

国民健康保険被保険者 資格喪失届出書

記入例

郵送用

届出年月日	令和 〇 年 〇 〇 月 〇 〇 日
届出人の氏名	葛飾 太郎
電話番号	03-3695-1111 自宅・携帯・他 ()
住 所	葛飾区 立石 5 丁目 13 番 1 号

【次の1～3をお送りください。】

- 1 職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいずれかのコピー（国保をやめる方、全員分）
- 2 資格喪失届出書（左の項目を記入したこの用紙）

※資格喪失届出書を印刷できない場合は、①届出人の氏名②住所③電話番号④国民健康保険をやめるとい文言を記入した任意の用紙でも代用できます。（職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいずれかのコピーの余白に①～④を記入していただいても構いません。）

- 3 葛飾区の国民健康保険被保険者証・資格確認書・資格情報のお知らせ・高齢受給者証のうち使用していたもの

※いずれも原本且つ国保をやめる方、全員分

○葛飾区の国民健康保険被保険者証・資格確認書・高齢受給者証は、公印部分にボールペンで×印をするか、ハサミで切り込みを入れてお送りください。

○国民健康保険被保険者証、資格確認書、資格情報のお知らせ、高齢受給者証がないときは、その理由

☐ 粉失 ☐ その他 ()

※職員記入欄

国民健康保険をやめる人		性別	続柄	確	情	証	高
1	フリガナ	カツシカ タロウ		男	世帯主	回	回
	氏名	葛飾 太郎		妻・夫	子	回	回
	生年月日	昭和〇〇年 〇〇月 〇〇日		[]	[]	未	未
2	フリガナ	カツシカ ハナコ		男	妻	回	回
	氏名	葛飾 花子		子	夫	回	回
	生年月日	昭和〇〇年 〇〇月 〇〇日		女	[]	未	未
3	フリガナ	カツシカ サクラ		男	子	回	回
	氏名	葛飾 さくら		女	[]	回	回
	生年月日	平成〇〇年 〇〇月 〇〇日		[]	[]	未	未
4	フリガナ			男	子	回	回
	氏名			女	[]	回	回
	生年月日	年 月 日		[]	[]	未	未
5	フリガナ			男	子	回	回
	氏名			女	[]	回	回
	生年月日	年 月 日		[]	[]	未	未

記号番号	2 2 — —			
異動年月日	令和 年 月 日			
適用終了年月日	令和 年 月 日			
異動事由	社保加入・国組加入・他 ()			
備考欄				
担当者	受付日	入力	確認	審査

Katsushika — 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

タイトル・ 届出日 — Header & Dates

国民健康保険被保険者 資格喪失届出書

記入例

郵送用

届出年月日令和 年 月 日

【次の1〜3をお送りください。】
1 職場の健康保険資格確認書・資格取得証明書などの加入日が確認

- 1 記入例 Example of how to fill out
This is an example section showing how to fill out the form - you don't need to write anything here, just use it as a reference for proper completion.
- 2 国民健康保険被保険者 資格喪失届出書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 3 郵送用 For mailing
This indicates the form is for mailing purposes - ensure you have the correct postal address and sufficient postage when submitting.
- 4 【次の1〜3をお送りください。】 Please send the following items 1-3.
This is an instruction telling you to prepare and send items 1-3 along with this form - gather all required documents mentioned in the checklist before mailing.
- 5 年 月 日 year month day
Fill in the date using Japanese era year (e.g., Reiwa 6) or Western year format as specified on the form
- 6 届出年月日 Date of notification
Write the date you are submitting this form to the municipal office (format: year/month/day)
- 7 1職場の健康保険資格確認書・資格取得証明書などの加入日が確認 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 8 令和 Reiwa
This refers to the current Japanese era name (started May 1, 2019) - leave blank as it's typically pre-printed on forms or will be filled by office staff

国民健康保険被保険者 資格喪失届出書 記入例

届出年月日 令和 年 月 日

届出理由 1 職場の健康保険資格確認書・資格取得証明書などの加入日が確認

氏名	性別	生年月日	住所	電話番号
田中 太郎	男	1980.01.01	〒100-0001 東京都千代田区千代田 1-1-1	03-1234-5678

職場名称	健康保険資格確認書取得日	資格取得証明書取得日
株式会社ABC	2023.01.01	2023.01.01

届出理由	届出理由の補足
1 職場の健康保険資格確認書・資格取得証明書などの加入日が確認	

届出人情報 — Who Is Filing (Part 1/2)

