

年      月      日																			
大和市長    あて																			
窓口に来た人	住所 _____ 氏名 _____ 電話        -        - _____ 世帯主との関係 _____																		
世    帯    主 （ 申 請 者 ）	<input type="checkbox"/> 同上 住所 _____ <input type="checkbox"/> 同上 氏名 _____																		
次のとおり、申請します。																			
被保険者記号・番号 <small>（又は備考欄に被保険者の個人番号）</small>	1 4 -																		
申 請 の 理 由	<input type="checkbox"/> 返戻 <input type="checkbox"/> 紛失 <input type="checkbox"/> 汚損 <input type="checkbox"/> 破損 <input type="checkbox"/> 盗難 <input type="checkbox"/> その他																		
被 保 険 者 氏 名	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">生 年 月 日</th> <th style="width: 30%;">内 容</th> <th style="width: 50%;">備 考</th> </tr> <tr> <td style="text-align: center;">.   .</td> <td> <input type="checkbox"/> 資格確認書  <input type="checkbox"/> 資格情報のお知らせ         </td> <td><input type="checkbox"/> 70 歳以上</td> </tr> <tr> <td style="text-align: center;">.   .</td> <td> <input type="checkbox"/> 資格確認書  <input type="checkbox"/> 資格情報のお知らせ         </td> <td><input type="checkbox"/> 70 歳以上</td> </tr> <tr> <td style="text-align: center;">.   .</td> <td> <input type="checkbox"/> 資格確認書  <input type="checkbox"/> 資格情報のお知らせ         </td> <td><input type="checkbox"/> 70 歳以上</td> </tr> <tr> <td style="text-align: center;">.   .</td> <td> <input type="checkbox"/> 資格確認書  <input type="checkbox"/> 資格情報のお知らせ         </td> <td><input type="checkbox"/> 70 歳以上</td> </tr> <tr> <td style="text-align: center;">.   .</td> <td> <input type="checkbox"/> 資格確認書  <input type="checkbox"/> 資格情報のお知らせ         </td> <td><input type="checkbox"/> 70 歳以上</td> </tr> </table>	生 年 月 日	内 容	備 考	.   .	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ	<input type="checkbox"/> 70 歳以上	.   .	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ	<input type="checkbox"/> 70 歳以上	.   .	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ	<input type="checkbox"/> 70 歳以上	.   .	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ	<input type="checkbox"/> 70 歳以上	.   .	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ	<input type="checkbox"/> 70 歳以上
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.   .	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ	<input type="checkbox"/> 70 歳以上																	

処理欄	給付区分	<input type="checkbox"/> 療養の給付等（通常） <input type="checkbox"/> 特別療養（10割）（混合世帯含む）		
	交付方法	<input type="checkbox"/> 窓口 <input type="checkbox"/> 郵送	返 戻 入 力 再 交 付 表 示	<input type="checkbox"/> した <input type="checkbox"/> しない

<input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 免許証 <input type="checkbox"/> パスポート <input type="checkbox"/> 在留カード <input type="checkbox"/> 資格確認書 <input type="checkbox"/> 年金手帳 <input type="checkbox"/> その他（ ）	宛番
--	----

# Yamato — 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

- You receive a qualification confirmation document (資格確認書) — keep this as proof of insurance
- Monthly premium notices arrive by mail. Pay at convenience stores, banks, or set up auto-debit
- Dependents can be enrolled on the same form — list all household members
- Premiums are calculated based on your previous year's income

セクション 1 — Section 1

1

国民健康保険資格確認書及び  
資格情報のお知らせ  
再交付（再通知）・返戻申請書

1	受付	審査	係長	課長	受付	2	.	.	
					5	決裁	8	.	.
					6	施行	9	.	.

10

年 月 日

11

大和市長 あて

12

窓口に来た人

住所

13

氏名

14

電話

-

-

- 1

受付 審査 係長 課長 受付

Reception / Section chief

Staff use only - do not fill in
- 2

.

Enter the current date in Japanese format: year (年), month (月), day (日). For example, if today is March 15, 2024, write: 2024年3月15日 or use the Japanese era year format.
- 3

国民健康保険資格確認書及び

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)
- 4

資格情報のお知らせ

Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 5

決裁

Approval/Authorization

N/A (this is an administrative section for official use only)
- 6

.

