



# 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)

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) フリガナ 記入日 令和 年 月 日 受付

個人番号 ※自署の場合は押印不要です 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)

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 フリガナ 記入日 令和 年 月 日 受付

個人番号 ※自署の場合は押印不要です 町 丁目 番 番地 号 電話 自宅 0 7 2 - -

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)

フリガナ

記入日

令和 年 月 日

個人番号

※自署の場合は押印不要です

号

電話

自宅

0 7 2 - -

受付

茨木市

町丁目

番番地

15 番地 Street number

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)

|    |        |                           |    |    |    |     |      |   |
|----|--------|---------------------------|----|----|----|-----|------|---|
| 住所 | 茨城県    | 市                         | 丁目 | 番地 | 電話 | 自宅  | 072- | - |
|    | (かたがき) | 例: ○○アパート・○○寮・○○荘・○○マンション |    |    | 番号 | 世帯主 | -    | - |

- 1住所Address  
Write your complete residential address including postal code, prefecture, city, and building details
- 2(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"
- 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.
- 4- - -  
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)

|      |          |                           |    |      |          |           |      |     |
|------|----------|---------------------------|----|------|----------|-----------|------|-----|
| 住所   | 茨城県      | 市                         | 丁目 | 番地   | 電話<br>番号 | 自宅        | 072- |     |
|      | (かたがき)   | 例: ○○アパート・○○寮・○○荘・○○マンション |    |      |          | 世帯主<br>携帯 | -    | -   |
| 氏名   | 生年月日     | 性別                        | 続柄 | 個人番号 | 〈市使用欄〉   |           |      |     |
| フリガナ | 昭和<br>平成 | 男                         |    |      | 市受領日     | 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: ○○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"
- 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.
- 4
- 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.

|                 |   |
|-----------------|---|
| 茨城県 国民健康保険異動届出書 |   |
| 届出者<br>氏名       | 〒 |
| 届出先<br>住所       | 〒 |
| 届出先<br>電話番号     | 〒 |
| 届出先<br>世帯主      | 〒 |
| 届出先<br>性別       | 〒 |
| 届出先<br>続柄       | 〒 |
| 届出先<br>個人番号     | 〒 |
| 届出先<br>フリガナ     | 〒 |
| 届出先<br>昭和       | 〒 |
| 届出先<br>令和       | 〒 |
| 届出先<br>市受領日     | 〒 |
| 届出先<br>備考       | 〒 |

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

|      |                                  |    |    |      |           |     |           |
|------|----------------------------------|----|----|------|-----------|-----|-----------|
| 住所   | 茨城県                              | 市  | 丁目 | 番地   | 電話<br>番号  | 自宅  | 0 7 2 — — |
|      | (かたがき) 例: 〇〇アパート・〇〇寮・〇〇荘・〇〇マンション |    |    |      | 世帯主<br>携帯 | — — |           |
| 氏名   | 生年月日                             | 性別 | 続柄 | 個人番号 | 〈市使用欄〉    |     |           |
| フリガナ | 昭和<br>平成                         | 男  |    |      | 市受領日      | 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.

[illegible]

- [illegible]



セクション 3 — Section 3 (Part 1/2)

|       |   |      |    |   |  |  |  |  |  |               |         |      |        |   |
|-------|---|------|----|---|--|--|--|--|--|---------------|---------|------|--------|---|
| 国保を脱退 | ① | フリガナ | 昭和 | 男 |  |  |  |  |  | ① 社保取得        | ② 他国保取得 | ③ 死亡 | ④ 生保開始 |   |
|       | ② |      | 平成 | 女 |  |  |  |  |  | ⑤ 国保喪失<br>年月日 | ⑥ 令和    | 年    | 月      | 日 |
|       | ③ | フリガナ | 令和 | 男 |  |  |  |  |  | ⑦ 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  
Check this box if you are moving out of the municipality and leaving Japan (third type of departure registration)

|       |      |    |   |  |  |  |  |  |  |
|-------|------|----|---|--|--|--|--|--|--|
| 国保を脱退 |      |    |   |  |  |  |  |  |  |
| 氏名    | フリガナ | 昭和 | 男 |  |  |  |  |  |  |
| 生年月日  |      | 平成 | 女 |  |  |  |  |  |  |
| 国保番号  |      | 令和 | 男 |  |  |  |  |  |  |
| 死亡    |      | 昭和 | 女 |  |  |  |  |  |  |
| 生保開始  |      | 平成 | 男 |  |  |  |  |  |  |
| 他国保取得 |      | 令和 | 女 |  |  |  |  |  |  |
| 社保取得  |      | 昭和 | 男 |  |  |  |  |  |  |
| 国保喪失  |      | 平成 | 女 |  |  |  |  |  |  |
| 脱フリガナ |      | 令和 | 男 |  |  |  |  |  |  |
| 退③    |      | 昭和 | 女 |  |  |  |  |  |  |

