

Sagamihara Minami — 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

- 1 第 1 1 号様式 Form No. 11
- 2 限度額適用・標準負担額減額 Benefit certificate application
Apply for reduced medical copayment certificate if you meet income requirements
- 3 国民健康保険 National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 4 認定申請書 Application for certification
Form title - this is the document name, not a field to fill in
- 5 限度額適用 Income-based limit application
Check this to apply income-based limits on medical costs or insurance premiums
- 6 国民健康保険 National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 7 適用・減額対象者 Eligible person for application/reduction
Check if you qualify for fee reductions or exemptions based on income or other criteria
- 8 10- - 10- -
- 9 記号・番号 Symbol/Number
Enter the symbol and number from your insurance card or other referenced document
- 10 適用・減額対象者 Eligible person for application/reduction
Check if you qualify for fee reductions or exemptions based on income or other criteria
- 11 世帯主との Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 12 昭平 Showa/Heisei
Check the box for the era when you were born (Showa: 1926-1989, Heisei: 1989-2019)
- 13 生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western calendar
- 14 年月日 Year Month Day
Write dates in Japanese format: year/month/day (e.g., 2024/03/15)
- 15 上記のとおり認定証の交付を申請します。



セクション 1 — Section 1 (Part 2/2)

上記の住所と認定証の交付を申請します。

1

年 月 日

住所

1 住所 Address

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



セクション 2 — Section 2 (Part 1/2)

上記の住所を証明する書類を添付してください。

年 月 日 住所 _____

申請者（世帯主）氏 名 _____

個人番号 _____

電話番号 自宅 () _____

緊急連絡先 () _____

※国民健康保険に関するご連絡に使用します。

相模原市長 あて

⑧ 申請月を含めた過去 1 年間に 91 日以上長期入院をされた方（市民税非課税世帯）のみ記入してください（入院の事実が確認できる領収書等の写しを添付してください）。※原本不可

①	長期入院日数	年 月 日 ~ 年 月 日 (日間)
	保険医療機関 名称	
	所在地	
②	長期入院日数	年 月 日 ~ 年 月 日 (日間)
	保険医療機関 名称	

- 1 住所 Address
Write your current residential address in Japan exactly as it appears on official documents
- 2 申請者（世帯主）氏 名 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 3 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 4 電話番号 自宅 () Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 5 緊急連絡先 () Emergency Contact ()
Provide name and phone number of someone who can be reached in case of emergency, such as a family member, friend, or employer in Japan.
- 6 相模原市長 あて To: Mayor of Sagamihara City
This is pre-printed - indicates the form is addressed to the mayor
- 7 ※国民健康保険に関するご連絡に使用します。 National Health Insurance / . / To do/perform
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. This is typically part of a longer phrase on forms - look for the complete text before filling
- 8 記入してください（入院の事実が確認できる領収書等の写しを添付してください）。※原本不可 Copy
Refers to certified copies of documents that may be required
- 9 長期入院日数 年 月 日 ~ 年 月 日 (日間) days / Number of days
Usually follows a number to indicate duration in days Enter the total number of days for the period being reported
- 10 名称 Name/Title
For organizations or businesses - use official registered name
- 11 保険医療機関 Medical institution
Enter the name of your doctor's office, clinic, or hospital



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

上記のものを認定証の交付を申請します。

年 月 日

住所

申請者（世帯主）氏 名

個人番号

電話番号 自宅 ()

緊急連絡先 ()

相模原市長 あて

※国民健康保険に関するご連絡に使用します。

申請月を含めた過去1年間に91日以上長期入院をされた方（市民税非課税世帯）のみ記入してください（入院の事実が確認できる領収書等の写しを添付してください）。※原本不可

①	長期入院日数	年 月 日～ 年 月 日 (日間)
	保険医療機関	名 称
		所在地
②	長期入院日数	年 月 日～ 年 月 日 (日間)
	保険医療機関	名 称

12 所在地 Location
Used for business/organization address or property location rather than personal residence

13 長期入院日数 年 月 日～ 年 月 日 (日間) days / Number of days
Usually follows a number to indicate duration in days Enter the total number of days for the period being reported

14 名 称 Name/Title
For organizations or businesses - use official registered name

15 保険医療機関 Medical institution
Enter the name of your doctor's office, clinic, or hospital

セクション 2 — Section 2 (Part 2/2)

	保険医療機関	所在地	
		長期 入院日数の合計	日間

- 1

所在地

Location

Used for business/organization address or property location rather than personal residence
- 2

長期 入院日数の合計

Total days of long-term hospitalization

Enter the total number of days you were hospitalized for extended periods during the relevant time frame
- 3

日間

days

Usually follows a number to indicate duration in days



セクション 3 — Section 3 (Part 1/2)

