

国民健康保険異動届出書

東京都北区長殿

届出日	年月日	▼申請者(窓口にいらした方)のお名前、ご住所、電話番号を記入してください。
届出人 住所 (窓口に来られた方)	北区王子本町1-15-22 ヤークショキタク701	電話番号 03 (3908) 1131
氏名 (窓口に来られた方)	国保 太郎	<input checked="" type="radio"/> ①世帯主本人 <input type="radio"/> ②世帯員 <input type="radio"/> ③代理人(別世帯の方は委任状が必要です)

▼お届けの内容に○をしてください。

届出理由 ①加入 2. 脱退 3. 資格変更(世帯合併・分離等) 4. その他

▼世帯主名等を記入してください。

世帯主名 (□届出人と同じ)	住所	電話番号 ()
個人番号		

▼今回、加入・脱退・資格変更がある方全員の氏名等を記入してください。

氏名及び個人番号		生年月日	続柄	性別	職業	マイナンバーカードの健康保険証利用登録の有無	
フリガナ		昭 平 令 西暦				<input type="checkbox"/> 有(資格情報通知書)	
個人番号	(□届出人と同じ)	45年5月5日	本人	男	無職	<input type="checkbox"/> 無(資格確認書)	
フリガナ	コクホ ハナコ	昭 平 令 西暦				<input type="checkbox"/> 有(資格情報通知書)	
個人番号	国保 花子	48年8月2日	妻	女	パート	<input type="checkbox"/> 無(資格確認書)	
フリガナ	コクホ イチロウ	昭 平 令 西暦				<input type="checkbox"/> 有(資格情報通知書)	
個人番号	国保 一郎	2013年9月8日	子	男	学生	<input type="checkbox"/> 無(資格確認書)	
個人番号		昭 平 令 西暦				<input type="checkbox"/> 有(資格情報通知書)	
個人番号		年 月 日				<input type="checkbox"/> 無(資格確認書)	
承諾確認欄	<input type="checkbox"/> 国民健康保険の資格及び保険料が3ヶ月以上遅ることを承諾します(最長2年)						
保険料の口座振替	<input type="checkbox"/> する <input type="checkbox"/> しない (加入する方のみご記入ください)						
本人確認書類	<input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 運転免許証 <input type="checkbox"/> パスポート <input type="checkbox"/> 在留カード <input type="checkbox"/> その他()			交付方法	窓口 <input type="checkbox"/> 郵送		
備考						高齢受給者(70歳以上) <input type="checkbox"/> 割合確認 2割 3割	

記号番号

『職員記入欄』		
添付書類	有	無
社会保険資格喪失日		
□資格喪失日	年	月
□退職日		
以前の勤務先の名称		
連絡先	(月日 様に確認)	
社会保険資格取得日		
資格取得日	年	月
保険者名		
記号番号		
被保険者氏名		
国民健康保険		
資格取得年月日	資格喪失年月日	資格異動年月日
年月日	年月日	年月日
資格取得事由	資格喪失事由	資格異動事由
□転入	□転出	□世帯合併
□社保離脱	□社保加入	□世帯分離
□組合離脱	□組合離脱	□世帯主変更
□生保廃止	□生保開始	
□出生	□死亡	
□その他取得	□職権消除	
	□若年後期加入	
	□その他喪失	

口別紙で確認

受付	入力	照会		

Kita — 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 東京都北区長殿
② 届出日 年 月 日
③ 国民健康保険異動届出書
④ ▼申請者(窓口にいらした方)のお名前、ご住所、電話番号を記入してください。

記号番号						
『職員記入欄』	有	無				

1 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.

2 国民健康保険異動届出書 National Health Insurance

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

3 東京都北区長殿 Tokyo

Write the full name of Tokyo prefecture or specific Tokyo ward/city

4 <<職員記入欄>> Staff use only / Office use only

Section for ward office staff. Do not write anything here.

