

国民健康保険資格取得届【郵送専用】

処理年月日

課長課長補佐係長係

主管課

受付

No.

受付者

他の健康保険等は別添のとおり

同封書類チェックリスト

現在加入される方、されない方を含めた  
同一世帯全員の氏名（上段はフリガナ）

性別

生年月日

今加入されない方の  
現在加入している健康保険

続柄

事由

異動年月日  
所得照会

高齢証割合

発効年月日

1

男・女

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□ 堺市の国民健康保険  
□ 社会保険  
□ 国民健康保険組合  
□ 後期高齢者医療

旧国・旧扶

前年・前々年

2割  
3割  
申請2割

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2

男・女

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□ 堺市の国民健康保険  
□ 社会保険  
□ 国民健康保険組合  
□ 後期高齢者医療

旧国・旧扶

前年・前々年

2割  
3割  
申請2割

・

3

男・女

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□ 堺市の国民健康保険  
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□ 後期高齢者医療

旧国・旧扶

前年・前々年

2割  
3割  
申請2割

・

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□ 堺市の国民健康保険  
□ 社会保険  
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□ 後期高齢者医療

旧国・旧扶

前年・前々年

2割  
3割  
申請2割

・

5

男・女

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□ 堺市の国民健康保険  
□ 社会保険  
□ 国民健康保険組合  
□ 後期高齢者医療

旧国・旧扶

前年・前々年

2割  
3割  
申請2割

・

出・舞

支給・未支給

直接払 差額あり（支給・未支給）・なし

不安給 母社保（調任・年 月 日まで）・その他

受付日

入力日

新規・更正期別

特別徴収  
中止期別

期

入力チェック  
□手書き加入証  
発行済み

老・障・ひ・子・年・介・後

（国保に関する説明及び指導等）

□給付開始日（受診有〈調及給付調い受理・特給不可説明済〉・無）

□転入所得（増・減）

□簡申

□納付相談（分納・承認・）

□減免（受付済・説明済・）

□非自費（受付済・説明済・）

□介護2号年到来者保険料増

□介護1号年到来者保険料

□旧被扶養者資格喪失連絡票

□異動連絡票（旧被扶養者・特定）（受・渡）

□納付書

□全費保険料（月割差額）確認済

□喪失後受診（有/返還金説明済・無）

□全費時差額保険料口座振替了済済

□全費時差額保険料納付書交付（口座廃止最終引落 月入力済・口座停止 月入力済）

（高齢受給者証に関する説明及び指導等）

□証対象者確認済

□75歳年到来時説明済

□得喪による影響者確認、説明済

□調及得喪による負担割合変更ある旨説明済

□世帯の所得により負担割合変更ある旨説明済

備考

□届主かつ滞納無  
（届主変更可判定）  
調及 月 日迄

# Sakai — 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

国民健康保険資格取得届

【郵送専用】

処理年月日

堺市

区長殿

記号

番号

課長

課長補佐

係長

係

フリガナ

世帯主氏名

他の健康保険等は別添のとおり

同封書類チェックリスト

主管課

受付

No.

受付者

- 1

主管課

Supervising Department

This field is for the supervising government department to fill in - leave blank as an applicant. The relevant city office will stamp or write their department name here when processing your application.
- 2

受付

Reception / Received

Staff use - indicates form was received. Do not fill in.
- 3

国民健康保険資格取得届

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

【郵送専用】

Mail/By post

Check this if you want to receive documents by mail or are submitting this form by postal mail
- 5

処理年月日

Date / Processing

Write in YYYY/MM/DD format (e.g., 2024/03/15) Staff use - processing status. Do not fill in.
- 6

長課長補佐係

Section chief

Staff use only - do not fill in
- 7

受付者

Reception / Received

Staff use - indicates form was received. Do not fill in.
- 8

堺市

Sakai City

Write '堺市' (Sakai City) here since this form is specifically for Sakai City residents. If you live in a different city, you would need that city's version of this form.
- 9