長期 入院日数の合計

日間

<div>身元確認</div> <div><input type="checkbox"/>本人<input type="checkbox"/>代理人</div>		<div>代理権確認</div>	
<div>写真有り (1点のみで可)</div> <div><input type="checkbox"/>番号カード<input type="checkbox"/>免許証<input type="checkbox"/>住基カード(写真有り)</div> <div><input type="checkbox"/>パスポート<input type="checkbox"/>在留C<input type="checkbox"/>障害者手帳(身・療・精)</div> <div><input type="checkbox"/>その他 ()</div>		<div>写真無し (2点以上必要)</div> <div><input type="checkbox"/>各種証 (国・後・社・介)</div> <div><input type="checkbox"/>年金手帳・証書</div> <div><input type="checkbox"/>医療証 (障・親・)</div> <div><input type="checkbox"/>その他 ()</div>	
<div>番号確認</div> <div><input type="checkbox"/>番号C<input type="checkbox"/>通知C<input type="checkbox"/>OL<input type="checkbox"/>その他 ()</div>		<div><input type="checkbox"/>委任状<input type="checkbox"/>その他 ()</div>	<div>代理人氏名</div>
			<div>世帯主との続柄</div>

国

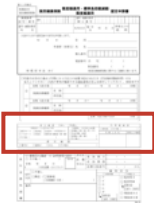
認定根拠区分

交付年月日

.

.

- 1 長期 入院日数の合計 Total days of long-term hospitalization
Enter the total number of days you were hospitalized for extended periods during the relevant time frame
- 2 日間 days
Usually follows a number to indicate duration in days
- 3 身元確認 ☐本人 ☐代理人 Proxy/Representative
Fill in if someone else is submitting this form on your behalf
- 4 代理権確認 Proxy authority verification
Staff use only - do not fill in
- 5 写真有り (1点のみで可) With photo (1 item only acceptable)
This indicates you can submit just one document if it includes a photo (like driver's license or residence card)
- 6 写真無し (2点以上必要) ☐委任状 ☐その他 () Other (/ Letter of proxy / Power of attorney / Other
Use this field for any information that doesn't fit in the standard categories above Required if someone else is filing on your behalf.
- 7 ☐番号カード ☐免許証 ☐住基カード(写真有り) ☐各種証 (国・ 後・ 社・ 介)
☐ My Number Card ☐ Driver's License ☐ Resident Card (with photo) ☐ Various certificates (National, Latter-stage elderly, Social insurance, Long-term care)
Check the boxes for ID documents you're bringing. 国・ 後・ 社・ 介 refers to National pension, Latter-stage elderly medical care, Social insurance, and Long-term care insurance certificates.
- 8 代理人氏名 Full name
Write your full legal name as it appears on your residence card or passport
- 9 世帯主との続柄 Head of household / Relationship to head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household. See relationship terms table.
- 10 ☐医療証 (障・ 親・) ☐Medical certificate (disability・ single parent・)
Check this box and fill in the parentheses if you have a medical certificate for disability benefits, single parent support, or other qualifying medical assistance programs
- 11 ☐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
- 12 番号確認 Number Confirmation
This section is for officials to verify your residence card number or other ID numbers - leave blank as it's completed by municipal staff.



セクション 3 — Section 3 (Part 1/2) (continued)

長期入院日数の合計

日間

<div>身元確認</div> <div><input type="checkbox"/>本人<input type="checkbox"/>代理人</div>		<div>代理権確認</div>	
<div>写真有り (1点のみで可)</div> <div><input type="checkbox"/>番号カード<input type="checkbox"/>免許証<input type="checkbox"/>住基カード(写真有り)</div>		<div>写真無し (2点以上必要)</div> <div><input type="checkbox"/>各種証 (国・後・社・介)</div>	
<div><input type="checkbox"/>パスポート<input type="checkbox"/>在留C<input type="checkbox"/>障害者手帳(身・療・精)</div>		<div><input type="checkbox"/>年金手帳・証書</div>	
<div><input type="checkbox"/>その他 ()</div>		<div><input type="checkbox"/>医療証 (障・親・)</div>	
<div><input type="checkbox"/>その他 ()</div>		<div><input type="checkbox"/>その他 ()</div>	
<div>番号確認</div>			
<div><input type="checkbox"/>番号C<input type="checkbox"/>通知C<input type="checkbox"/>OL<input type="checkbox"/>その他 ()</div>			
<div>国</div>		<div>認定根拠区分</div>	
<div></div>		<div>交付年月日</div>	
<div></div>		<div>・</div>	
<div></div>		<div>・</div>	

13 ☐番号C ☐通知C ☐OL ☐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

14 認定根拠区分 Eligibility basis category

Staff use only - do not fill in

15 交付年月日 ・ ・ Date / Issuance

Write in YYYY/MM/DD format (e.g., 2024/03/15) Staff use only - do not fill in

セクション 3 — Section 3 (Part 2/2)

国	認定根拠区分	1	3	交付年月日	・	・
	<input type="checkbox"/> 課税O/L確認 <input type="checkbox"/> 証明書等の添付	認定証	3	発効期日	・	・

- 1

認定証 Certificate

Refers to official certificates like income certificate, tax exemption certificate, etc.
- 2

☐ 課税O/L確認 ☐ 証明書等の添付 Certificate / Confirmation

This refers to official documents like residence certificates or income certificates that may need to be attached Staff use only - do not fill in
- 3

発効期日 ・ ・ Effective Date

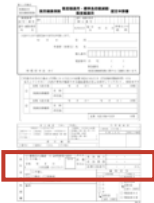
Enter the date when the registration change should take effect (usually the actual moving date).



