

再

受 付 No.

発行者

茨木市国民健康保険

資格確認書・高齢受給者証
資格情報のお知らせ

再交付申請書
再通知申請書

被保険者記号・番号				記号	茨 国	番号											
被 保 険 者	氏 名				生 年 月 日				希望する 書類の種類								
	個 人 番 号																
					昭和 平成 令和	年	月	日	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ								
					昭和 平成 令和	年	月	日	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ								
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高齢受給者証

被 保 険 者	氏 名				生 年 月 日				
	個 人 番 号								
					昭和 平成 令和	年	月	日	
					昭和 平成 令和	年	月	日	

再 交 付 (再 通 知) 申 請 の 理 由	紛失・盗難・汚損・未着 その他 ()
---------------------------	------------------------

上記のとおり申請します。

年 月 日

住 所 茨木市

(申 請 先)

茨 木 市 長

申請者氏名
(世帯主)

処 理 欄	資格確認書等交付	本人確認
	郵送 (/) ・ 手渡し	1.運転免許証 2.個人番号カード 3.パスポート 4.その他 ()

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 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)

再

発行者

受 付 No.

5 茨木市国民健康保険

3 資格確認書・高齢受給者証
資格情報のお知らせ

7 再交付申請書
再通知申請書

<p>8 被保険者記号・番号</p>		<p>2 記号</p>	<p>茨 国</p>	<p>9 番号</p>						
被 保 険 者	<p>12 氏 名</p>	<p>10 生 年 月 日</p>				<p>11 希望する 書類の種類</p>				
	<p>14 個 人 番 号</p>									
	<p>13 昭和 平成 令和</p>	<p>年 月 日</p>				<p>10 <input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ</p>				
	<p>15 昭和 平成 令和</p>									

- 1 発行者 Issuer
Leave blank - this will be filled in by the municipal office staff processing your form
 - 2 受付 № Reception No.
This field is for the reception number assigned by the government office when you submit your application. Leave this blank as it will be filled in by the office staff when they receive your documents.
 - 3 資格確認書・高齢受給者証 Qualification Confirmation Certificate・Senior Citizen Recipient Certificate
If you have health insurance documents showing qualification status or senior citizen benefits (age 70+), attach copies here
 - 4 再交付申請書 Reissuance / Issuance / Application
Check this if you need a replacement for a lost or damaged document Staff use only - do not fill in
 - 5 茨木市国民健康保険 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
 - 6 被保険者記号・番号 Insured person / Number
The person covered by the insurance policy (usually yourself when applying)
Enter the relevant identification number (My Number, insurance number, etc.) as specified in the form context
 - 7 記号茨国 Symbol/Code 茨 Country
This appears to be a form field identifier - enter your country of citizenship in the designated field
 - 8 番号 Number
Enter your residence card number or other relevant identification number as specified in the form instructions.
 - 9 氏 名 Name
Write your full name as it appears on your residence card or passport, using the same script (Roman letters for most foreign residents)
 - 10 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)

Figure 1 shows a sample of a Japanese medical insurance claim form. The form is titled "診療報酬請求書" (Medical Insurance Claim Form). It contains fields for patient information (Name, Date of Birth, Sex, Address), medical information (Date of Service, Medical Institution, Insurance Type), and a table for billing items (ICD-10 codes, Procedure codes, and Charges). The form is divided into sections for "診療報酬" (Medical Insurance) and "診療報酬外" (Non-Medical Insurance). The "診療報酬" section is highlighted with a red box.

Japanese era name (1989-2019). Often followed by year number for dates.

☐ 資格確認書
☐ 資格情報のお知らせ

- 1 □ 資格情報のお知らせ Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



者	氏名	昭和 平成 令和	年	月	日	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ
	個人番号					
	氏名	昭和 平成 令和	年	月	日	<input type="checkbox"/> 資格確認書 <input type="checkbox"/> 資格情報のお知らせ
	個人番号					

高齢受給者証

被 保 険 者	氏 名	生 年 月 日	
	個 人 番 号		
	昭和 平成 令和	年 月 日	
	昭和 平成 令和	年 月 日	
	再交付（再通知）申請の理由	⑤ 紛失・盗難・汚損・未着 ⑥ その他	

13 紛失 ・ 盗難 ・ 汚損 ・ 未着 Lost • Stolen • Damaged • Not received
Check the applicable reason if your previous residence certificate or related documents had issues during the moving process.

Figure 1 shows a sample of a Japanese medical record form. The form is titled "患者氏名" (Patient Name) and "診療科目" (Medical Department). It contains sections for "主訴" (Chief Complaint), "現病歴" (Present Illness), "既往歴" (Past History), "家族歴" (Family History), "アレルギー" (Allergy), "検査結果" (Test Results), and "処置" (Treatment). The "現病歴" section is highlighted with a red box. The form is filled with handwritten Japanese text.

14

This is a declaration statement meaning 'I hereby apply as stated above' - no action needed, it's just the form's closing statement.

セクション 3 — Section 3

1

上記のとおり申請します。

2

年 月 日

3

住 所

4

茨木市

5

(申請先)

6

茨 木 市 長

7

申請者氏名
(世帯主)

11 処 理 欄	9 資 格 確 認 書 等 交 付	8 本 人 確 認
	10 郵 送 (/) ・ 手 渡 し	1.運転免許証 2.個人番号カード 3.パスポート 4.その他()

- 1

上記のとおり申請します。

This is a declaration statement meaning 'I apply as stated above.' - you don't need to write anything here, it's just confirming your application.
- 2

年 月 日 Year Month Day

Fill in the date using the Japanese calendar year format (e.g., Reiwa 6 for 2024)
- 3

住 所 Address

Write your current residential address in Japan exactly as it appears on official documents
- 4

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.
- 5

(申請先) Application

This indicates the form is an application that requires submission
- 6

茨木市長 Mayor of Ibaraki City

This shows the recipient of your application (Mayor of Ibaraki City) - no action needed, this is pre-printed.
- 7

申請者氏名 Full name

Write in katakana for foreign names. Some forms accept romaji.
- 8

本人確認 Identity verification

Bring valid photo ID (residence card, driver's license, passport, etc.)
- 9

資格確認書等交付 Issuance of Qualification Confirmation Document, etc.

This indicates the type of document being issued (qualification confirmation certificate, etc.) - this section is for official use only, you don't fill it out.
- 10

1.運転免許証 2.個人番号カード 3.パスポート Driver's license / Passport / My Number (Individual Number)

Bring your physical driver's license as identification Bring your passport as identification when submitting this form
- 11

欄 郵 送 (/) ・ 手 渡 し Mail/By post / Hand delivery

Check this if you want to receive documents by mail or are submitting this form by postal mail Check this if delivering the form in person rather than by mail
- 12

4.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



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