区長殿

To the Ward Mayor

Write the name of your ward (区) followed by '区長殿' - for example, if you live in Sakai Ward, write '堺区長殿'. Check your residence card or utility bills to confirm which ward you live in.
- 10

記号

Symbol/Code

Leave blank unless you have a specific identification symbol or code number assigned by the municipality
- 11

番号

Number

Enter your residence card number or other relevant identification number as specified in the form instructions.
- 12

(フリガナ)

Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 13

他の健康保険等は別添のとおり

Other health insurance, etc. is as per attached document

If you have other health insurance (workplace, national, etc.), attach the required documentation as specified in the separate attachment
- 14

同封書類チェックリスト

Check

Mark this checkbox if applicable to your situation

国民健康保険資格取得届 (郵送専用)

受付 区長殿

処理年月日

記号

番号

課長

課長補佐

係長

係

フリガナ

世帯主氏名

他の健康保険等は別添のとおり

同封書類チェックリスト

No.

受付者

セクション 1 — Section 1 (continued)

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国民健康保険資格取得届【郵送専用】

処理年月日

主管課

受付

No.

堺市

区長殿

記号

番号

課長

課長補佐

係長

係

受付者

フリガナ

世帯主氏名

他の健康保険等は別途のとおり

同封書類チェックリスト

15

氏 名    Name

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

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セクション 2 — Section 2 (Part 1/2)

国民健康保険資格取得届【郵送専用】（この用紙）

健康保険資格喪失証明書（コピー可）（加入される方全員の資格喪失日が分かるもの）

※ 書類の不備がある場合は、書類一式を返送することがあります。記載漏れや不足書類がないか十分にご確認のうえ郵送してください。

- 1 同封書類チェックリスト Check
- Mark this checkbox if applicable to your situation
- 2 氏 名 Name
- Write your full name as it appears on your residence card or passport
- 3 ☐ 国民健康保険資格取得届【郵送専用】（この用紙） National Health Insurance / National Health Insurance / Qualification
- Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance
- 4 現在の住所 Address
- Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 5 ☐ 健康保険資格喪失証明書（コピー可）（加入される方全員の資格喪失日が分かるもの） Certificate / Qualification / Person who
- This refers to official documents like residence certificates or income certificates that may need to be attached Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 6 日中連絡のと Daytime contact
- Enter a phone number where you can be reached during business hours (usually your work phone or mobile number).
- 7 <<ご注意>>「雇用保険の資格喪失日」や「退職日」の証明書ではなく、必ず「直前に加
- Certificate / Qualification / Loss/Cancellation
- This refers to official documents like residence certificates or income certificates that may need to be attached Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 8 ( ) - (自宅、携帯(世帯主・ ), その他( ))
- Head of household / Other / Mobile phone
- The primary person in a household for registration purposes. If you live alone, you are the head of household. Use this section for any additional information not covered in other fields
- 9 入されていた健康保険の資格喪失日」が分かる証明書を同封してください。 Please / Please / Please
- This is typically part of an instruction - look for the preceding text to understand what action is requested
- 10 今年 1 月 1 日 <堺市でなかった場合のみ記入してください> Please / Fill in
- This is part of a longer instruction - look for the complete phrase
- 11 ☐ 本人確認書類のコピー（世帯主分のみ） Identity verification documents / Head of household / Confirmation
- Documents that prove your identity. Primary: Residence Card, Passport, My Number Card. Secondary: Health Insurance Card, Driver's License. The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 12 前年 1 月 1 日 <堺市でなかった場合のみ記入してください> Please / Fill in
- This is part of a longer instruction - look for the complete phrase
- 13 ※書類の不備がある場合は、書類一式を返送することがあります。記載漏れや不足書類が Yes/There is / / To do/perform
- This indicates affirmative response - check if applicable to your situation This is typically part of a longer phrase on forms - look for the complete text before filling