セクション 4 — Section 4 (Part 1/2)

国 保 年 金 課	認定根拠区分 <input type="checkbox"/> 課税O/L確認 <input type="checkbox"/> 証明書等の添付 <input type="checkbox"/> その他 ()	認定証 記載 年月日	交付年月日	・	・
			発効期日	・	・
			有効期限	・	・
			長期入院該当	・	・ から
交付 方法	<input type="checkbox"/> 手渡し <input type="checkbox"/> 郵送 <input type="checkbox"/> 登録地 <input type="checkbox"/> 医療機関 (名称 :)	適用区分	70歳未満		70歳以上
			<input type="checkbox"/> ア		<input type="checkbox"/> 低所得 I
			<input type="checkbox"/> イ		<input type="checkbox"/> 低所得 II

- 1 認定証 Certificate
Refers to official certificates like income certificate, tax exemption certificate, etc.
- 2 ☐ 課税O/L確認 ☐ 証明書等の添付 Certificate / Confirmation
This refers to official documents like residence certificates or income certificates that may need to be attached Staff use only - do not fill in
- 3 発効期日 ・ ・ Effective Date
Enter the date when the registration change should take effect (usually the actual moving date).
- 4 保☐ 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
- 5 受付者記載 Reception / Received
Staff use - indicates form was received. Do not fill in.
- 6 有効期限 ・ ・ Expiration Date
Enter the expiration date of your residence card or other relevant document being referenced on the form.
- 7 年月日 Date
Write in YYYY/MM/DD format (e.g., 2024/03/15)
- 8 長期入院該当 ・ ・ から From
Used to indicate the starting point (previous address, etc.)
- 9 () 区民課・まちづくりセンター () Ward Citizen Affairs Division / Community Development Center
Check the box for whichever office location you're submitting this form to
- 10 適用区分 Coverage category
Staff use only - do not fill in
- 11 ☐ 手渡し Hand delivery
Check this box if you want to receive the document in person rather than by mail
- 12 70歳以上 Age 70 and over
Check this box if you are 70 years old or older
- 13 70歳未満 Under 70 years old
This indicates an age category for those younger than 70
- 14 方法 ☐ 郵送 ☐ 登録地 Mail/By post
Check this if you want to receive documents by mail or are submitting this form by postal mail
- 15 ☐ 医療機関 (名称 :) ☐ イ Name/Designation
Use for organization/business names rather than personal names



セクション 4 — Section 4 (Part 2/2)

課 処	方法	<input type="checkbox"/> 郵送	<input type="checkbox"/> 登録地 <input type="checkbox"/> 医療機関 (名称 :)	<input type="checkbox"/> ア <input type="checkbox"/> イ <input type="checkbox"/> ウ <input type="checkbox"/> エ	<div>1 <input type="checkbox"/> 低所得 I</div> <div><input type="checkbox"/> 低所得 II</div> <div>2 長期入院: <div>3 <input type="checkbox"/> 該当 <input type="checkbox"/> 非該当</div></div>
	備考				

- 1 ☐ 低所得II Low income II
Income classification category for health insurance premiums - check if applicable to your situation
- 2 処備考 Remarks / Notes
Space for additional information or special circumstances. Usually optional.
- 3 ☐ 該当 ☐ 非該当 ☐ Applicable ☐ Not applicable
Check one box based on whether the condition or requirement applies to your situation



セクション 5 — Section 5

1
備考欄

☐ 工

☐ 才

長期入院:

☐ 該当 ☐ 非該当

☐ 該当 ☐ 非該当

☐ 該当 ☐ 非該当

☐ 現役並み I

☐ 現役並み II

6
R6.12

- 1

処備考 Remarks / Notes

Space for additional information or special circumstances. Usually optional.
- 2

☐ 該当 ☐ 非該当 ☐ Applicable ☐ Not applicable

Check one box based on whether the condition or requirement applies to your situation
- 3

☐ 現役並みI Working-age income level I

Income classification for healthcare premiums - check if applicable to your situation
- 4

☐ 現役並みII Standard income level II

Medical insurance income classification - check if applicable to your situation
- 5

☐ 該当 ☐ 非該当 ☐ Applicable ☐ Not applicable

Check one box based on whether the condition or requirement applies to your situation
- 6

R6.12 R6.12

This refers to December of Reiwa 6 (2024) - likely indicating the form version date or when you're filing, so no action needed from you



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