

様式第6号

受付																																																																							
申請日(記入)																																																																							
国民健康保険料徴収猶予申込書 令和 6 年 7 月 25 日																																																																							
(あて先) 千葉市長																																																																							
<p>下記のとおり千葉市国民健康保険条例第32条の規定により別紙証明書を添えて申請します。</p> <p><b>令和6年平成を記入(エクセル作成の場合はリストから選択)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>被保険者番号</td> <td>12345678-01</td> <td>納付義務者氏名</td> <td>千葉 太郎</td> </tr> <tr> <td>世帯の被保険者数</td> <td>2</td> <td>納付義務者職業</td> <td>自営業</td> </tr> <tr> <td>対象年度</td> <td>令和 6 年度</td> <td>賦課された保険料</td> <td>125,100 円</td> </tr> <tr> <td>徴収猶予を必要とする保険料</td> <td>45,100 円</td> <td colspan="2">「徴収猶予を必要とする保険料の内訳」の合計額を記入(エクセル作成の場合は自動計算されます)</td> </tr> <tr> <td>支拂う保険料の必要証と</td> <td>4 月 期</td> <td>10 月 期 (5 期)</td> <td>円</td> </tr> <tr> <td></td> <td>5 月 期</td> <td>11 月 期 (6 期)</td> <td>円</td> </tr> <tr> <td></td> <td>6 月 期 (1 期)</td> <td>35,100 円</td> <td>12 月 期 (7 期)</td> </tr> <tr> <td></td> <td>7 月 期 (2 期)</td> <td>10,000 円</td> <td>1 月 期 (8 期)</td> </tr> <tr> <td></td> <td>8 月 期 (3 期)</td> <td>円</td> <td>2 月 期 (9 期)</td> </tr> <tr> <td></td> <td>9 月 期 (4 期)</td> <td>円</td> <td>3 月 期 (10 期)</td> </tr> </table> <p>5月に体調不良により失業し、無収入となった。 求職活動中ではあるが、預貯金がなく、すぐに保険料を納めることができない。</p> <p><b>納期限を経過しているもの、納期限が間近のものについては、申請をしていても督促状が発送されることがあります。</b></p> <p><b>5月に体調不良により失業し、無収入となった。</b></p> <p><b>求職活動中ではあるが、預貯金がなく、すぐに保険料を納めることができない。</b></p> <p><b>「徴収猶予を必要とする保険料の内訳」と同様に記入(エクセルで作成の場合は自動で転記されます。)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>期別</td> <td>納付額</td> <td>納付期限</td> <td>摘要</td> </tr> <tr> <td>4月期</td> <td>円 R .</td> <td>10月期 (5期)</td> <td>円 R</td> </tr> <tr> <td>5月期</td> <td>円 R .</td> <td>11月期 (6期)</td> <td>円 R</td> </tr> <tr> <td>6月期 (1期)</td> <td>35,100 円 R 6・8・31</td> <td>12月期 (7期)</td> <td>円 R</td> </tr> <tr> <td>7月期 (2期)</td> <td>10,000 円 R 6・8・31</td> <td>1月期 (8期)</td> <td>円 R</td> </tr> <tr> <td>8月期 (3期)</td> <td>円 R .</td> <td>2月期 (9期)</td> <td>円 R</td> </tr> <tr> <td>9月期 (4期)</td> <td>円 R .</td> <td>3月期 (10期)</td> <td>円 R</td> </tr> </table> <p><b>納期限&lt;※2&gt;をいつまで延長したいか記入してください。申請日から1年以内としてください。(申請日が令和6年7月25日の場合は最長で令和7年7月24日)</b></p> <p><b>1年を超えて記入された場合は、申請自体を却下します。</b></p> <p><b>内容確認のため連絡をすることがありますので、必ず記入してください。確認が取れない場合は申請を却下することがあります。</b></p> <p><b>※1】当該年度相当分の保険料合計額のことです。国民健康保険料通知書の「保険料決定額(今回)」や「今回決定額(合計)」の欄に記載されています。</b></p> <p><b>※2】元々定められている、保険料を納めなければならぬ期日のことです。国民健康保険料通知書の「普通徴収(納付書または口座振替によるお支払い分)の「納期限」の欄に記載されています。●月期の納期限は●月の月末(土日祝日の場合は翌営業日)です。</b></p>				被保険者番号	12345678-01	納付義務者氏名	千葉 太郎	世帯の被保険者数	2	納付義務者職業	自営業	対象年度	令和 6 年度	賦課された保険料	125,100 円	徴収猶予を必要とする保険料	45,100 円	「徴収猶予を必要とする保険料の内訳」の合計額を記入(エクセル作成の場合は自動計算されます)		支拂う保険料の必要証と	4 月 期	10 月 期 (5 期)	円		5 月 期	11 月 期 (6 期)	円		6 月 期 (1 期)	35,100 円	12 月 期 (7 期)		7 月 期 (2 期)	10,000 円	1 月 期 (8 期)		8 月 期 (3 期)	円	2 月 期 (9 期)		9 月 期 (4 期)	円	3 月 期 (10 期)	期別	納付額	納付期限	摘要	4月期	円 R .	10月期 (5期)	円 R	5月期	円 R .	11月期 (6期)	円 R	6月期 (1期)	35,100 円 R 6・8・31	12月期 (7期)	円 R	7月期 (2期)	10,000 円 R 6・8・31	1月期 (8期)	円 R	8月期 (3期)	円 R .	2月期 (9期)	円 R	9月期 (4期)	円 R .	3月期 (10期)	円 R
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申 請 者	氏 名	千葉 太郎	納付義務者との関係																																																																				
	(注)本人が手書きしない場合は、記名押印してください。	本人																																																																					
	住 所	千葉市 中央区 千葉港 2番1号																																																																					
	(建物名、部屋番号)	コムニティⅡ101号室																																																																					
	連絡先	電話番号 (携帯番号などの日中連絡先)	080-1234-5678																																																																				
		電子メールアドレス																																																																					
の相 意 見 者	記入不要																																																																						