届出年月日	令和 〇 年 〇 〇 月 〇 〇 日
届出人の氏名	葛飾 太郎
電話番号	03-3695-1111 自宅・携帯・他 ()
葛飾区	立石 5 丁目 13 番 1 号

1 職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいずれかのコピー (国保をやめる方、全員分)

2 資格喪失届出書 (左の項目を記入したこの用紙)

※資格喪失届出書を印刷できない場合は、①届出人の氏名②住所③電話番号④国民健康保険をやめるという文言を記入した任意の用紙でも代用できます。(職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいずれ

- 1 〇年〇〇月〇〇日 〇 year 〇〇 month 〇〇 day
Fill in the date using Japanese era year (e.g., Reiwa 6) or Western year format as specified on the form
- 2 届出年月日 Date of notification
Write the date you are submitting this form to the municipal office (format: year/month/day)
- 3 1職場の健康保険資格確認書・資格取得証明書などの加入日が確認 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 4 令和 Reiwa
This refers to the current Japanese era name (started May 1, 2019) - leave blank as it's typically pre-printed on forms or will be filled by office staff
- 5 できるものいずれかのコピー (国保をやめる方、全員分) Person who
This appears to be part of a longer phrase - look for the complete text starting with the preceding characters
- 6 葛飾 太郎 Katsushika Taro
This appears to be a sample name showing the format (surname first, then given name in kanji characters)
- 7 届出人の氏名 Applicant / Person filing the form / Full name
The person physically submitting the form. Usually yourself. Write in katakana for foreign names. Some forms accept romaji.
- 8 2資格喪失届出書 (左の項目を記入したこの用紙) Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 9 03 - 3695 - 1111 03-3695-1111
Enter your phone number in the standard Japanese format with hyphens (03-1234-5678). Use your main contact number where you can be reached during business hours.
- 10 電話番号 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 11 自宅・携帯・他 () Mobile phone / Home address
Enter your mobile/cell phone number including area code Enter your residential address where you actually live
- 12 13番 No. 13
Write the building/apartment number if you live in a numbered building or apartment complex. If you live in a house without a building number, you may leave this blank.
- 13 立石 5 丁目 Tateishi 5-chome
This appears to be a pre-filled address section showing the district name and block number - verify this matches your actual address or fill in your correct district and block number.

国民健康保険異動届出書 届出人情報

届出人の氏名	葛飾 太郎
届出年月日	令和 〇 年 〇 〇 月 〇 〇 日
電話番号	03-3695-1111
住所	葛飾区立石 5 丁目 13 番 1 号

※資格喪失届出書を印刷できない場合は、①届出人の氏名②住所③電話番号④国民健康保険をやめるという文言を記入した任意の用紙でも代用できます。(職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいずれ

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

- 14

1号

No. 1

Enter your apartment/unit number if applicable. For single-family homes or if you don't have a unit number, you can leave this field blank.
- 15

葛飾区

Katsushika Ward

This indicates which ward/municipality the form is for - ensure you're using the correct form for your area of residence.

届出人情報 — Who Is Filing (Part 2/2)

1

住所

葛飾区立石5丁目13番1号

2

職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいずれか

- 1

(職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいずれ

Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 2

住所

Address

Write your complete current address including apartment/room number if applicable



住所 — Addresses (Part 1/2)

①住所

②葛飾区

③立石

5丁目

④13番

⑤1号

⑥国民健康保険をやめる人

⑦性別

⑧続柄

⑨確

⑩情

⑪証

⑫高

⑬フリガナ

⑭カツシカ タロウ

⑮男

⑯世帯主

⑰回

⑱回

⑲回

④国民健康保険をやめるという文言を記入した任意の用紙でも代用できます。
(職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるもののいずれかのコピーの余白に①～④を記入していただいても構いません。)

