

茨木市 国民健康保険被保険者資格喪失届

(届出先)		申請者 氏名 (世帯主)		刈がナ		記入日	令和 年 月 日				受付	
茨木市長												
住所		茨木市		町 丁目	番 番地	号	電話 番号	自宅	072- -			
		(かたがき) 例: ○○アパート・○○寮・○○荘・○○マンション					世帯主 携帯		- -			
国保を脱退される方	氏 名		生 年 月 日		性別	続柄	個人番号	〈市使用欄〉				
	刈がナ		昭和 平成 令和		男			市受領日	令和 年 月 日			
	①		. .		女			全喪		-喪		
	刈がナ		昭和 平成 令和		男			社保取得	他国保取得	死亡	生保開始	
	②		. .		女			国保喪失 年月日		令和 年 月 日		
	刈がナ		昭和 平成 令和		男			国保番号				
	③		. .		女			被保険者 証	一般	回収	未	
	刈がナ		昭和 平成 令和		男			高齢受給者証		回収	未	
	④		. .		女			回 収 日	令和 年 月 日			
	刈がナ		昭和 平成 令和		男			処理	納付書発行・還付	精算	済・未	
⑤		. .		女			(備考)		葬祭費			
刈がナ		昭和 平成 令和		男					支給・未支給			
⑥		. .		女								

※新たに加入中の健康保険証（脱退される方全員分のコピー）を必ず添付してください。

※お手元にある本市国民健康保険証をお返しください。

※太枠のみご記入をお願いします。

Ibaraki Osaka — 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)

茨木市 国民健康保険被保険者資格喪失届									
(届出先) 茨木市長	申請者 氏名 (世帯主)	姓 名	記入日 令和 年 月 日						受付
			個人番号						
茨木市			町 丁目	番 番地	号	電話	自宅	0 7 2 —	—

1 茨木市 国民健康保険被保険者資格喪失届 National Health Insurance / Insured person / National Health Insurance

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. The person covered by the insurance policy (usually yourself when applying)

2 受付 Reception / Received

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

3 記入日令和 年 月 日 Date of entry / Reiwa era / Fill in

Write the date you are filling out this form Current Japanese era that began May 1, 2019. Used in official dates.

4 フリガナ Furigana (phonetic reading)

Write your name in katakana phonetic characters above or next to your kanji name if applicable

5 申請者 Applicant

Write the name of the person submitting this form

6 (届出先) (Submission destination)

This indicates where to submit the form - typically your local ward office or city hall

7 氏名 Name

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

8 個人番号 My Number (Individual Number)

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

9 茨木市長 (世帯主) Head of household / Household / Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household. Refers to your household unit - all people living together and sharing living expenses

10 ※自署の場合は押印不要です Seal (inkan / hanko)

Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

11 茨木市 Ibaraki City

This indicates the municipality name - if you're registering in Ibaraki City, this should already be pre-printed on the form.

12 自宅 Home address

Enter your residential address where you actually live

13 0 7 2 — — 072- -

Enter your phone number in the format 072-XXX-XXXX (072 is the Osaka area code)

14 丁目 Block number

Part of Japanese address system - the district block number (e.g., 1-chome, 2-chome)



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

茨木市 国民健康保険被保険者資格喪失届									
(届出先) 茨木市長	申請者 氏名 (世帯主)	姓 名 フリガナ	記入日 個人番号	令和 年 月 日	受付				
茨木市	町 丁目	番 番地	号	電話 自宅 072-12345678					
<small>※自署の場合は押印不要です</small>									

番地 Street number

15

Write the building/house number portion of your address (e.g., '123' from '123 Main Street')

セクション 1 — Section 1 (Part 2/2)

① 住 所	次不 ^レ (かたがき) 例: ○○アパート・○○寮・○○荘・○○マンション	丁目	番地	② 話番	目宅番号	0 7 2 - -
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1 住 所 Address

Write your complete residential address including postal code, prefecture, city, and building details

(かたがき) 例: ○○アパート・○○寮・○○荘・○○マンション

(Building type/designation) Example: ○○ Apartment, ○○ Dormitory, ○○ Villa, ○○ Mansion

Write the type of building you live in (apartment, dormitory, mansion, etc.) - use the actual name like "Sakura Apartment" or "Green Mansion"

2 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.

3

This field appears to be for a phone number, with the dashes indicating the standard Japanese phone number format. Enter your phone number using the Japanese format, typically 3-4 digits, then 4 digits after each dash (e.g., 03-1234-5678 for Tokyo area).