国民健康保険資格取得届【郵送専用】

氏名 住所 電話番号 健康保険資格喪失証明書 雇用保険資格喪失証明書 退職証明書 本人確認書類のコピー

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

		世帯主氏名				他の健康保険等は別添のとおり		同封書類チェックリスト	
14	現在の住所	〒				1	国民健康保険資格取得届【郵送専用】（この用紙）		
15	日中連絡の とれる電話番号	（ ） — （自宅、携帯（世帯主・ ）、その他（ ））				2	健康保険資格喪失証明書（コピー可）（加入される方全員の資格喪失日が分かるもの）		
	今年1月1日 現在の住所	<変更になかった場合のみ記入してください>				3	※「ご注意」 「雇用保険の資格喪失日」や「退職日」の証明書ではなく、必ず「直前に加 入されていた健康保険の資格喪失日」が分かる証明書を同封してください。		
	前年1月1日 現在の住所	<変更になかった場合のみ記入してください>				4	本人確認書類のコピー（世帯主分のみ）		
世帯主は 新記録欄		普主・擬主・普変減		納付 書・口座 徴収普		特・併証長・短・資		※ 書類の不備がある場合は、書類一式を返送することがあります。記載漏れや不足書類が ないか十分にご確認のうえ郵送してください。	

14 現在または普主・擬主・普変減 Current or household head· pseudo-head· ordinary change/reduction  
N/A - this appears to be fragmented or corrupted form field labels that would normally be clearer in context

15 納付納付書・口座徴収普・特・併証長・短・資  
Payment slip / Account withdrawal / General / Special / Combined certificate / Long / Short / Qualification  
This appears to be checkbox options for insurance/pension payment methods and certificate types - consult the municipal office staff for guidance on which options apply to your situation.

セクション 2 — Section 2 (Part 2/2)

現在の住所		※ 書類の不備がある場合は、書類一式を返送することがあります。記載漏れや不足書類がないか十分にご確認のうえ郵送してください。						
現在または新記簿番号	普主・専主・普変 減額	納付方法	納付書・口座 徴収区分	普・特・併 証区分	長・短・資	送付先登録済の 「堺市住特J」・「他市住特T」		
1 今回国保に加入される方、されない方を含めた 同一世帯全員の氏名（上段はフリガナ）	2 性別	3 生年月日	4 今回加入されない方の 現在加入している健康保険 （欄を空欄の場合は「無」）	5 続柄 後期関連	6 事由 所得照会	7 異動年月日	8 高齢証割合	9 発効年月日

- 1 ないか十分にご確認のうえ郵送してください。 Please / Please / Please  
This is typically part of an instruction - look for the preceding text to understand what action is requested
- 2 堺市住特J・他市住特T Sakai City Special Resident J・Other City Special Resident T  
These appear to be administrative codes - likely leave blank unless specifically instructed by city staff to mark one of these categories.
- 3 区分 Category  
Select the type of registration change (e.g., moving in, moving out, address change)
- 4 事由 Reason  
Select or write the reason for your application (e.g., moving, marriage, etc.)
- 5 異動年月日 Date of change  
Enter the date when your residence change actually occurred (not when you're filing this form)
- 6 今回国保に加入される方、されない方を含めた Person who  
This appears to be part of a longer phrase - look for the complete text starting with the preceding characters
- 7 生年月日 Date of birth  
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 8 高齢証割合 Elderly certificate ratio  
N/A if it's just instructions/layout text
- 9 発効年月日 Date  
Write in YYYY/MM/DD format (e.g., 2024/03/15)
- 10 後期関連 Late-stage related  
This likely refers to late-stage elderly medical insurance (後期高齢者医療制度) for residents 75+ years old - check if applicable to you or leave blank if under 75



セクション 3 — Section 3 (Part 1/2)