5 ▼申請者(窓口にいらした方)のお名前、ご住所、電話番号を記入してください。 Phone number / Address

Japanese mobile number preferred. Some forms accept overseas numbers. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

6 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) - use the current date when submitting the form

7 届出日 Date of filing

Today's date. Use Japanese calendar or Western calendar.

8 有 無 Yes No

Circle or check the appropriate option based on whether the condition applies to you.



Form p.1

届出人情報 — Who Is Filing (Part 1/2)

東京都北区長殿		①届出日 年 月 日		②申請者(窓口にいらした方)のお名前、ご住所、電話番号を記入してください。	
③届出人 所 氏 名 (窓口に来られた方)	④住所 北区王子本町 1-15-22 ヤークショキタク 701	⑤電話番号 03 (3908) 1131	⑥世帯主本人 ⑦世帯員 ⑧代理人(別世帯の方は委任状が必要です)	⑨職員記入欄 添付書類 有 無 社会保険資格喪失日	⑩資格喪失日 ⑪退職日 ⑫以前の勤務先 ⑬の名称
国保 太郎					

- 1** <<職員記入欄>> Staff use only / Office use only
Section for ward office staff. Do not write anything here.

2 ▼申請者（窓口にいらした方）のお名前、ご住所、電話番号を記入してください。 Phone number / Address
Japanese mobile number preferred. Some forms accept overseas numbers. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

3 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) - use the current date when submitting the form

4 届出日 Date of filing
Today's date. Use Japanese calendar or Western calendar.

5 有 無 Yes No
Circle or check the appropriate option based on whether the condition applies to you.

6 社会保険資格喪失日 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

7 北区王子本町1-15-22 ヤークショキタク701 1-15-22 Oji-Honcho, Kita-ku, Yark Sho Kitaku 701
This is a sample address format - enter your actual address following this Japanese format: district, neighborhood, building number-block-lot, apartment/building name and room number.

8 届出人所 電話番号 03 (3908) 1131 ☐資格喪失日 年
Phone number / Applicant / Person filing the form
Japanese mobile number preferred. Some forms accept overseas numbers. The person physically submitting the form. Usually yourself.

9 ☐退職日 ☐Date of retirement
Enter the date you retired from your job if applicable to your registration change.

10 1. 世帯主本人 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.

11 以前の勤務先 Place of employment / Employer
Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number).

12 氏国保 太郎 Uji National Health Insurance Taro
This appears to be an example name showing the format - enter your family name, indicate if you have National Health Insurance, and your given name

13 (窓口に来られた方) Person who came to the counter
Information about who physically visited the office (may be filled by staff)



届出人情報 — Who Is Filing (Part 1/2) (continued)

14 の名称 Name of

This is typically a partial label - fill in the name of the relevant organization, institution, or entity as specified in the preceding context on the form.

15 3. 代理人 (別世帯の方は委任状が必要です) Letter of proxy / Power of attorney

Required if someone else is filing on your behalf.

届出人情報 — Who Is Filing (Part 2/2)

3. 代理人(別世帯の方は委任状が必要です)
▼お届けの内容に○をしてください。

- 1 ▶お届けの内容に○をしてください。 Please circle the content of your notification.
Circle the type of residence change you're registering (e.g., moving in, moving out, address change within city).

- 2 連絡先** Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.



Form p.1

住所 — Addresses (Part 1/2)

(窓口に来られた方)	名	国保 太郎	世帯員 3. 代理人(別世帯の方は委任状が必要です)
▼お届けの内容に○をしてください。			
届出理由 <input checked="" type="checkbox"/> 1. 加入 2. 脱退 3. 資格変更(世帯合併・分離等) 4. その他			
▼世帯主名等を記入してください。			
世帯主名 <small>印</small>	(□ 届出人と同じ)		住所
個人番号			電話番号 ()

連絡先	月 日	様に確認
資格取得日	年 月 日	社会保険資格取得日
保険者名		
記号番号		

1 3 . 代理人 (別世帯の方は委任状が必要です) Letter of proxy / Power of attorney

Required if someone else is filing on your behalf.