セクション 2 — Section 2 (Part 1/2)

① 住 所	次不 ^レ （かたがき） 例：〇〇アパート・〇〇寮・〇〇荘・〇〇マンション	丁目	番地	② 話番号	自宅	0 7 2 — —
				番号	世帯主携帯	— —
③ 氏名	④ 生年月日	⑤ 性別	⑥ 続柄	⑦ 個人番号	⑧ 〈市使用欄〉	
フリガナ	昭和 平成	男			⑨ 市受領日	⑩ 令和 年 月 日

1 住所 Address

Write your complete residential address including postal code, prefecture, city, and building details

(かたがき) 例：〇〇アパート・〇〇寮・〇〇荘・〇〇マンション

(Building type/designation) Example: 〇〇 Apartment, 〇〇 Dormitory, 〇〇 Villa, 〇〇 Mansion

Write the type of building you live in (apartment, dormitory, mansion, etc.) - use the actual name like "Sakura Apartment" or "Green Mansion"

3 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.

— — —

Leave these dashes blank - this appears to be a pre-printed formatting element that doesn't require any input from you.

5 号携帯 Mobile phone

Enter your mobile/cell phone number including area code

6 氏 名 Name

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

7 生年月日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using the Japanese imperial calendar system)

8 性別続柄 Gender / Relationship to head of household

男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one. See relationship terms table.

9 個人番号 My Number (Individual Number)

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

10 〈市使用欄〉 <For City Use Only>

Do not write anything in this section as it's marked 'For City Use Only' - municipal staff will fill this out during processing.

11 フリガナ Furigana (phonetic reading)

Write your name in katakana phonetic characters above or next to your kanji name if applicable

12 昭和 Showa

If your birth year was during the Showa era (1926-1989), select this option and write the corresponding Showa year (e.g., Showa 50 for 1975)

13 令和 年 月 日 Reiwa era

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

14 市受領日 Date received by city

Leave this blank as it's for the city office to stamp or write the date they received your form.



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

① 住 所	次不 ^レ ^{かたがき}	丁目	番地	電話	自宅	0 7 2 — —
	(かたがき) 例: ○○アパート・○○寮・○○社・○○マンション			番号	世帯主 携帯	— —
	氏 名	生 年 月 日	性別	続柄	個人番号	⑩ 〈市使用欄〉
⑪ フリガナ	昭和 平成	.	男			⑫ 市受領日 ⑬ 令和 年 月 日

15

These dots appear to be formatting placeholders in the date field - leave them as they are and don't write over them.

セクション 2 — Section 2 (Part 2/2)

国	① フリガナ	平成 令和	・	女				全喪	①一喪
		昭和	・	男				②社保取得	③他国保取得

- 一喪 Primary mourner

Check this box if you are the primary mourner/chief bereaved person for a deceased family member being removed from the residence registry

- 全喪** Total loss/Complete loss

This indicates complete loss of household registration (e.g., when all household members move out or are removed from the registry)

- 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

- フリガナ Furigana (phonetic reading)

Write your name in katakana phonetic characters above or next to your kanji name if applicable.

- 昭和 Showa

If your birth year was during the Showa era (1926-1989), select this option and write the corresponding Showa year (e.g., Showa 50 for 1975).

- ## 社保取得 Social Insurance Enrollment

Check this if you need to enroll in social insurance (health insurance/pension) due to your address change.

- ### 他国保取得 Other National Health Insurance Acquisition

Check this if you need to obtain national health insurance from a municipality other than where you're registering your residence.

- ## 死亡 Death

Check this box if reporting a death in the family.

- 生保開始 Welfare benefit start

Staff use only - do not fill in



セクション3 — Section 3 (Part 1/2)

国保を脱退	フリガナ ②	昭和 平成 令和	男 女						● 社保取得	● 他国保取得	● 死亡	● 生保開始
	フリガナ ③	昭和 平成 令和	男 女						● 国保喪失年月日	● 令和年月日		
									● 国保番号			

1 フリガナ Furigana (phonetic reading)
Write your name in katakana phonetic characters above or next to your kanji name if applicable

2 昭和 Showa
If your birth year was during the Showa era (1926-1989), select this option and write the corresponding Showa year (e.g., Showa 50 for 1975)

3 社保取得 Social Insurance Enrollment
Check this if you need to enroll in social insurance (health insurance/pension) due to your address change

4 他国保取得 Other National Health Insurance Acquisition
Check this if you need to obtain national health insurance from a municipality other than where you're registering your residence

5 死亡 Death
Check this box if reporting a death in the family

6 生保開始 Welfare benefit start
Staff use only - do not fill in

7 Write the birth date of the first dependent using the Japanese date format. Use dots to separate year, month, and day (e.g., if born on March 15, 1985, write the Showa year equivalent).

