

第1号様式（第4条関係）
東京都台東区長 殿

国民健康保険資格取得・喪失等届

被保険者記号・番号	06 -
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受付	国民健康保険課 資格係			
受付	受付	入力	確認	確認①
受付記入欄				確認②

1 届出年月日及び届出人

届出年月日	年月日	(職員処理年月日)	年月日
届出人氏名	フリガナ	住所	台東区
個人番号	電話番号	[□自宅 □携帯]	—
届出人の種類	□世帯主 □世帯員 □代理人	代理人のとき	世帯主との関係：

社加・国加
後加・生開・他喪
用

2 国民健康保険の資格取得・喪失をする対象者等

被保険者等	性別	□男 □女	生年月日	年月日	世帯主	□本人 □妻 □夫 □子 との続柄
氏名	個人番号				□有 □無 (変更時期：年月)	□その他()
マイナンバーカード(※)の健康保険証利用登録の有無(資格喪失時は□不要)			□有 □無	※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限ります。		
職業	被保険者の資格	記号番号		特定活動	□該当 □非該当(該当事由:□医療 □観光) (外国人)	□その他
資格取得等の理由	□社保離脱 □国組離脱 □出生 □資格取得等年月日 □後期離脱 □生保廃止 □他取得	年月日	資格喪失等の理由	□社保加入 □国組加入 □後期加入 □生保開始	□他喪失等年月日	年月日
変更前の住所	転入前後の世帯変更	転入前後の世帯主変更	前住地	□有 □無	□社保等	□マイナンバーカードとお知らせ □資格確認書 □証明書
① 所属者の当否	□新規又は□書替(窓口添付)	□添付()	□紛失	□社保等の確認方法	□電話 □情報連携	□その他()
□資格情報のお知らせ □資格確認書 □返送封筒 □後日持参						

被保険者等	性別	□男 □女	生年月日	年月日	世帯主	□本人 □妻 □夫 □子 との続柄
氏名	個人番号			□有 □無 (変更時期：年月)	□その他()	
マイナンバーカード(※)の健康保険証利用登録の有無(資格喪失時は□不要)			□有 □無	※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限ります。		
職業	被保険者の資格	記号番号		特定活動	□該当 □非該当(該当事由:□医療 □観光) (外国人)	□その他
資格取得等の理由	□社保離脱 □国組離脱 □出生 □資格取得等年月日 □後期離脱 □生保廃止 □他取得	年月日	資格喪失等の理由	□社保加入 □国組加入 □後期加入 □生保開始	□他喪失等年月日	年月日
変更前の住所	転入前後の世帯変更	転入前後の世帯主変更	前住地	□有 □無	□社保等	□マイナンバーカードとお知らせ □資格確認書 □証明書
② 所属者の当否	□新規又は□書替(窓口添付)	□添付()	□紛失	□社保等の確認方法	□電話 □情報連携	□その他()
□資格情報のお知らせ □資格確認書 □返送封筒 □後日持参						

備考	□リス減確認 □遡及賦課確認 □負担区分判定確認 □滞納確認 □その他、国保台帳メモ参照	□マイナンバーカード □運転免許証 □旅券 □身体障害者手帳 □在留カード □特別永住者証明書 □年金手帳 □資格確認書 □その他() No. ()	届出人番号確認	□マイナンバーカード □通知カード □住民票の写し □住民票記載事項証明書 □住基台帳等 □補記了承 □その他() □マイナンバーカード □通知カード □住民票の写し □住民票記載事項証明書 □住基台帳等 □補記了承 □その他() □マイナンバーカード □通知カード □住民票の写し □住民票記載事項証明書 □住基台帳等 □補記了承 □その他()
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項目
全

Taito — 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

タイトル・届出日 — Header & Dates

① 第1号様式（第4条関係） 東京都台東区長 殿	② 国民健康保険資格取得・喪失等届 ③ 被保険者番号 記入欄	④ 受付 記入欄	⑤ 国民健康保険課 受付 記入欄	⑥ 入力 記入欄	⑦ 確認 所管課 記入欄	⑧ 資格係 確認① 確認②
⑨ 1 届出年月日及び届出人						

1 第1号様式（第4条関係） Form No. 1 (Related to Article 4)

This is a pre-printed form identifier that you don't need to fill in - it indicates this is Form No. 1 related to Article 4 of the regulations.