現在居住する  
新住所番号

普通・親主・普通  
減額

納付方法

納付書・口座  
徴収

区分

普通・特・併

区分

長・短・資

送付先番号  
市町村・市町村・市町村

ないか十分に確認のうえ郵送してください。

1 今回国保に加入される方、されない方を含めた  
同一世帯全員の氏名（上段はフリガナ）

性別

生年月日

2 今回加入されない方の  
現在加入している健康保険

3 続柄

事由

異動年月日

所得割合

高齢証割合

発効年月日

1 男・女

2 市町の国民健康保険

3 社会保険

4 国民健康保険組合

5 後期高齢者医療

旧国・旧扶

前年・前々年

2割  
3割  
申請2割

- 1 区分 Category  
Select the type of registration change (e.g., moving in, moving out, address change)
- 2 事由 Reason  
Select or write the reason for your application (e.g., moving, marriage, etc.)
- 3 異動年月日 Date of change  
Enter the date when your residence change actually occurred (not when you're filing this form)
- 4 今回国保に加入される方、されない方を含めた Person who  
This appears to be part of a longer phrase - look for the complete text starting with the preceding characters
- 5 生年月日 Date of birth  
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 6 高齢証割合 Elderly certificate ratio  
N/A if it's just instructions/layout text
- 7 発効年月日 Date  
Write in YYYY/MM/DD format (e.g., 2024/03/15)
- 8 後期関連 Late-stage related  
This likely refers to late-stage elderly medical insurance (後期高齢者医療制度) for residents 75+ years old - check if applicable to you or leave blank if under 75
- 9 ☐ 堺市社会の保国険民健康保険 Sakai City National Health Insurance  
Check this box if you're enrolled in Sakai City's national health insurance program
- 10 2割 20% (copayment rate)  
Refers to 20% medical copayment rate for national health insurance
- 11 • • • (bullet points/list markers)  
These bullet points are for listing additional family members or dependents.  
Write the names and details of other household members who should be included in this application.
- 12 • • • (bullet points/list markers)  
These bullet points are for listing additional family members or dependents.  
Write the names and details of other household members who should be included in this application.
- 13 • • • (bullet points/list markers)  
These bullet points are for listing additional family members or dependents.  
Write the names and details of other household members who should be included in this application.
- 14 ☐ 国民健康保険組合 National Health Insurance / National Health Insurance  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance
- 15 申請 2割 Application 20% (copay)  
Related to healthcare copayment rate - consult staff if unsure

国民健康保険異動届出書 (2024年用)

市区町村 住所 氏名 性別 生年月日 異動年月日 事由 所得割合 高齢証割合 発効年月日

1 今回国保に加入される方、されない方を含めた  
同一世帯全員の氏名（上段はフリガナ）

性別

生年月日

2 今回加入されない方の  
現在加入している健康保険

3 続柄

事由

異動年月日

所得割合

高齢証割合

発効年月日

1 男・女

2 市町の国民健康保険

3 社会保険

4 国民健康保険組合

5 後期高齢者医療

旧国・旧扶

前年・前々年

2割  
3割  
申請2割



セクション 3 — Section 3 (Part 2/2)

1		女	<input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	旧国・旧扶	前年・前々年													3割 申請2割	
2		男	<input type="checkbox"/> 堺市の国民健康保険 <input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合															2割 3割 はどちらか	

- 1旧国・旧扶Former province/Former dependent  
Historical administrative terms - likely refers to old provincial system and dependency status
- 2前年・前々年Previous year / Year before last  
Select the tax year being referenced - previous year or the year before that
- 3☐ 堺社会の保国険民健康保険Sakai City National Health Insurance  
Check this box if you're enrolled in Sakai City's national health insurance program
- 42割20% (copayment rate)  
Refers to 20% medical copayment rate for national health insurance
- 5・・・ (bullet points/list markers)
- 6・・・ (bullet points/list markers)
- 7・・・ (bullet points/list markers)



## セクション 4 — Section 4 (Part 1/2)

[illegible]