# Chiba 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

## セクション 1 — Section 1 (Part 1/2)

【記入例①：現年度分の申請をする場合】  
減免申請の結果、年度の保険料総額<※1>は350,100円から125,100円になった  
(6月期35,100円 7～3月期それぞれ35,000円)  
→6月期35,100円 7～3月期それぞれ10,000円に変更された  
6・7月期は納期限<※2>内に納付は困難だが、8月中には納付可能

### 1 様式第6号 Form No. 6

This indicates the form type/number - you don't need to fill this in as it's pre-printed. This is Form No. 6 for National Health Insurance premium reduction applications.

### 2 【記入例①：現年度分の申請をする場合】 Example of how to fill in / To do/perform

Sample form showing how to complete each field. Study this before filling your own form. This is typically part of a longer phrase on forms - look for the complete text before filling

### 3 受付 Reception / Received

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

### 4 申請日 (記入) Application date / Fill in / Application

Write the date you are submitting this form. This indicates the form is an application that requires submission

### 5 減免申請の結果、年度の保険料総額<※1>は350,100円から125,100円になった From Used to indicate the starting point (previous address, etc.)

### 6 国民健康保険料徴収猶予申請書 National Health Insurance

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.

### 7 (6月期35,100円7～3月期それぞれ35,000円) (June period 35,100 yen, July-March periods each 35,000 yen)

This shows the reduced premium amounts you'll pay if approved - June period is 35,100 yen, and July through March periods are 35,000 yen each. This is informational only, no action needed.

### 8 6年7月25日 July 25, Year 6

This refers to July 25th of Reiwa 6 (2024) - use the Japanese era year system or convert to Western calendar year as required by the form.

### 9 令和 Reiwa (era name)

This refers to the current Japanese era period that began in 2019 - you'll need to convert Western calendar years when filling dates on the form

### 10 →6月期35,100円7～3月期それぞれ10,000円に変更され Change

Check this box if you are making changes to existing information

### 11 (あて先) 千葉市長 Addressee

The person or office this form is being sent to

### 12 下記のとおり千葉市国民健康保険条例第32条の規定により別紙証明書を添えて申請いたします。

National Health Insurance / . / Document

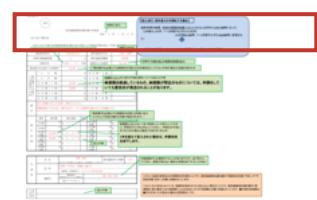
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.

### 13 世帯主の氏名 Head of household / Full name

The primary person in a household for registration purposes. If you live alone, you are the head of household. Write in katakana for foreign names. Some forms accept romaji.