2 受付国民健康保険課 National Health Insurance

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

3 資格係 Qualification

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

4 国民健康保険資格取得・喪失等届 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)

5 受付入力確認 Reception Input Confirmation

N/A (this is an administrative section filled out by city hall staff, not by applicants)

6 確認①確認② Confirmation ① Confirmation ②

These are confirmation checkboxes that will be marked by the government office staff when they verify your application - leave these blank as an applicant.

7 受付 Reception/Received

N/A - this is an office use only section where municipal staff will stamp or write when they receive your form

8 所管課 Supervising Department/Office in Charge

This field will be filled in by the government office to indicate which department is handling your case - leave this blank as an applicant.

9 06-06-

This appears to be a pre-printed code (06-) that will be completed by the office staff - you don't need to write anything here.

10 記号・番号 Symbol· Number

Enter your residence card number or other assigned identification number from official documents

11 届出年月日及び届出人 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.



Form p.1

届出人情報 — Who Is Filing

① 届出年月日及び届出人			(職員処理)			年月日		
届出年月日	年	月	日	(職員処理	年	月)
届出人	フリガナ	氏名	住所	台東区		電話番号	(□自宅 □携帯)	
届出人	姓	名	電話番号	□世帯主 □世帯員 □代理人	代理入	□世帯主の関係		
⑨ 後加・生開・他喪								

記号・番号 Symbol· Number

Enter your residence card number or other assigned identification number from official documents

1 届出年月日及び届出人 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

2 (職員処理) Processing

Staff use - processing status. Do not fill in.

3 日) day)

Write the day portion of a date (1-31) - this follows after month in Japanese date format

4 年月日 Year/Month/Day

Write dates in Japanese format: YYYY/MM/DD (e.g., 2024/03/15 for March 15, 2024)

5 年月日 Year/Month/Day

Write dates in Japanese format: YYYY/MM/DD (e.g., 2024/03/15 for March 15, 2024)

6 台東区 Taito Ward

This indicates the municipal jurisdiction - if you live in Taito Ward, this form is for you; if not, you need the form for your specific ward/city.

7 フリガナ Phonetic reading (katakana)

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

8 後加・生開・他喪 Later addition· Birth registration· Death in other municipality

These are checkbox options for specific registration scenarios - select the appropriate one based on your situation

9 出氏 Former surname

Write your surname before marriage or adoption if applicable, otherwise leave blank

10 電話番号 (□自宅 □携帯) Phone number / Mobile phone / Home address

Japanese mobile number preferred. Some forms accept overseas numbers. Enter your mobile/cell phone number including area code

11 届出人 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

12 代理人世帯主との関係 : Head of household

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

13 人個人番号 My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.

14 □世帯主 □世帯員 □代理人 Head of household

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



Form p.1

住所 — Addresses (Part 1/2)

出人	氏名	電話番号	[□自宅 □携帯]	—	—	後加・生開・他喪用
個人番号	届出人の種類	□世帯主	□世帯員	□代理人	代理人のとき	世帯主との関係:
② 国民健康保険の資格取得・喪失をする対象者等						
被保	フリガナ	性別	□男	□女	生年月日	年月日
	氏名	個人番号			個人番号	世帯主との続柄
※マイナンバーカード(※)の健康保険証利用登録の有無(資格喪失時は□不要)						
□有 □無 (変更時期: 年月)						

1 電話番号 [□自宅 □携帯] Phone number / Mobile phone / Home address

Japanese mobile number preferred. Some forms accept overseas numbers. Enter your mobile/cell phone number including area code

2 届出人 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

3 代理人世帯主との関係 : Head of household

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

4 人個人番号 My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.

5 □世帯主 □世帯員 □代理人 Head of household

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

6 2 国民健康保険の資格取得・喪失をする対象者等 National Health Insurance / Qualification / To do/perform

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)

7 生年 Year of birth

Enter the year you were born (usually in Japanese calendar format like 平成○年 or 令和○年)

8 世帯主□本人 □妻 □夫 □子 Head of household

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

9 フリガナ Phonetic reading (katakana)

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

10 性別□男 □女月日 Gender

男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.

11 日との続柄□その他 () Other (/ Other / Relationship to head of household

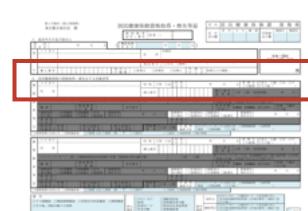
Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields

12 记入欄□有 □無 (変更時期 : Change / None/Not applicable

Check this box if you are making changes to existing information Check this box if the item does not apply to you or if you have none to report

13 月) Month)

Enter the month when you changed your My Number Card status (if applicable). This field is only relevant if you checked the '有' (yes) box for having a My Number Card and need to report a status change - leave blank if not applicable.