- 1 ☐ ☐ 堺市社会の保険国民健康保険      Sakai City National Health Insurance  
Check this box if you're enrolled in Sakai City's national health insurance program
  - 2 2割      20% (copayment rate)  
Refers to 20% medical copayment rate for national health insurance
  - 3 •      •      • (bullet points/list markers)  
These bullet points are for listing additional family members or dependents. Fill in their names, ages, and relationship to you if you have more than the pre-printed rows allow.
  - 4 •      •      • (bullet points/list markers)  
Use these bullet points to add extra insurance or medical coverage information that doesn't fit in the main checkboxes above. Include policy numbers or specific coverage details if relevant.
  - 5 •      •      • (bullet points/list markers)  
These bullet points are for noting any special circumstances or additional information about your medical coverage or family situation that the form doesn't explicitly ask for.
  - 6 ☐ 国民健康保険組合      National Health Insurance / National Health Insurance  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance
  - 7 申請 2割      Application 20% (copay)  
Related to healthcare copayment rate - consult staff if unsure
  - 8 旧国・旧扶      Former province/Formal dependent  
Historical administrative terms - likely refers to old provincial system and dependency status
  - 9 前年・前々年      Previous year / Year before last  
Select the tax year being referenced - previous year or the year before that
  - 10 ☐ ☐ 堺市社会の保険国民健康保険      Sakai City National Health Insurance  
Check this box if you're enrolled in Sakai City's national health insurance program
  - 11 2割      20% (copayment rate)  
Refers to 20% medical copayment rate for national health insurance
  - 12 •      •      • (bullet points/list markers)  
These bullet points are for listing additional income sources or employment details that don't fit in the standard fields. Include part-time work, freelance income, or other financial information.
  - 13 •      •      • (bullet points/list markers)  
Use these bullet points to specify additional deductions, allowances, or special tax circumstances that apply to your situation as a foreign resident.
  - 14 •      •      • (bullet points/list markers)  
These bullet points are for any other relevant information about your tax status, residency classification, or special circumstances that affect your filing.

The screenshot displays the National Health Insurance (NHI) system interface. At the top, there is a header with the text '國民健康保險業務管理系統 [查詢/新增]' (National Health Insurance Business Management System [Query/Add]). Below this, there are several input fields for patient information, including '姓名' (Name), '性別' (Gender), '年齡' (Age), '身分證號碼' (ID Number), '出生日期' (Date of Birth), '住址' (Address), '電話' (Phone), and '職業' (Occupation). A '查詢' (Query) button is also present.

The main part of the interface is a table titled 'Medical History' (醫療紀錄). The table has columns for 'Date' (日期), 'Time' (時間), 'Doctor' (醫師), 'Nurse' (護士), 'Pharmacist' (藥劑師), 'Dietitian' (營養師), 'Physical Therapist' (物理治療師), 'Occupational Therapist' (作業治療師), 'Speech Therapist' (語言治療師), 'Social Worker' (社會工作者), 'Psychologist' (心理師), 'Counselor' (輔導員), 'Other' (其他), and 'Remarks' (備註). The table contains several rows of data, with the first row highlighted in red.

The first row of the 'Medical History' table shows the following information:

日期	時間	醫師	護士	藥劑師	營養師	物理治療師	作業治療師	語言治療師	社會工作者	心理師	輔導員	其他	備註
2010-10-10	10:00	張三	李四	王五	趙六	錢七	孫八	周九	吳十	鄭十一	陳十二	林十三	張三

15 □ 国民健康保険組合 National Health Insurance / National Health Insurance  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance

セクション 4 — Section 4 (Part 2/2)

3		女	<div><input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療</div>	旧国・旧扶	前年・前々年	申請2割
---	--	---	---	-------	--------	------

- 1

申請 2 割    Application 20% (copay)  
Related to healthcare copayment rate - consult staff if unsure
- 2

旧国・旧扶    Former province/Former dependent  
Historical administrative terms - likely refers to old provincial system and dependency status
- 3

前年・前々年    Previous year / Year before last  
Select the tax year being referenced - previous year or the year before that



セクション 5 — Section 5 (Part 1/2)