### 14 6・7月期は納期限<※2>内に納付は困難だが、8月中には納付可能 Payment due date

The deadline by which payment must be made - check your payment slip or notice for the specific date



## セクション 1 — Section 1 (Part 1/2) (continued)

様式第6号  
受付  
国民健康保険料徴収猶予申請書  
(あて先) 千葉市長  
下記のとおり千葉市国民健康保険条例第32条の規定により別紙証明書を添えて申請  
令和 6 年 7 月 25 日  
申請日(記入)  
世帯主の氏名  
令和か平成を記入(エクセル作成の場合はリストから選択)

**【記入例①: 現年度分の申請をする場合】**

減免申請の結果、年度の保険料総額(※1)は350,100円から125,100円になった  
(6ヶ月期35,100円 7~3ヶ月期それぞれ35,000円  
→6ヶ月期35,100円 7~3ヶ月期それぞれ10,000円に変更された)  
6・7月期は納期限(※2)内に納付は困難だが、8月中には納付可能

15 令和か平成を記入 (エクセル作成の場合はリストから選択) From

Used to indicate the starting point (previous address, etc.)

## セクション 1 — Section 1 (Part 2/2)

## 1 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)

12345678-01 12345678-01

This appears to be a reference or control number field, likely pre-printed on the form. If it's blank, you may need to enter a case number or application ID provided by the government office, or leave it blank if this is your first submission.

## 3 納付義務者氏名 Full name

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

4 千葉 太郎 Chiba Taro

This is an example name showing the format: write your family name first, then given name, separated by a space.



Form p.1

## セクション 2 — Section 2

①世帯の被保険者数	2	人	②納付義務者職業	③自営業
④対象年度	令和 6 年度		⑤賦課された保険料	⑥125,100 円
⑦徴収猶予を必要とする保険料	⑧45,100 円		左側の「対象年度」の保険料総額を記入 「徴収猶予を必要とする保険料の内訳」の合計額を記入(エクセル作成の場合は自動計算されま	
4 月 期		円	10 月 期 ( 5 期 )	円

1 世帯の被保険者数 Number of insured persons in household

Count all family members covered by national health insurance in your household

2 納付義務者職業 Occupation

e.g. 会社員 (company employee), 自営業 (self-employed), 学生 (student)

3 自営業 Self-employed

Select if you run your own business or work as a freelancer/independent contractor

4 左側の「対象年度」の保険料総額を記入 Insurance premium / Fiscal year / Fill in

Amount you pay for national health insurance coverage, usually calculated based on income and household size Japanese fiscal year runs from April 1 to March 31

5 対象年度 Fiscal year

Japanese fiscal year runs from April 1 to March 31

6 令和 Reiwa (era name)

This refers to the current Japanese era period that began in 2019 - you'll need to convert Western calendar years when filling dates on the form

7 年度 Fiscal year

Japanese fiscal year runs from April 1 to March 31

8 賦課された保険料 Insurance premium

Amount you pay for national health insurance coverage, usually calculated based on income and household size

9 125,100 125,100

Enter the total amount of insurance premiums paid during the tax year (125,100 yen in this example). Include all eligible insurance premiums such as life insurance, medical insurance, and pension contributions.

10 「徴収猶予を必要とする保険料の内訳」の合計額を記入 ( エクセル作成の場合は自動計算されま To do/perform

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

11 徴収猶予を必要とする保険料 To do/perform

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

12 45,100 45,100

Enter the calculated deduction amount based on your insurance premium payments (45,100 yen in this example). This amount is typically less than the total premiums paid due to deduction limits set by tax law.

13 円10月期 ( 5 期 ) October installment (5th payment)

Refers to the 5th installment payment due in October, typically for taxes or insurance premiums



## セクション3 — Section 3 (Part 1/2)

手帳 名取 保険 料を の必 内要	4月期	円	10月期(5期)	円
	5月期	円	11月期	円
	6月期(1期)	円	納期限 <sup>※2</sup> 内に納付が可能な期別については記入は不要	
	7月期(2期)	35,100	12月期(9期)	円
	8月期(3期)	円	1月期	円
			2月期(9期)	円

**納期限を経過しているもの、納期限が間近のものについては、申請をしていても督促状が発送されることがあります。**

1 円10月期 (5期) October installment (5th payment)

Refers to the 5th installment payment due in October, typically for taxes or insurance premiums

2 す徵 Collection

Staff use only - do not fill in

3 円11月期 (6納期期) 限<sup>※2</sup>内に納付が可能な期別については記入は不要 Fill in / Period/Term

Refers to billing periods for insurance premiums or tax payments

4 保猶 Dependent/Guardian

Leave blank unless you are registering as someone's dependent or have a legal guardian relationship to declare.

