

Ebina — 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 (Part 1/2)

令和 年 月 日

産前産後期間に係る国民健康保険税減額申請書

海老名市長 殿

海老名市国民健康保険税賦課徴収条例第24条第3項に規定する出産被保険者について、次のとおり届け出ます。

被保険者番号	1 6 -
住 所	
連絡先	()

申請者 (世帯主)	フリガナ	
	氏 名	
	個人番号	
	生年月日	昭和 ・ 平成 年 月 日

	フリガナ	
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- 1 令和 年 月 日 Reiwa era
Current Japanese era that began May 1, 2019. Used in official dates.
- 2 産前産後期間に係る国民健康保険税減額申請書 National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 3 海老名市長 殿 To the Mayor of Ebina City
This is pre-printed and addresses the form to the Mayor of Ebina City. You don't need to fill anything here as it's already completed.
- 4 海老名市国民健康保険税賦課徴収条例第24条第3項に規定する出産被保険者について、次のと
National Health Insurance / To do/perform
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. This is typically part of a longer phrase on forms - look for the complete text before filling
- 5 1 6 - 16 -
This appears to be a pre-filled insurance number starting with '16-'. If this is your correct insurance number, leave it as is; if not, write your actual insurance number in this format.
- 6 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)
- 7 住 所 Address
Write your current residential address in Japan exactly as it appears on official documents
- 8 連絡先 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 9 () ()
This is a blank parentheses field - check the form context or instructions to determine what information should be filled in here
- 10 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.



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

令和 年 月 日

産前産後期間に係る国民健康保険税減額申請書

海老名市長 殿

海老名市国民健康保険税賦課徴収条例第24条第3項に規定する出産被保険者について、次のとおり届け出ます。

被保険者番号	1 6 —		
住 所			
連絡先	()		

申請者 (世帯主)	フリガナ		
	氏 名		
	個人番号		
	生年月日	昭和 ・ 平成 年 月 日	

	フリガナ		
--	------	--	--

- 11 氏 名 Name
Write your full legal name as it appears on your passport or residence card
- 12 (世帯主) Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 13 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 14 生年月日 昭和 ・ 平成 年 月 日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 15 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.

セクション 1 — Section 1 (Part 2/2)

2 出産される方	1 氏 名				
	3 個人番号				
	4 生年月日	昭和	・	平成	年 月 日
5 出産予定日又は出産日		6 令和	年	月	日

- 1 氏 名 Name
Write your full legal name as it appears on your passport or residence card
- 2 出産される方 Person who
This appears to be part of a longer phrase - look for the complete text starting with the preceding characters
- 3 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 4 生年月日 昭和 ・ 平成 年 月 日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 5 出産予定日又は出産日 Expected delivery date or birth date
Enter expected due date if pregnant, or actual birth date if already given birth
- 6 令和 年 月 日 Reiwa era
Current Japanese era that began May 1, 2019. Used in official dates.



セクション 2 — Section 2

1

出産予定日又は出産日

2

令和 年 月 日

3

単胎妊娠又は多胎妊娠の別

4

単胎妊娠 ・ 多胎妊娠

5

期別

6

総額

7

課税額

8

減額

1

2

3

4

5

6

7

8

9

10

9

○添付書類

□出産予定日を確認することができる書類（出産後に届出を行う場合は、出産日を確認することができる書類）

10

□（多胎妊娠の場合）多胎妊娠を確認することができる書類

□（出産後に届出を行う場合）出産した被保険者と当該出産に係る子との身分関係を確認することができる書類

<注意事項>

11

1. この届出書は、出産予定日の6か月前から提出することができます。

2. 出産後にこの届出書を提出する場合は、出産予定日の代わりに出産日を記入してください。

なお、以前お住まいの市町村に産前産後期間の保険税（料）軽減について届け出ていた

1

出産予定日又は出産日

Expected delivery date or birth date

Enter expected due date if pregnant, or actual birth date if already given birth

2

令和 年 月 日

Reiwa era

Current Japanese era that began May 1, 2019. Used in official dates.

3

単胎妊娠又は多胎妊娠の別

Single or multiple pregnancy

Check single pregnancy for one baby, multiple pregnancy for twins/triplets etc.

4

単胎妊娠 ・ 多胎妊娠

Single pregnancy ・ Multiple pregnancy

Check the appropriate box if you are pregnant - single for one baby, multiple for twins/triplets etc.

5

期別

Period/Term

Refers to billing periods for insurance premiums or tax payments

6

総額

Total Amount

Enter the total sum of any fees or charges associated with your residence registration change.

7

課税額

Tax amount

Enter the amount of taxes assessed/owed, typically from your tax assessment notice

8

減額

Reduction/Decrease

This likely refers to a reduction in household size or income - check with city hall staff if this applies to your situation

9

□出産予定日を確認することができる書類（ 出産後に届出を行う場合は、出産日を確認すること

To do/perform

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

10

□（ 出産後に届出を行う場合 ） 出産した被保険者と当該出産に係る子との身分関係を確認するこ

To do/perform

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

11

2. 出産後にこの届出書を提出する場合は、出産予定日の代わりに出産日を記入してください。

To do/perform / Document

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

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Form p.1

セクション 3 — Section 3

1. なお、以前お住まいの市町村に産前産後期間の保険税（料）軽減について届け出ていた場合は、その際に届け出た出産予定日又は出産日を記入してください。

1. 場合は、その際に届け出た出産予定日又は出産日を記入してください。 Expected delivery date or birth date / Please / Please

Enter expected due date if pregnant, or actual birth date if already given birth

This is typically part of an instruction - look for the preceding text to understand what action is requested



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