2 ▼お届けの内容に○をしてください。 Please circle the content of your notification.

Circle the type of residence change you're registering (e.g., moving in, moving out, address change within city).

3 連絡先 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

4 (月 日 様に確認) (Confirmed with [name] on [month] [day])

N/A - this is for office use only to record verification details

5 届出理由 Reason for notification

Select or write the reason for your address change (e.g., moving, marriage, divorce, etc.)

6 1 . 加入 2 . 脱退 3 . 資格変更 (世帯合併・分離等) 4 . その他 Other / Change / Qualification

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

Check this box if you are making changes to existing information

7 ▼世帯主名等を記入してください。 Head of household

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

8 資格取得日 Qualification

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

9 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Western numerals, typically the date you're submitting the form

10 世帯主名 Head of household

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

11 保険者名 Insurer Name

Write the name of your health insurance provider (e.g., your employer's name if you have employer-based insurance, or the municipality name for National Health Insurance)

12 (□✓ 届出人と同じ) 所 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

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 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.



住所 — Addresses (Part 1/2) (continued)

15 電話番号 () Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

住所 — Addresses (Part 2/2)

① ▶今回、加入・脱退・資格変更がある方全員の氏名等を記入してください。										電話番号 ()	②
<input type="checkbox"/> 氏名及び個人番号 <input type="checkbox"/> 生年月日 <input type="checkbox"/> 続柄 <input type="checkbox"/> 性別 <input type="checkbox"/> 職業										マイナンバーカードの 健康保険証利用登録の有無	
										被保険者氏名	国民健康保険

1 被保険者氏名 Full name

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

2 ▶今回、加入・脱退・資格変更がある方全員の氏名等を記入してください。 Full name / Change / Qualification

Write in katakana for foreign names. Some forms accept romaji. Check this box if you are making changes to existing information

3 氏名及び個人番号 My Number (Individual Number) / Full name

12-digit number. Leave blank on first registration — it will be mailed to you after. Write in katakana for foreign names. Some forms accept romaji.

4 生年月日 Date of birth

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

5 続柄 Relationship to head of household

See relationship terms table.

6 性別 職業 Gender / Occupation

男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one. e.g. 会社員 (company employee), 自営業 (self-employed), 学生 (student)



Form p.1

異動者 — Person Table (Part 1/4)

氏名及び個人番号		生年月日	続柄	性別	職業	マイナンバーカードの 健康保険証利用登録の有無	□有(資格情報通知書)	該当欄に記入	国民健康保険	資格取得年月日	資格喪失年月日	資格異動年月日
フリガナ		昭 平 令 西暦	⑩	本人	男	無職	<input checked="" type="checkbox"/>		年 月 日	年 月 日	年 月 日	
(口 届出人と同じ)		45年 5月 5日						資格取得事由	資格喪失事由	資格異動事由		

- 1 氏名及び個人番号 My Number (Individual Number) / Full name
12-digit number. Leave blank on first registration — it will be mailed to you after. Write in katakana for foreign names. Some forms accept romaji.
- 2 生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 3 続柄 Relationship to head of household
See relationship terms table.
- 4 性別 職業 Gender / Occupation
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one. e.g. 会社員 (company employee), 自営業 (self-employed), 学生 (student)
- 5 資格取得年月日 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 6 資格喪失年月日 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 7 資格異動年月日 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 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 □有(資格情報通知書) 年 月 日 年 月 日 年 月 日 Yes (/ Qualification)
Check this box if applicable - the full condition should be specified after the parenthesis Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 10 昭 平 令 西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 11 本人 男 無職 Applicant Male Unemployed
Check the box that matches your gender and employment status - "無職" means unemployed/not working
- 12 個人番号 (口 届出人と同じ) 45年 5月 5日 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 13 資格取得事由 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 14 資格喪失事由 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