5 納期限を経過しているもの、納期限が間近のものについては、申請をして Payment due date / Application

The deadline by which payment must be made - check your payment slip or notice for the specific date. This indicates the form is an application that requires submission

6 6月期 (1期) June period (1st period)

This likely refers to a tax or payment period - check which 6-month period applies to your situation and mark accordingly.

7 35,100 35,100

Enter the monetary amount 35,100 yen as shown. This appears to be a pre-filled amount related to tax or fee calculations.

8 円12月期 (7期) December period

Refers to a December billing/coverage period or fiscal term

9 いても督促状が発送されることあります。 Yes/There is / .

This indicates affirmative response - check if applicable to your situation

10 料を fee

Write '料を' (ryō wo) which means 'fee' or 'charge'. This is likely part of a standard phrase about payment of fees.

11 7月期 (2期) (2nd term)

Write '7月期 (2期)' indicating the July period (2nd term). This refers to a specific tax payment period in the Japanese fiscal system.

12 10,000 10,000

Enter the amount 10,000 yen. This appears to be another monetary figure, possibly related to the fee or tax calculation mentioned in the form.

13 円1月期 (8期) Period 8

This refers to the 8th payment period or installment for taxes/insurance premiums

14 内要 Details/Contents

Describe the specific details or reason for your application

15 8月期 (3期) August period (3rd installment)

Refers to the 3rd payment period, typically due in August for taxes or insurance premiums

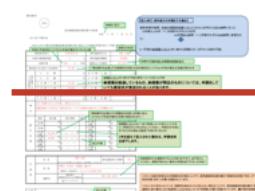


## セクション 3 — Section 3 (Part 2/2)

内要 8月 8月期(3期)	2月期(9期)
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1 円2月期(9期) February period (9th term)

Staff use only - do not fill in



Form p.1

## セクション 4 — Section 4 (Part 1/2)

の必要 内訳と 理由	1月期(3期)	2月期(9期)	円
	3月期(4期)	4月期(10期)	円
5月に体調不良により失業し、無収入となった。 求職活動中ではあるが、預貯金がなく、すぐに保険料を納めることが困難なため。	<input checked="" type="checkbox"/> 「徴収猶予を必要とする保険料の内訳」と同様に記入 <small>(エクセルで作成の場合は自動で記されます。)</small>		
	期別	納付額	納付期限

## 1 内要 Details/Contents

Describe the specific details or reason for your application

## 2 8月期(3期) August period (3rd installment)

Refers to the 3rd payment period, typically due in August for taxes or insurance premiums

## 3 円2月期(9期) February period (9th term)

Staff use only - do not fill in

## 4 9月期(4期) 4th term

Refers to quarterly periods or installments (e.g., for tax payments or insurance premiums)

## 5 円3月期(10期) 10th term/period

This likely refers to a payment period, term number, or administrative cycle - check context for specific meaning

## 6 5月に体調不良により失業し、無収入となった。 Lost job due to poor health in May and became without income.

This appears to be an example reason for reporting a change in employment/income status - write your actual circumstances if similar.

## 7 求職活動中ではあるが、預貯金がなく、すぐに保険料を納めることが困難なため。

Currently job searching but unable to pay insurance premiums immediately due to lack of savings.

This is a pre-written reason for payment difficulty - select if applicable to your situation

## 8 「徴収猶予を必要とする保険料の内訳」と同様に記入 To do/perform

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

## 9 期別 Period/Term

Refers to billing periods for insurance premiums or tax payments

## 10 納付額 Payment amount

Enter the amount you paid or need to pay in Japanese yen

## 11 納付期限 Payment due date

This shows when payment must be made - read carefully as late fees may apply

## 12 摘要期別 Period/Term

Refers to billing periods for insurance premiums or tax payments

## 13 納付額 Payment amount

Enter the amount you paid or need to pay in Japanese yen

## 14 納付期限 Payment due date

This shows when payment must be made - read carefully as late fees may apply

## 15 摘要 Remarks

Leave blank unless instructed otherwise by municipal staff - this section is typically filled by the office processing your registration.