住所 — Addresses (Part 1/2) (continued)

14 個人番号 My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.

15 ※マイナンバーカードは、有効期限内かつ電子証明書（5年毎） My Number Card / My Number Card / My Number

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

住所 — Addresses (Part 2/2)

1 被 者	マイナンバーカード（※）の健康保険証利用登録の有無（資格喪失時は□不要）	2 □有 □無	※マイナンバーカードは、有効期限内かつ電子証明書（5年毎に更新が必要）が有効であるものに限ります。
職業	3 被保険者の資格	4 記号番号	5 特定活動 （外国人） □該当 □非該当（該当事由： □医療 □観光 □その他）

1 マイナンバーカード（※）の健康保険証利用登録の有無（資格喪失時は□不要）

My Number Card / My Number Card / My Number

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

2 □有
□無 None/Not applicable

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

3 被保険者 Insured person

Write the name of the person who holds the insurance policy (usually the head of household for national health insurance)

4 □医療
□観光
□Medical
□Tourism

Check the box that matches your visa status - medical visa or tourism visa.

5 記号番号 Symbol Number

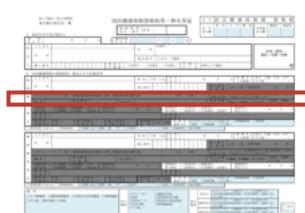
Enter your health insurance symbol and number from your insurance card if applicable, or leave blank if not enrolled in Japanese health insurance.

6 □該当
□非該当（該当事由：
□Applicable
□Not applicable (Applicable reason:

Check "Applicable" if this section applies to your situation and write the specific reason in the parentheses; check "Not applicable" if it doesn't apply to you.

7 (外国人) (Foreign national)

Check this box if you are not a Japanese citizen



Form p.1

異動者 — Person Table (Part 1/4) (continued)

15

転入前後の　Moving in (from another municipality or abroad)

Write the address where you lived after moving to your current municipality.

This should be your current registered address in Japan.

異動者 — Person Table (Part 2/4)

の住所 特定同一世帯 所属者の当否		転入前後の 世帯変更	転入前後の 世帯主変更	前住地 国 保	<input type="checkbox"/> 有 <input type="checkbox"/> 無	社 保 等 登記方法 □新規 又は □書替 (窓 テ) □添付(_____) □紛失 □資格情報のお知らせ □資格確認書	<input type="checkbox"/> マイナンバーカードとお知らせ <input type="checkbox"/> 資格確認書 <input type="checkbox"/> 証明書 □電話 □情報連携 □その他 (_____)
						<input type="checkbox"/> 返送封筒 □後日持参	
被 保 險	フリガナ 氏 名	性別 □男 □女	年 月 日 個人番号	年 月 日 個人番号 変 更 歴	世 帯 主 との統柄 □有 □無 (変更時期 : 年 月 日)	□本人 □妻 □夫 □子 □その他 (_____)	
※マイナンバーカードは、有効期限内かつ電子証明書（5年毎に更新が必要）が有効であるものに限ります。							

1 前住地□有 無社保等マイナンバーカードとお知らせ 資格確認書 証明書

My Number Card / My Number Card / My Number

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

2 確認方法電話 情報連携 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

3 所属者の当否 Validity/Appropriateness of Affiliated Person

This section is for officials to verify if the listed household member's registration status is correct - typically left blank by applicants.

4 資格情報のお知らせ 資格確認書 Qualification

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

5 新規 又は 書替 (窓
テ
) 添付(_____) 紛失 返送封筒 後日持参
□New issuance or □Reissuance (Window _____) □Attachment (_____) □Lost □Return envelope □Bring later

Check "新規" for new residence card, "書替" for replacement/renewal, and "紛失" if your previous card was lost.

6 生年 Year of birth

Enter the year you were born (usually in Japanese calendar format like 平成〇年 or 令和〇年)

7 世帯主本人 妻 夫 子 Head of household

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

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 性別男 女月日 Gender

男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.

10 日との統柄その他 (_____) Other (/ Other / Relationship to head of household

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

11 変更歴有 無 (変更時期 : _____) Change / None/Not applicable

Check this box if you are making changes to existing information Check this box if the item does not apply to you or if you have none to report

12 月) Month)

Write the month when you changed or updated your individual number (MyNumber).

This field is only filled if you previously had a different individual number that was changed - most people can leave this blank as individual numbers are typically assigned once and remain the same.