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

15

資格異動事由 Reason for change / Type of move / Qualification

Why you are filing this notification (moving in, moving out, address change within municipality). Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

異動者 — Person Table (Part 2/4)

(口 届出人と同じ)		45年5月5日	本人	男	無	<input type="checkbox"/> 無(資格確認書)		資格取得事由		資格喪失事由		資格異動事由
個人番号	フリガナ コクホ ハナコ	昭 平 令 西暦	妻	女	パート	<input type="checkbox"/> 有(資格情報通知書)		<input type="checkbox"/> 転入	<input type="checkbox"/> 転出	<input type="checkbox"/> 世帯合併		
国保 花子		48年8月2日				<input type="checkbox"/> 無(資格確認書)		<input type="checkbox"/> 社保離脱	<input type="checkbox"/> 社保加入	<input type="checkbox"/> 世帯分離		
個人番号								<input type="checkbox"/> 組合離脱	<input type="checkbox"/> 組合離脱	<input type="checkbox"/> 世帯主変更		
								<input type="checkbox"/> 生保開始				

1 無(資格確認書) None/Not applicable / Qualification

Check this box if the item does not apply to you or if you have none to report
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

2 転入 Moving in (from another municipality or abroad)3 転出 Moving out4 世帯合併 Household merger

Check this box if you're combining two separate households into one (e.g., when family members move in together and want to be registered as a single household unit)

5 フリガナ コクホ ハナコ Phonetic reading (katakana)

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

6 有(資格情報通知書) 社保離脱 Yes (/ Qualification)

Check this box if applicable - the full condition should be specified after the parenthesis Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

7 社保加入 Social insurance enrollment

Check this box if you are enrolled in social insurance (health insurance through your employer)

8 世帯分離 Household separation

Check this box if you're separating from your current household to form a new independent household at the same address

9 昭 平 令 西暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

10 女 パート Female Part-time

Check this if you are female and work part-time employment

11 組合離脱 Withdrawal from association

Check this box if you are withdrawing from a neighborhood association or similar community group due to your move

12 組合離脱 Withdrawal from association

Check this box if you are withdrawing from a neighborhood association or similar community group due to your move

13 世帯主変更 Change of household head

Check this box if you are changing who is registered as the head of your household

14 個人番号 48年8月2日 My Number (Individual Number)

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



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

15

 無 (資格確認書) None/Not applicable / Qualification

Check this box if the item does not apply to you or if you have none to report
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

異動者 — Person Table (Part 3/4)

個人番号 フリガナ	48年8月2日	男	女	<input type="checkbox"/> 無(資格確認書) <input type="checkbox"/> 有(資格情報通知書) <input type="checkbox"/> 無(資格確認書) <input type="checkbox"/> 有(資格情報通知書)	<input type="checkbox"/> 組合離脱 <input type="checkbox"/> 生保廃止 <input type="checkbox"/> 出生 <input type="checkbox"/> その他取得 <input type="checkbox"/> 組合離脱 <input type="checkbox"/> 生保開始 <input type="checkbox"/> 死亡 <input type="checkbox"/> 職権消除 <input type="checkbox"/> 若年後期加入 <input type="checkbox"/> その他喪失	<input type="checkbox"/> 世帯変更
国保 一郎 個人番号 フリガナ	昭平令 西暦 2013年9月8日	子	男	学生		
	昭平令 西暦					