3		男	・	・	1	<input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	旧国・旧扶	前年・前々年										2割 3割 申請2割	・	・
4		男	・	・	2	<input type="checkbox"/> 堺市の国民健康保険 <input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	旧国・旧扶	前年・前々年										2割 3割 申請2割	・	・
5		男	・	・	3	<input type="checkbox"/> 堺市の国民健康保険 <input type="checkbox"/> 社会保険 <input type="checkbox"/> 国民健康保険組合 <input type="checkbox"/> 後期高齢者医療	旧国・旧扶	前年・前々年										2割 3割 申請2割	・	・

- 1 ☐ 国民健康保険組合      National Health Insurance / National Health Insurance  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance
- 2 申請 2 割      Application 20% (copay)  
Related to healthcare copayment rate - consult staff if unsure
- 3 旧国・旧扶      Former province/Formal dependent  
Historical administrative terms - likely refers to old provincial system and dependency status
- 4 前年・前々年      Previous year / Year before last  
Select the tax year being referenced - previous year or the year before that
- 5 ☐ 堺社社会の保国険民健康保険      Sakai City National Health Insurance  
Check this box if you're enrolled in Sakai City's national health insurance program
- 6 2 割      20% (copayment rate)  
Refers to 20% medical copayment rate for national health insurance
- 7 ・      (bullet points/list markers)  
These bullet points are for listing additional insurance or medical coverage details for person 3. Leave blank if no additional coverage beyond the checkboxes above.
- 8 ・      (bullet points/list markers)  
These bullet points are for listing additional insurance or medical coverage details for person 4. Leave blank if no additional coverage beyond the checkboxes above.
- 9 ・      (bullet points/list markers)  
These bullet points are for listing additional insurance or medical coverage details for person 5. Leave blank if no additional coverage beyond the checkboxes above.
- 10 ☐ 国民健康保険組合      National Health Insurance / National Health Insurance  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance
- 11 申請 2 割      Application 20% (copay)  
Related to healthcare copayment rate - consult staff if unsure
- 12 旧国・旧扶      Former province/Formal dependent  
Historical administrative terms - likely refers to old provincial system and dependency status
- 13 前年・前々年      Previous year / Year before last  
Select the tax year being referenced - previous year or the year before that
- 14 ☐ 堺社社会の保国険民健康保険      Sakai City National Health Insurance  
Check this box if you're enrolled in Sakai City's national health insurance program
- 15 2 割      20% (copayment rate)  
Refers to 20% medical copayment rate for national health insurance



- (bullet points/list markers)
- • • (bullet points/list markers)
- • • (bullet points/list markers)
- 国民健康保険組合      National Health Insurance / National Health Insurance  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance
- 申請 2 割      Application 20% (copay)  
Related to healthcare copayment rate - consult staff if unsure

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セクション 6 — Section 6 (Part 1/2)

1 ☐ 堺市社会の保国民健康保険 Sakai City National Health Insurance

Check this box if you're enrolled in Sakai City's national health insurance program

2 2割 20% (copayment rate)

Refers to 20% medical copayment rate for national health insurance

3 • • • (bullet points/list markers)

These bullet points are for listing specific medical conditions or health issues you currently have. Write each condition clearly in Japanese or have them translated, as this helps determine your insurance coverage needs.

4 • • • (bullet points/list markers)

Use these bullet points to list any medications you regularly take or medical treatments you're currently receiving. Include prescription drugs, ongoing therapies, or regular medical procedures.

5 • • • (bullet points/list markers)

These bullet points are for noting any allergies, dietary restrictions, or other health-related information that might affect your medical care. Include drug allergies, food allergies, or physical limitations.