8 国保喪失 Loss/Cancellation
Used for losing benefits or insurance coverage when moving or changing status

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 令和年月日 Reiwa era
Current Japanese era that began May 1, 2019. Used in official dates.

11 脱フリガナ Name removal (furigana)
Leave blank - this field is for phonetic reading of names being removed from the household register, typically handled by city office staff

12 昭和 Showa
If your birth year was during the Showa era (1926-1989), select this option and write the corresponding Showa year (e.g., Showa 50 for 1975)

13 Write the birth date of the second dependent using the same Japanese date format with dots as separators. Convert Western calendar dates to the appropriate Japanese era year (Showa, Heisei, or Reiwa).

14 国保番号 National Health Insurance Number
Enter your NHI card number (usually 8 digits). Leave blank if you don't have national health insurance.

15 退③ Departure ③^③
Check this box if you are moving out of the municipality and leaving Japan (third type of departure registration)



セクション 3 — Section 3 (Part 2/2)

退 ③	平成 令和	・ ・	女	国保番号	
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1 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



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セクション 5 — Section 5

方 ① ⑤ ⑬	フリガナ 昭和 平成 令和 ② ③ ④	男 女 ⑥ ⑦ ⑧	証 回 收 日 ⑨ ⑩ ⑪ ⑫ ⑯ ⑰	令和 年 月 日 ⑮ ⑯ ⑰ ⑱ ⑲ ⑳
フリガナ 昭和 ⑪ 支給・未支給	⑪ ⑯ 支給・未支給	⑮ ⑯ 支給・未支給	⑰ 葬祭費 ⑱ 支給・未支給	⑲ 支給・未支給

1 回 收 日 Collection Date

N/A (this is likely for administrative use by the municipal office to track when the form was collected/processed)

2 令 和 年 月 日 Reiwa era

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

3 フリガナ Furigana (phonetic reading)

Write your name in katakana phonetic characters above or next to your kanji name if applicable

4 昭 和 Showa

If your birth year was during the Showa era (1926-1989), select this option and write the corresponding Showa year (e.g., Showa 50 for 1975)

5

This appears to be a date field with dots as separators. Fill in the date in Japanese format: year, month, day using numbers.

6 处理 Processing

Staff use - processing status. Do not fill in.

7 納付書発行・還付 Payment slip issuance/refund

This section relates to tax payment documents or refunds - check with municipal office staff if you need payment slips issued or have refunds pending

8 精算 Settlement/Adjustment

This section is for recording any fees or adjustments related to your residence registration change - leave blank unless instructed by municipal staff to fill it out.

9 済・未 Completed/Not Completed

This is likely a status indicator - leave blank as it will be filled by office staff to track processing status.

10 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

11 (備考) Remarks / Notes

Space for additional information or special circumstances. Usually optional.

12 葬祭費 Funeral expenses

This is for funeral expenses (葬祭費). Enter the monetary amount for funeral-related costs if applicable to your situation, or leave blank if not relevant.

13 フリガナ Furigana (phonetic reading)

Write your name in katakana phonetic characters above or next to your kanji name if applicable

14 支給・未支給 Payment Status - Paid/Unpaid

Check the appropriate box to indicate whether you have received or not received relevant municipal benefits or payments.

15 昭 和 Showa

If your birth year was during the Showa era (1926-1989), select this option and write the corresponding Showa year (e.g., Showa 50 for 1975)



セクション 6 — Section 6

1 フリガナ ⑥	昭和 平成 令和	2 . .	男女						支給・未支給
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※新たに加入中の健康保険証（脱退される方全員分のコピー）を必ず添付してください。
 ※お手元にある本市国民健康保険証をお返しください。
 ※太枠のみご記入をお願いします。

1 フリガナ Furigana (phonetic reading)

Write your name in katakana phonetic characters above or next to your kanji name if applicable

2 支給・未支給 Payment Status - Paid/Unpaid

Check the appropriate box to indicate whether you have received or not received relevant municipal benefits or payments.

3 昭和 Showa

If your birth year was during the Showa era (1926-1989), select this option and write the corresponding Showa year (e.g., Showa 50 for 1975)

4 . . .

This appears to be a date field with dot separators. Enter the relevant date in Japanese format (year/month/day) with dots between numbers.

5 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

6 ※新たに加入中の健康保険証（脱退される方全員分のコピー）を必ず添付してください。 Please / Please / Please

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

7 ※お手元にある本市国民健康保険証をお返しください。 National Health Insurance / Please / Please

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. This is part of a longer instruction - look for the complete phrase

8 ※太枠のみご記入をお願いします。 . / Fill in

This is an instruction note, not a field to fill in. It reminds you to only fill in the thick-bordered boxes on the form - ignore thin-bordered sections.



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