- 1 生保廃止 Welfare benefits termination
Check this box if you are terminating social welfare/public assistance benefits due to your address change
- 2 生保開始 Welfare benefits commencement
Check this box if you are starting to receive public assistance/welfare benefits due to this address change
- 3 昭平令 西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 4 フリガナ 保コクホ 一イチロ郎ウ Furigana for nationality: Japan, Ichiro
Write the phonetic reading (katakana) of your nationality and name as they should be pronounced in Japanese
- 5 有(資格情報通知書) 出生 Yes (/ Qualification
Check this box if applicable - the full condition should be specified after the parenthesis Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 6 死亡 Death
Check this box if registering a death in the household (family member has passed away).
- 7 男学生 Male Student
Check the appropriate boxes to indicate your gender (male/female) and occupation status if you are a student.
- 8 その他取得 Other
Use this section for any additional information not covered in other fields
- 9 職権消除 Official removal by authority
This is a checkbox for city office use only - do not fill out yourself
- 10 個人番号 2013年9月8日 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 11 無(資格確認書) None/Not applicable / Qualification
Check this box if the item does not apply to you or if you have none to report Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 12 若年後期加入 Late-stage youth enrollment
Check this box if you're enrolling in the latter period of the youth category for national health insurance (typically ages 20-39)
- 13 その他喪失 Other
Use this section for any additional information not covered in other fields
- 14 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.



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

15

 有 (資格情報通知書) Yes (/ Qualification

Check this box if applicable - the full condition should be specified after the parenthesis Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

異動者 — Person Table (Part 4/4)

フリガナ	昭 平 令 西暦	<input type="checkbox"/> 有(資格情報通知書)	<input type="checkbox"/> 無(資格確認書)	□その他喪失
個人番号	年 月 日	<input type="checkbox"/> 別紙で確認		
承諾確認欄 ① 保険料の口座振替		<input type="checkbox"/> 国民健康保険の資格及び保険料が3ヶ月以上遅ることを承諾します(最長2年) <input type="checkbox"/> する <input type="checkbox"/> しない (加入する方のみご記入ください)		
本人確認書類	□マイナンバーカード □運転免許証 □パスポート	交付方法	窓口	

1 昭 平 令 西暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

2 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,
2024年12月15日

3 □無 (資格確認書) None/Not applicable / Qualification

Check this box if the item does not apply to you or if you have none to report
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

4 個人番号 My Number (Individual Number)

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

5 □別紙で確認 □Confirmed by separate document

Check this box if you're providing additional documentation on a separate sheet to verify your information.

6 保険料の口座振替 Insurance premium automatic bank transfer

Check this box if you want insurance premiums automatically deducted from your bank account instead of paying manually

7 □する □しない (加入する方のみご記入ください) Do not / To do/perform / Person who

This typically appears before other text to indicate something should not be done or does not apply This is typically part of a longer phrase on forms - look for the complete text before filling

8 窓口 Window/Counter



Form p.1

本人確認書類 — ID & Documents

⑩ 本人確認書類	<input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 連転免許証 <input type="checkbox"/> パスポート <input checked="" type="checkbox"/> 在留カード <input type="checkbox"/> その他()	交付方法	窓口 郵送 高齢受給者(70歳以上) 割合確認 ⑫ 2割 <input type="checkbox"/> ⑬ 3割 <input type="checkbox"/>
備考			
	受付	入力	照会

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3 窓口 Window/Counter

4 本人確認書類 Personal identification documents

Bring valid ID like passport, residence card, or driver's license to verify your identity

5 交付方法 Method of delivery/issuance

Select how you want to receive official documents (e.g., by mail, in-person pickup, etc.)

6 在留カード その他 () Residence Card / Other (/ Other

ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times. Use this field for any information that doesn't fit in the standard categories above

7 受付 Reception/Received

N/A (this is for office use only - staff will stamp/fill this section when they receive your form)

8 入力 Input

9 照会 Inquiry/Reference

10 備考 Remarks

Use this section for any additional information or special circumstances regarding your address change that doesn't fit in other fields.

11 高齢受給者 (70歳以上) Elderly Beneficiary (Age 70 and above)

Check this box if you are 70 years old or older and receive elderly healthcare benefits

12 2割 20% / 2/10

13 3割 30%



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