6 ☐ 国民健康保険組合 National Health Insurance / National Health Insurance

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

7 申請 2割 Application 20% (copay)

Related to healthcare copayment rate - consult staff if unsure

8 旧国・旧扶 Former province/Formal dependent

Historical administrative terms - likely refers to old provincial system and dependency status

9 前年・前々年 Previous year / Year before last

Select the tax year being referenced - previous year or the year before that

10 受付番号 Reception number

Staff use only - do not fill in

11 子年介後 Child age after intervention

N/A - this appears to be a data field label or processing notation rather than something requiring user input

12 出支給・未支給 Issued/Paid・Not Issued/Not Paid

N/A - this is a checkbox or status field that office staff will complete regarding benefit/allowance payment status

13 ☐ 任継説明済 Assignment succession explanation completed

This appears to be a checkbox for officials to mark that they have explained assignment/succession procedures - not for resident to fill

14 ☐ 社保扶養指導 Social Insurance Dependent Guidance

Check this box if you need guidance about registering dependents for social insurance (health insurance/pension)

## セクション 6 — Section 6 (Part 1/2) (continued)

[illegible]

15 (高齢受給者証に関する説明及び指導等) to do/perform

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



- 1 ☐ 得喪による影響者確認、説明済 Confirmation  
Staff use only - do not fill in
- 2 ☐ 転入所得 (増・減) ☐ 簡申 ☐ 納付相談 (分納・承認・ ) Moving in (from another municipality or abroad)  
Check the appropriate boxes if you recently moved to this municipality from another area or abroad, need simplified filing procedures, or require payment consultation including installment plans. Most foreign residents who recently moved should check the moving-in box (転入).
- 3 ☐ 遡及得喪による負担割合変更ある旨説明済 ☐ 世帯の所得により負担割合変更ある旨説明済 Change / Household  
Check this box if you are making changes to existing information Refers to your household unit - all people living together and sharing living expenses
- 4 不支給 母社保 (現在・ 年 月 日まで) ・ その他手書加入証番号 ☐ 減免 (受付済・説明済・ ) ☐ 非自発 (受)  
Other / Remarks / Notes / Reception / Received  
Use this section for any additional information not covered in other fields  
Space for additional information or special circumstances. Usually optional.
- 5 入力日 Input Date  
Enter today's date in Japanese format (year/month/day). Use the Japanese calendar year (Reiwa era) if required, or ask staff for assistance with the correct date format.
- 6 ☐ 旧被扶養者資格喪失連絡票 Qualification / Loss/Cancellation  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification) Used for losing benefits or insurance coverage when moving or changing status
- 7 ☐ 異動連絡票 (旧被扶養者・特定) (受・渡) Type of change  
Select the type of registration change you are making (moving in, moving out, address change, etc.)
- 8 ☐ 手書き加入証 ☐ 全喪保険料 (月割差額) 確認済 ☐ 喪失後受診 (有/返還金説明済・無)  
Insurance premium / Confirmation / Loss/Cancellation  
Amount you pay for national health insurance coverage, usually calculated based on income and household size Staff use only - do not fill in
- 9 更正期別 Period/Term  
Refers to billing periods for insurance premiums or tax payments
- 10 期中止期別 Period/Term  
Refers to billing periods for insurance premiums or tax payments
- 11 (擬主変可否判定) (Household Head Change Eligibility Determination)  
This is typically filled by office staff to indicate whether you're eligible to change household head status. Leave blank unless specifically instructed - this is usually an administrative determination made by the municipal office.

[illegible]

□手書き加入証□全喪保険料（月割差額）確認済□喪失後受診（有/返還金説明済・無）

Amount you pay for national health insurance coverage, usually calculated based on income and household size Staff use only - do not fill in

Refers to billing periods for insurance premiums or tax payments

Refers to billing periods for insurance premiums or tax payments

This field determines whether you are eligible to become the new household head. If you are taking over as the primary resident/household head (such as due to the previous head moving out, passing away, or transferring headship), mark the appropriate box to indicate your eligibility status.

Insurance premium / Data entry / Issuance  
Amount you pay for national health insurance coverage, usually calculated based on income and household size Staff use - data entry field. Do not fill in.

Fill in the month and day if you need the registration change to take effect from a past date instead of today.

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