insurance)

7

⑦ 以下は市記入欄ですので記入しないでください (二重枠内は受付者が記入してください) Do not / Reception / Received  
This typically appears before other text to indicate something should not be done or does not apply Staff use - indicates form was received. Do not fill in.

8

旧被保険者証 Previous insurance card  
Bring your old insurance card to surrender when getting a new one

9

☐回収 ☐未回収 ☐Collected ☐Not collected  
Staff use only - do not fill in

10

⑩ その他証類 Other  
Use this section for any additional information not covered in other fields

11

☐回収 ☐未回収 受付者 Reception / Received  
Staff use - indicates form was received. Do not fill in.

12

介護処理 Long-term care processing  
Staff use only - do not fill in

13

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

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8 旧被保険者証	9 <input type="checkbox"/> 回収 <input type="checkbox"/> 未回収	10 その他証類	11 <input type="checkbox"/> 回収 <input type="checkbox"/> 未回収	受付者	12 介護処理	
送付先変更同時受付	13 <input type="checkbox"/> 有 <input type="checkbox"/> 無	14 資格者証	15 <input type="checkbox"/> 交付 <input type="checkbox"/> 未交付		1～3	4～6

セクション 3 — Section 3 (Part 2/2)

1 送付先変更同時受付	<input type="checkbox"/> 有 <input type="checkbox"/> 無	資格者証	<input type="checkbox"/> 交付 <input type="checkbox"/> 未交付		1~3	4~6	
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1

送付先変更同時受付

Reception / Received / Change

Staff use - indicates form was received. Do not fill in. Check this box if you are making changes to existing information





セクション 4 — Section 4

4

送付先変更同時受付

1

☐有 ☐無

2

資格者証

3

☐交付 ☐未交付

5

被保証・その他証類同時発送

6

郵送年月日

7

番号確認

8

身元確認

9

☐個人番号カード (身元確認も兼ねる)  
☐通知カード ☐住民票 (番号記載有)  
☐住民基本台帳 ☐過去作成ファイル  
☐その他 ( )

10

☐運転免許証 ☐障害者手帳 (身・療・精) ☐旅券  
☐運転経歴証明書 ☐その他写真付証明書 ( )  
☐公的医療保険の被保険者証 ☐年金手帳  
☐その他 ( )

※写真の無い証明書は2点以上必要

- 1

☐有 ☐無    None/Not applicable

Check this box if the item does not apply to you or if you have none to report
- 2

資格者証    Qualification

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

☐交付 ☐未交付    ☐Issued ☐Not issued

Check the appropriate box to indicate whether a document has been issued to you or not
- 4

送付先変更同時受付    Reception / Received / Change

Staff use - indicates form was received. Do not fill in. Check this box if you are making changes to existing information
- 5

被保証・その他証類同時発送 ☐    Other

Use this section for any additional information not covered in other fields
- 6

郵送年月日    Mailing date

Date when the form was sent by mail - may be pre-filled or for staff use
- 7

番☐個人番号カード (身元確認も兼ねる)    身☐運転免許証 ☐障害者手帳 (身・療・精) ☐旅券

Driver's license / My Number (Individual Number)

Bring your physical driver's license as identification 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 8

元☐運転経歴証明書 ☐その他写真付証明書 (    )    Other

Use this section for any additional information not covered in other fields
- 9

☐住民基本台帳 ☐過去作成ファイル    ☐ Basic Resident Register ☐ Previously created file

Staff use only - do not fill in
- 10

☐公的医療保険の被保険者証 ☐年金手帳    Pension

Select your pension type (National Pension, Employee Pension, etc.)
- 11

☐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
- 12

※写真の無い証明書は2点以上必要    ※Two or more documents required if no photo ID

If you don't have photo ID (like driver's license or residence card), bring 2+ documents like utility bills, bank statements, or insurance cards



## 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