③葛飾区の国民健康保険被保険者証・資格確認書・資格情報のお知らせ・高齢受給者証のうち使用していたもの

※いずれも原本且つ国保をやめる方、全員分

○葛飾区の国民健康保険被保険者証・資格確認書・資格情報のお知らせ

- 1

13番

No. 13
- Write the building or block number for your address. This is typically a number that comes after the district (chome) designation in Japanese addresses.
- 2

立石

5丁目

Tateishi 5-chome
- This appears to be a pre-filled address section showing the district name and block number - verify this matches your actual address or fill in your correct district and block number.
- 3

1号

No. 1
- Write the specific unit, apartment, or house number within the building or block. This is the final identifying number in your Japanese address.
- 4

葛飾区

Katsushika Ward
- This indicates which ward/municipality the form is for - ensure you're using the correct form for your area of residence.
- 5

(職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるもの) ⑤

Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 6

住所

Address
- Write your complete current address including apartment/room number if applicable
- 7

3葛飾区の国民健康保険被保険者証・資格確認書・資格情報のお知らせ

Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 8

せ・高齢受給者証のうち使用していたもの

Elderly recipient certificate that was being used
- If you're 70+ and had a medical insurance elderly recipient certificate, bring the one you were using to surrender it with your moving registration
- 9

国民健康保険をやめる人

Person leaving National Health Insurance
- Fill in details for anyone in your household who is leaving Japan's National Health Insurance system (e.g., switching to employer insurance or moving abroad)
- 10

性別続柄確情証高

Gender
- 男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 11

カツシカ タロウ

KATSUSHIKA TAROU
- This is a name written in katakana - write your full name in katakana characters as it appears on your residence card or other official documents.
- 12

フリガナ

Furigana (phonetic reading)
- Write the phonetic reading of your name in katakana characters above or next to where you write your name in kanji/hiragana
- 13

※いずれも原本且つ国保をやめる方、全員分

Person who
- This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

国民健康保険異動届出書 異動届出書 記入欄

住所

葛飾区立石5丁目13番1号

国民健康保険をやめる人

性別

続柄

確

情

証

高

フリガナ

カツシカ タロウ

男

世帯主

回

回

回

住所 — Addresses (Part 1/2) (continued)

- 14

世帯主

Head of household

Write the name of the person who is registered as the head of the household you're joining or leaving
- 15

回回回回

[This appears to be placeholder text or formatting marks, not actual form content]

These circles are for official use only - leave blank. They appear to be processing marks that will be filled in by government staff.

- 1 妻・夫 Wife/Husband
Check the appropriate box to indicate your relationship to the primary applicant if you are their spouse.
- 2 ○葛飾区の国ⓧ健康保険被保険者証・資格確認書・高齢受給者証は、公印部分に Qualification / Seal (inkan / hanko)
Refers to your legal status or eligibility (e.g., resident status, insurance qualification) Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
- 3 葛飾 太郎 Katsushika Taro
This appears to be a sample name showing the format (surname first, then given name in kanji characters)
- 4 氏 名 Name
Write your full legal name as it appears on your passport or residence card
- 5 ・ ・ ・ ・ (dotted line for writing)

資料提供係保險保單號碼 其他保單及出賣書

保單號碼: **800 1-800-333-3333**

姓名: **陳 永 昌** 電話: **02-2345-6789** 地址: **台北市中山路123號**

保單號碼: **800 1-800-333-3333** 姓名: **陳 永 昌** 電話: **02-2345-6789** 地址: **台北市中山路123號**

輸入欄

1. 保險單號碼 (請輸入 10 位數字)

2. 保險單號碼 (請輸入 10 位數字)

3. 保險單號碼 (請輸入 10 位數字)

4. 保險單號碼 (請輸入 10 位數字)

5. 保險單號碼 (請輸入 10 位數字)

6. 保險單號碼 (請輸入 10 位數字)

7. 保險單號碼 (請輸入 10 位數字)

8. 保險單號碼 (請輸入 10 位數字)

9. 保險單號碼 (請輸入 10 位數字)

10. 保險單號碼 (請輸入 10 位數字)

保險單號碼: **800 1-800-333-3333**

姓名: **陳 永 昌** 電話: **02-2345-6789** 地址: **台北市中山路123號**

保單號碼: **800 1-800-333-3333** 姓名: **陳 永 昌** 電話: **02-2345-6789** 地址: **台北市中山路123號**