Enter the current date again in the same format as field 2. This appears to be a duplicate date field, likely for administrative processing purposes.
- 7

再交付（再通知）・返戻申請書

Reissuance / Issuance / Application

Check this if you need a replacement for a lost or damaged document Staff use only - do not fill in
- 8

施行

Enforcement/Implementation

N/A - this is a header indicating when the form/regulation takes effect
- 9

.

Enter the current date once more in the same Japanese date format. This third date field may be for different processing stages of the application.
- 10

年 月 日

Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals
- 11

大和市長 あて

To: Mayor of Yamato City

This is pre-printed - indicates the form is addressed to the mayor
- 12

窓口に来た人 住所

Address

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 13

氏名

Full name

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



セクション 1 — Section 1 (continued)

3  
国民健康保険資格確認書及び

4  
資格情報のお知らせ

7  
再交付（再通知）・返戻申請書

1 受 付	審 査	係 長	課 長	受 付	2 ・	・
				5 決 裁	6 ・	・
				6 施 行	9 ・	・

11  
大和市長 あて

12

13

14

10  
年 月 日

窓口に来た人

住所

氏名

電話

14 電話 - - Telephone

Enter your phone number using the dashes to separate area code and number sections

セクション 2 — Section 2 (Part 1/2)

電話

-

-

世帯主との関係

世帯主

(申請者)

住所

氏名

□同上

□同上

次のとおり、申請します。

被保険者記号・番号 (又は備考欄に被保険者の個人番号)	1 4 -		
申請の理由	<div><div>□返戻</div><div>□紛失</div><div>□汚損</div><div>□破損</div><div>□盗難</div><div>□その他</div></div>		
被保険者氏名	生年月日	内容	備考
		<div><div>□資格確認書</div><div>□70歳以上</div></div>	

- 1

電話 - - Telephone

Enter your phone number using the dashes to separate area code and number sections
- 2

世帯主との関係 Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 3

□同上 Same as above

Check this box if the information is identical to the field directly above this one
- 4

主住所 Address

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 5

氏名 Full name

Write in katakana for foreign names. Some forms accept romaji.
- 6

次のとおり、申請します。

This is a standard declaration phrase meaning 'I hereby apply as follows.' This is pre-printed text that you don't need to fill in - it's simply the formal statement introducing your application.
- 7

(又は備考欄に被保険者の個人番号) My Number (Individual Number) / Remarks / Notes

12-digit number. Leave blank on first registration — it will be mailed to you after. Space for additional information or special circumstances. Usually optional.
- 8

申請の理由 Reason for application

Briefly explain why you are submitting this application or request
- 9

□返戻 □紛失 □汚損 □破損 □盗難 □その他 Other

Use this section for any additional information not covered in other fields
- 10

被保険者氏名 Full name

Write in katakana for foreign names. Some forms accept romaji.
- 11

生年月日 Date of birth

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



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

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

電話

世帯主との関係

世帯主

(申請者)

住所

氏名

次のとおり、申請します。

被保険者記号・番号

(又は備考欄に被保険者の個人番号)

1 4 -

申請の理由

☐ 返戻

☐ 紛失

☐ 汚損

☐ 破損

☐ 盗難

☐ その他

被保険者氏名

生年月日

内容

備考

☐ 資格確認書

☐ 70 歳以上

- 12

内容Contents

This is a section header where you'll specify the type of residence change (moving in, moving out, address change within city, etc.)
- 13

備考Remarks

Optional field for additional notes or special circumstances
- 14

☐ 70歳以上Age 70 or older

Check this box if you are 70 years old or older
- 15

☐ 資格確認書Qualification

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

セクション 2 — Section 2 (Part 2/2)

		<div><div>1</div><div>•</div><div>•</div><div>•</div></div>	<div><div>2</div><div>□資格確認書</div><div>□資格情報のお知らせ</div></div>	<div><div>□70 歳以上</div></div>	
--	--	---	---	-------------------------------	--

- 1

•

•

•
- 2

□資格情報のお知らせ      Qualification

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



セクション 3 — Section 3 (Part 1/2)

		1 . .	2 <input type="checkbox"/> 資格確認書	3 <input type="checkbox"/> 70 歳以上
			4 <input type="checkbox"/> 資格情報のお知らせ	
		5 . .	6 <input type="checkbox"/> 資格確認書	7 <input type="checkbox"/> 70 歳以上
			8 <input type="checkbox"/> 資格情報のお知らせ	
		9 . .	10 <input type="checkbox"/> 資格確認書	11 <input type="checkbox"/> 70 歳以上
			12 <input type="checkbox"/> 資格情報のお知らせ	
		13 . .	14 <input type="checkbox"/> 資格確認書	15 <input type="checkbox"/> 70 歳以上
			16 <input type="checkbox"/> 資格情報のお知らせ	
			<input type="checkbox"/> 資格確認書	<input type="checkbox"/> 70 歳以上