## セクション 4 — Section 4 (Part 2/2)

399501	89331304	W12193995C	399501	10月期 (5期)	R	納期限《※2》をいつまで延長したいか記入してください
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**1 10月期 October period**

Refers to a specific administrative period or semester starting in October

**2 4月期 April period**

Refers to the April term/period for administrative purposes

**3 納期限・《※2》をいつまで延長したいか記入してください Payment due date / Fill in**

The deadline by which payment must be made - check your payment slip or notice for the specific date



Form p.1

## セクション 5 — Section 5

納付	6月期	円R 35,100	7月期	円R 6・8・31	8月期	円R 6・8・31	9月期	円R 6・8・31	10月期	円R 6・8・31	11月期	円R 6・8・31	12月期	円R 6・8・31
----	-----	--------------	-----	--------------	-----	--------------	-----	--------------	------	--------------	------	--------------	------	--------------

納期限《※2》をいつまで延長したいか記入してください。  
申請日から1年以内としてください。(申請日が令和6年7月25日の場合は最長で令和7年7月24日)

**1 10月期 October period**

Refers to a specific administrative period or semester starting in October

**2 4月期 April period**

Refers to the April term/period for administrative purposes

**3 納期限・《※2》をいつまで延長したいか記入してください Payment due date / Fill in**

The deadline by which payment must be made - check your payment slip or notice for the specific date

**4 11月期 November period**

This likely refers to a reporting period or deadline - check if your move falls within the November reporting period for tax or administrative purposes.

**5 い。申・請日から1年以内としてください。(申請日が令和6 From**

Used to indicate the starting point (previous address, etc.)

**6 円R yen R**

Write the amount in yen for this tax payment period, followed by 'R' to indicate it's been calculated. If you're unsure of the amount, check your tax assessment notice or consult the tax office.

**7 円R yen R**

Enter the yen amount for this corresponding tax period, also followed by 'R'. This appears to be for a different payment period or tax category than field 6.

**8 5月期 May**

Enter the month as May if applicable to your situation

**9 12月期 December period**

Refers to a December billing/coverage period or fiscal term

**10 35,100 35,100**

This shows 35,100 yen as a pre-filled or calculated amount. If this is editable, verify it matches your tax assessment; if pre-filled, ensure it's correct for your situation.

**11 R6・8・31 August 31, 2024**

Use Japanese date format: Reiwa year, month, day (R6 = 2024)

**12 (1期) (1st period)**

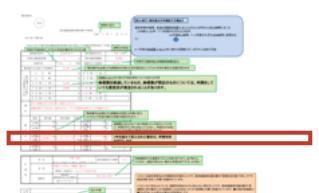
This indicates '1st period' (第1期) for tax payment scheduling. This is likely pre-printed and shows which installment period this form covers - typically tax payments are divided into multiple periods throughout the year.



## セクション 6 — Section 6

計 画	6月期 (1期) 8月期 (2期) (3期)	35,100 10,000 .	6 · 8 · 31 6 · 8 · 31 .	6月期 (7期) (8期)	10,000 .	10,000 .	記入不要	1年を超えて記入された場合は、申請自体 を却下します。
--------	------------------------------------	-----------------------	-------------------------------	---------------------	-------------	-------------	------	--------------------------------

- 1 12月期 December period  
Refers to a December billing/coverage period or fiscal term
- 2 35,100 35,100  
Enter the tax amount for the first payment period. This should match the amount shown on your tax notice from the municipality.
- 3 R6 · 8 · 31 August 31, 2024  
Use Japanese date format: Reiwa year, month, day (R6 = 2024)
- 4 (1期) (1st period)  
This indicates the first payment period (typically April-June). Leave as-is unless your payment schedule differs.
- 5 1年を超えて記入された場合は、申請自体 Fill in / Application  
This indicates the form is an application that requires submission
- 6 10,000 10,000  
Enter the tax amount for the second payment period. Check your municipal tax notice for the correct amount.
- 7 R6 · 8 · 31 August 31, 2024  
Use Japanese date format: Reiwa year, month, day (R6 = 2024)
- 8 (2期) (2nd term)  
This indicates the second payment period (typically July-September). Leave as-is unless your payment schedule differs.
- 9 (8期) Period 8  
This refers to the 8th payment period or installment for taxes/insurance premiums
- 10 を却下します。  
This appears to be rejection text - leave blank unless you are rejecting/declining something specific on this form.
- 11 記入不要 Do not fill in / Fill in  
Leave this field blank - it will be completed by staff
- 12 (3期) (3rd period)  
This indicates the third payment period (typically October-December). Leave as-is unless your payment schedule differs.
- 13 (9期) (Period 9)  
Refers to a specific administrative period or term - check with staff if unsure which period applies



## セクション 7 — Section 7

(3期) (9期) (4期)	R	R	記入不要	R	R
			(3期) (10期)		
			氏名	千葉 太郎	納付義務者との関係
			(注)本人が手書きしない場合は、記名押印してください。		

内容確認のため連絡をすることがありますので、必ず記入してください。確認が取れない場合は申請を却下することがあります。

1 を却下します。

This appears to be part of a rejection notice template - you would not fill this out as an applicant, as it's used by officials to indicate application rejection.