異動者 — Person Table (Part 2/4) (continued)

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 ※マイナンバーカードは、有効期限内かつ電子証明書（5年毎） My Number Card / My Number Card / My Number

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

15 マイナンバーカード（※）の健康保険証利用登録の有無（資格喪失時は□不要）

My Number Card / My Number Card / My Number

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

異動者 — Person Table (Part 3/4)

险 者 者 者 者 者 者 者 者 者 者 者 者	マイナンバーカード（※）の健康保険証利用登録の有無（資格喪失時は□不要）							<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無	※マイナンバーカードは、有効期限内かつ電子証明書（5年毎に更新が必要）が有効であるものに限ります			
	職業	被保険者	④ 記号番号				特定活動			（外国人）		
	資格取得等の理由	□社保離脱 □国組離脱 □出生 ⑦ 資格取得等の理由	□後期離脱 □生保廢止 □他取得	⑧ 年月日	年	月	⑨ 資格喪失等の理由	□社保加入 □国組加入 ⑩ 資格喪失等の理由	□後期加入 □生保開始 □他喪失	⑪ 年	月	日
	変更前後の住所				⑫ 变更後の住所				⑬ の住所			
	特定同一世帯	⑭ 転入前後の	⑮ 転入前後の	⑯ 前住地	□有 <input type="checkbox"/> 無	社保等	□マイナンバーカードとお知らせ	□資格確認書	□証明書			

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 被保険者 Insured person

Write the name of the person who holds the insurance policy (usually the head of household for national health insurance)

3 医療 觀光 Medical Tourism

Check the box that matches your visa status - medical visa or tourism visa.

4 記号番号 Symbol Number

Enter your health insurance symbol and number from your insurance card if applicable, or leave blank if not enrolled in Japanese health insurance.

5 該当 非該当 (該当事由 : Applicable Not applicable (Applicable reason:

Check "Applicable" if this section applies to your situation and write the specific reason in the parentheses; check "Not applicable" if it doesn't apply to you.

6 (外国人) (Foreign national)

Check this box if you are not a Japanese citizen

7 資格取得 Qualification

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

8 資格喪失 Qualification

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

9 等の理由 □後期離脱 □生保廢止 □他取得等年月日

Reason such as □ Late withdrawal □ Welfare termination □ Other acquisition etc. date

Check appropriate box and fill in date if applicable to your situation (most foreign residents can likely skip this section)

10 等の理由 □後期加入 □生保開始 □他喪失 Reasons such as □ Late enrollment □ Starting welfare □ Loss of other coverage

Check boxes that apply to your health insurance situation when moving - late enrollment in national health insurance, starting welfare benefits, or losing previous insurance coverage.

11 等変更前 Change

Check this box if you are making changes to existing information

12 の住所 Address

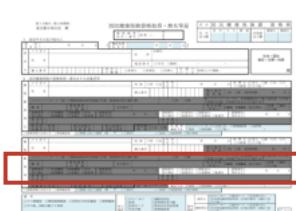
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

13 の住所 Address

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

14 ②特定同一世帯 ②Specific Same Household

Check this if you're moving within the same household unit or registering as part of a specific existing household at the same address.



異動者 — Person Table (Part 3/4) (continued)

15

転入前後の Moving in (from another municipality or abroad)

This field asks about your previous address before moving to the current municipality. Write the name of the city/town/village and prefecture (or country if from abroad) where you lived immediately before this move.

異動者 — Person Table (Part 4/4)

① の 住 所	の 住 所				
② 特定同一世帯 所 属者の当否	転入前の世帯 変更	転入前後の世帯 主変更	前住地 国 保	□有 □無 社 保 等 確 認 方 法	□マイナンバーカードとお知らせ □資格確認書 □証明書 □電話 □情報連携 □その他()
<input checked="" type="checkbox"/> 資格情報のお知らせ <input type="checkbox"/> 資格確認書 <input type="checkbox"/> 新規 又は <input type="checkbox"/> 書替(窓口) <input type="checkbox"/> 添付() <input type="checkbox"/> 紛失 <input type="checkbox"/> 返送封筒 <input type="checkbox"/> 後日持参					
備 考			<input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 通知カード <input type="checkbox"/> 住民票の写し <input type="checkbox"/> 届出人口 <input type="checkbox"/> 住民登記載事項証明書 <input type="checkbox"/> 住基台帳等 <input type="checkbox"/> 補記了承 <input type="checkbox"/> みなし()		
<input type="checkbox"/> リス減確認 <input type="checkbox"/> 潮流及賦課確認 <input type="checkbox"/> 住担区分判定確認 <input type="checkbox"/> 滞納確認			<input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 通知カード <input type="checkbox"/> 住民票の写し <input type="checkbox"/> 届出人口 <input type="checkbox"/> 住民登記載事項証明書 <input type="checkbox"/> 住基台帳等 <input type="checkbox"/> 補記了承 <input type="checkbox"/> みなし()		

- 転入前後の　Moving in (from another municipality or abroad)

My Number Card / My Number Card / My Number
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.