- 1 . .
- Enter the day and month of your birth using two digits each (e.g., 15・ 03 for March 15th). Use the middle dot (・) as separator between day and month.
- ☐資格情報のお知らせ Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- ☐70歳以上 Age 70 or older
- Check this box if you are 70 years old or older
- ☐資格確認書 Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 5 . .
- Enter the day and month of your birth using two digits each (e.g., 15・ 03 for March 15th). Use the middle dot (・) as separator between day and month.
- ☐資格情報のお知らせ Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- ☐70歳以上 Age 70 or older
- Check this box if you are 70 years old or older
- ☐資格確認書 Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 9 . .
- Enter the day and month of your birth using two digits each (e.g., 15・ 03 for March 15th). Use the middle dot (・) as separator between day and month.
- ☐資格情報のお知らせ Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- ☐70歳以上 Age 70 or older
- Check this box if you are 70 years old or older
- ☐資格確認書 Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 13 . .
- Enter the day and month of your birth using two digits each (e.g., 15・ 03 for March 15th). Use the middle dot (・) as separator between day and month.





セクション 3 — Section 3 (Part 1/2) (continued)

	<div><div>1</div><div>.</div><div>.</div></div>	<div><div>2</div><div>資格確認書</div></div>	<div><div>3</div><div>70 歳以上</div></div>
	<div><div>5</div><div>.</div><div>.</div></div>	<div><div>4</div><div>資格情報のお知らせ</div></div> <div><div>6</div><div>資格確認書</div></div> <div><div>9</div><div>資格情報のお知らせ</div></div>	<div><div>7</div><div>70 歳以上</div></div>
	<div><div>8</div><div>.</div><div>.</div></div>	<div><div>8</div><div>資格確認書</div></div> <div><div>10</div><div>資格情報のお知らせ</div></div>	<div><div>11</div><div>70 歳以上</div></div>
	<div><div>13</div><div>.</div><div>.</div></div>	<div><div>12</div><div>資格確認書</div></div> <div><div>14</div><div>資格情報のお知らせ</div></div>	<div><div>15</div><div>70 歳以上</div></div>
		<div><div>資格確認書</div></div>	<div><div>70 歳以上</div></div>

- 14

資格情報のお知らせ

Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 15

70歳以上

Age 70 or older

Check this box if you are 70 years old or older

セクション 3 — Section 3 (Part 2/2)

		<div><div>1</div><div>2</div><div>3</div></div> <div><div><input type="checkbox"/> 資格確認書</div><div><input type="checkbox"/> 資格情報のお知らせ</div></div>	<div><input type="checkbox"/> 70 歳以上</div>
--	--	---	--

- 1

☐ 資格確認書      Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 2

• • •
- 3

☐ 資格情報のお知らせ      Qualification

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



セクション 4 — Section 4

		1		2		資格情報のお知らせ			
5 処理欄	3 給付区分	4 療養の給付等（通常）		特別療養（10割）（混合世帯含む）					
	6 交付方法	7 窓口 □郵送		8 返戻入力 再交付表示		9 □した □しない			
10 マイナンバーカード □免許証 □パスポート 11 在留カード □資格確認書 □年金手帳 □その他（						宛 番			

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 資格情報のお知らせ Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 給付区分 Category
- Select the type of registration change (e.g., moving in, moving out, address change)
- 療養の給付等（通常） 特別療養（10割）（混合世帯含む） Household
- Refers to your household unit - all people living together and sharing living expenses
- 処理欄 Processing
- Staff use - processing status. Do not fill in.
- 交付方法 Delivery method
- Select how you want to receive your documents (mail, pickup, etc.)
- 窓口 □郵送 Mail/By post / Service counter
- Check this if you want to receive documents by mail or are submitting this form by postal mail Staff use only - indicates which counter/window processed your application
- した □しない Do not
- This typically appears before other text to indicate something should not be done or does not apply
- 再交付表示 Reissuance Indication
- N/A - this is a form section header indicating reissuance status, filled by municipal office staff
- マイナンバーカード □免許証 □パスポート My Number Card / My Number Card / Passport
- 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
- 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



## 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