2 記入不要0 Do not fill in / Fill in

Leave this field blank - it will be completed by staff

3 ( 3期 ) (3rd period)

This refers to a 3-month period designation, likely for visa duration or reporting periods - check your specific form instructions to see if this applies to your situation.

4 ( 9期 ) (Period 9)

Refers to a specific administrative period or term - check with staff if unsure which period applies

5 ( 4期 ) 4th term

Refers to quarterly periods or installments (e.g., for tax payments or insurance premiums)

6 ( 10期 ) 10th term/period

This likely refers to a payment period, term number, or administrative cycle - check context for specific meaning

7 千葉 太郎 Chiba Taro

This is an example name showing the format: write your family name first, then given name, separated by a space.

8 氏名 Name

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

9 納付義務者との関係 Payer/Person liable for payment

The person legally responsible for paying fees, taxes, or insurance premiums

10 本人 Self (head of household)

Select this option if you are the head of household/primary applicant filling out the form for yourself, rather than having someone else complete it on your behalf.

11 てください。確認が取れない場合は申請を却下することができます To do/perform

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

12 ( 注 ) 本人が手書きしない場合は、記名押印してください。 Do not / Seal (inkan / hanko)

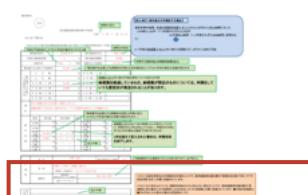
This typically appears before other text to indicate something should not be done or does not apply Personal seal stamp. Most ward offices accept a written signature for foreigners instead.



## セクション 8 — Section 8

申請者	<input checked="" type="checkbox"/> (注)本人が手書きしない場合は、記名押印してください。 <b>千葉市 中央区 千葉港 2番1号</b> <small>(建物名、部屋番号) コミュニティ荘101号室</small>		<span style="color: green;">●</span> てください。確認が取れない場合は申請を却下することがあります。
連絡先	<input checked="" type="checkbox"/> 携帯番号などの日中連絡先 <input checked="" type="checkbox"/> 電子メールアドレス	<small>電話番号</small> <small>080-1234-5678</small>	
の担当者	<input checked="" type="checkbox"/> 記入不要		
見者			

- 1 てください。確認が取れない場合は申請を却下することがあります To do/perform  
This is typically part of a longer phrase on forms - look for the complete text before filling
- 2 (注)本人が手書きしない場合は、記名押印してください。 Do not / Seal (inkan / hanko)  
This typically appears before other text to indicate something should not be done or does not apply Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
- 3 住 所 Address  
Write your current residential address in Japan exactly as it appears on official documents
- 4 (建物名、部屋番号) コミュニティ荘101号室 Number  
Enter the relevant identification number (My Number, insurance number, etc.) as specified in the form context
- 5 電話番号 Phone number  
Japanese mobile number preferred. Some forms accept overseas numbers.
- 6 <<※1>>当該年度相当分の保険料合計額のことです。国民健康保険通知書の「保険料決定額(今回)」や「今回決定額(合計)」の欄に記載されています。 This is explanatory text about insurance premium amounts from your National Health Insurance notification - no need to fill anything here, just reference information.
- 7 080-1234-5678 080-1234-5678  
Enter your phone number in the format shown (080-1234-5678). Use hyphens between the sections as demonstrated in the example.
- 8 (携帯番号などの日中連絡先) Mobile phone  
Enter your mobile/cell phone number including area code
- 9 連絡先 Phone number  
Japanese mobile number preferred. Some forms accept overseas numbers.
- 10 電子メールアドレス Email address  
Enter a valid email address where you can receive communications from the municipal office
- 11 通徴収(納付書または口座振替によるお支払い分)の「納期限」の欄に記載されています。●月期の納期限は This is explanatory text about payment due dates for National Health Insurance - no input required, it's just explaining where to find due date information on official notices.
- 12 記入不要 Do not fill in  
Leave this field blank - it will be completed by staff
- 13 の担 Witness  
Write the name of the person responsible or in charge of this matter. If filing for yourself, write your own name; if filing on behalf of someone else, write your name as the representative.
- 14 見者 Witness  
Leave blank unless specifically required - most forms don't need a witness signature for standard residence changes



## 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