- 確認方法 電話 情報連携 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

- ### 所属者の当否 Validity/Appropriateness of Affiliated Person

This section is for officials to verify if the listed household member's registration status is correct - typically left blank by applicants.

- 資格情報のお知らせ 資格確認書 Qualification

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

- 新規 又は 書替 (窓) 添付() 紛失 返送封筒 後日持参

New issuance or Reissuance (Window _____) Attachment (_____) Lost Return envelope Bring later
Check "新規" for new residence card, "書替" for replacement/renewal, and "紛失" if
your previous card was lost.

- マイナンバーカード 通知カード 住民票の写し Copy

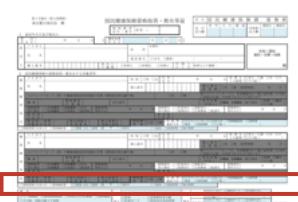
Refers to certified copies of documents that may be required

- 届出人□住民票記載事項証明書 □住基台帳等 □補記了承 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

- マイナンバーカード □運転免許証 Driver's license

Bring your physical driver's license as identification



本人確認書類 — ID & Documents

<p>備考</p> <ul style="list-style-type: none"> <input type="checkbox"/> リス減確認 <input type="checkbox"/> 遷及賦課確認 <input type="checkbox"/> 負担区分判定確認 <input type="checkbox"/> 滞納確認 <input type="checkbox"/> その他、国保台帳メモ参照 	<p>身元確認</p> <ul style="list-style-type: none"> <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 旅券 <input type="checkbox"/> 在留カード <input type="checkbox"/> 年金手帳 <input type="checkbox"/> その他 () No. () 	<p>確認被保等①</p> <ul style="list-style-type: none"> <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 住民票記載事項証明書 <input type="checkbox"/> 住基台帳等 <input type="checkbox"/> 補記了承 	<p>確認被保等②</p> <ul style="list-style-type: none"> <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 住民票記載事項証明書 <input type="checkbox"/> 住基台帳等 <input type="checkbox"/> 補記了承 	項目全頁
---	---	---	---	--

1 マイナンバーカード 通知カード 住民票の写し Copy

Refers to certified copies of documents that may be required

2 届出人 住民票記載事項証明書 住基台帳等 補記了承 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

3 マイナンバーカード 運転免許証 Driver's license

Bring your physical driver's license as identification

4 リス減確認 遷及賦課確認 負担区分判定確認 滞納確認

List reduction confirmation Retroactive taxation confirmation Burden classification determination confirmation Delinquency confirmation
N/A - these are administrative checkboxes for municipal staff use only

5 マイナンバーカード 通知カード 住民票の写し Copy

Refers to certified copies of documents that may be required

6 身元 在留カード 特別永住者証明書 Residence Card

ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.

7 確認被保等① 住民票記載事項証明書 住基台帳等 補記了承

Confirmation of insurance coverage, etc. ① Certificate of resident record entries Basic resident register, etc. Supplementary entry acknowledgment

Check the appropriate box to indicate what documents you're using to verify your insurance status or resident information.

8 **項目** Page ___ of ___

Write the current page number followed by the total number of pages in the format 'X of Y' (e.g., '1 of 3'). This helps officials track that all pages of your multi-page application are present and in order.

9 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

10 マイナンバーカード 通知カード 住民票の写し Copy

Refers to certified copies of documents that may be required

11 確認被保等② 住民票記載事項証明書 住基台帳等 補記了承

Insured Person, etc. ② Residence Certificate Basic Resident Register, etc. Supplementary Entry Acknowledgment

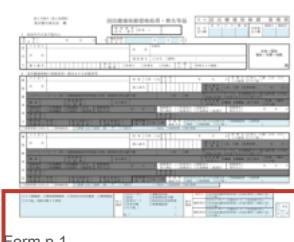
Check the appropriate boxes based on which documents you need or are submitting related to your insurance status and residence verification.

12 № () No. ()

This is typically a form number field that may be pre-printed or assigned by office staff - you usually don't need to fill this in yourself.

13 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



Form p.1

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