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

- 14

紛失

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
- 15

葛飾 花子

Katsushika Hanako

This appears to be a sample name - write your full name in katakana or kanji if you have official registered characters

異動者 — Person Table (Part 2/4)

2	氏名	葛飾 花子	性別	女	年齢	昭和〇〇年 〇〇月 〇〇日	住所	〒22- 〇〇〇 〇〇〇	備考	〇粉失 〇その他 ()
3	フリガナ	カツシカ サクラ	性別	男	年齢	令和 〇〇年 〇〇月 〇〇日	住所	〒22- 〇〇〇 〇〇〇	備考	〇粉失 〇その他 ()

- 1 氏 名 Name
Write your full legal name as it appears on your passport or residence card
- 2 (dotted line for writing)
- 3 未未未未 Not yet filled/Pending/Undetermined
This appears to be placeholder text indicating fields that haven't been completed yet - fill in the actual required information in these sections.
- 4 生 年 月 日 Date of Birth
Enter your birth date in the Japanese format: year/month/day (often using Japanese era year)
- 5 昭和〇〇年〇〇月〇〇日 Showa __ year __ month __ day
Fill in your birth date using the Showa era format (Showa 1 = 1926, add 25 to get Western year)
- 6 ※職員記入欄 Staff use only / Office use only
Section for ward office staff. Do not write anything here.
- 7 カツシカ サクラ KATSUSHIKA SAKURA
This appears to be an example name written in katakana - replace with your own name in katakana characters.
- 8 フ リ ガ ナ Furigana (phonetic reading)
Write the phonetic reading of your name in katakana characters above or next to where you write your name in kanji/hiragana
- 9 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.
- 10 2 2 - - 22- -
This appears to be a pre-printed postal code format field - write your 7-digit postal code with the first 3 digits before the first dash and last 4 digits after the second dash.
- 11 回回回回 [This appears to be placeholder text or formatting marks, not actual form content]
- 12 異動年月日 Date of Change
Enter the date you moved/changed residence in YYYY/MM/DD format
- 13 令和 Reiwa
This refers to the current Japanese era name (started May 1, 2019) - leave blank as it's typically pre-printed on forms or will be filled by office staff
- 14 葛飾 さくら Katsushika Sakura
This appears to be an example name showing the format (surname followed by given name in hiragana/katakana)
- 15 氏 名 Name
Write your full legal name as it appears on your passport or residence card



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

- 13

未未未未 Not yet filled/Pending/Undetermined

This appears to be placeholder text indicating fields that haven't been completed yet - fill in the actual required information in these sections.
- 14

生 年 月 日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using Japanese era year)
- 15

フ リ ガ ナ Furigana (phonetic reading)

Write the phonetic reading of your name in katakana characters above or next to where you write your name in kanji/hiragana

[illegible]

- 受付日** Reception / Received
Staff use - indicates form was received. Do not fill in.
- 入力** Input/Entry
Write the date when you are filling out or submitting this form, typically in Japanese date format (year/month/day). Use the current date when you complete the application.
- 確認** Confirmation
This field is for official use - leave blank as it will be filled by the reviewing officer who confirms your application details are correct.
- 審査** Review/Examination
This is an official processing field for government staff only - do not write anything here as it will be completed during the formal review process.

[illegible]

本人確認書類 — ID & Documents

5	フリガナ		男 子 女	回 未 回 未 回 未	担当者	1 受付日	2 入力	3 確認	4 審査
	氏名								
	生年月日	年 月 日							

- 1フリガナ Furigana (phonetic reading)
Write the phonetic reading of your name in katakana characters above or next to where you write your name in kanji/hiragana
- 2受付日 Reception / Received
Staff use - indicates form was received. Do not fill in.
- 3入力 Input/Entry
- 4確認 Confirmation
- 5審査 Review/Examination
- 6回回回回 [This appears to be placeholder text or formatting marks, not actual form content]
- 7氏名 Name
Write your full legal name as it appears on your passport or residence card
- 8..... (dotted line for writing)
- 9未未未未 Not yet filled/Pending/Undetermined
This appears to be placeholder text indicating fields that haven't been completed yet - fill in the actual required information in these sections.
- 10生年月日 Date of Birth
Enter your birth date in the Japanese format: year/month/day (often using Japanese era year)



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