セクション 3 — Section 3 (Part 2/2)

|                    |                    |             |                  |      |
|--------------------|--------------------|-------------|------------------|------|
| 氏名<br>姓<br>名<br>退③ | 年<br>令<br>平成<br>令和 | 性<br>男<br>女 | 生<br>日<br>月<br>日 | 国保番号 |
|--------------------|--------------------|-------------|------------------|------|

- 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

茨城県 国民健康保険被保険者異動届出書

|  |   |                          |  |
|--|---|--------------------------|--|
| 届出者<br>氏名<br>姓<br>名                                | 届出理由<br>1. 住所変更<br>2. 氏名変更<br>3. 性別変更<br>4. 生年月日変更<br>5. 婚姻状況変更<br>6. 世帯主変更<br>7. その他 | 届出年月日<br>年<br>月<br>日     | 届出場所<br>市役所<br>区役所<br>町役所<br>公民館<br>その他    |
| 届出者<br>住所<br>市<br>区<br>町<br>丁目<br>番<br>号<br>番<br>号 | 届出者<br>生年月日<br>年<br>月<br>日  | 届出者<br>性別<br>男<br>女      | 届出者<br>婚姻状況<br>未婚<br>既婚<br>再婚<br>寡婦<br>その他 |
| 届出者<br>職業<br>職業<br>職業                              | 届出者<br>収入<br>収入<br>収入   | 届出者<br>世帯主<br>世帯主<br>世帯主 | 届出者<br>世帯主<br>世帯主<br>世帯主                   |



セクション 5 — Section 5

|      |      |    |   |  |  |  |  |  |  |      |          |     |        |   |   |
|------|------|----|---|--|--|--|--|--|--|------|----------|-----|--------|---|---|
| 氏名   | フリガナ | 昭和 | 男 |  |  |  |  |  |  | 証    | 回収日      | 令和  | 年      | 月 | 日 |
| ⑤    |      | 平成 | 女 |  |  |  |  |  |  | 処理   | 納付書発行・還付 | 精算  | 済・未    |   |   |
| フリガナ |      | 令和 | 男 |  |  |  |  |  |  | (備考) |          | 葬祭費 | 支給・未支給 |   |   |

- 1 回収日 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 処理 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)

|                     |      |      |      |      |       |       |      |     |     |
|---------------------|------|------|------|------|-------|-------|------|-----|-----|
| 茨城県 国民健康保険被保険者資格喪失届 |      |      |      |      |       |       |      |     |     |
| 届出者                 | 氏名   | フリガナ | 性別   | 生年月日 | 届出理由  | 届出年月日 | 届出場所 | 届出者 | 届出日 |
| 氏名                  | フリガナ | 性別   | 生年月日 | 届出理由 | 届出年月日 | 届出場所  | 届出者  | 届出日 |     |
| 氏名                  | フリガナ | 性別   | 生年月日 | 届出理由 | 届出年月日 | 届出場所  | 届出者  | 届出日 |     |
| 氏名                  | フリガナ | 性別   | 生年月日 | 届出理由 | 届出年月日 | 届出場所  | 届出者  | 届出日 |     |
| 氏名                  | フリガナ | 性別   | 生年月日 | 届出理由 | 届出年月日 | 届出場所  | 届出者  | 届出日 |     |
| 氏名                  | フリガナ | 性別   | 生年月日 | 届出理由 | 届出年月日 | 届出場所  | 届出者  | 届出日 |     |
| 氏名                  | フリガナ | 性別   | 生年月日 | 届出理由 | 届出年月日 | 届出場所  | 届出者  | 届出日 |     |
| 氏名                  | フリガナ | 性別   | 生年月日 | 届出理由 | 届出年月日 | 届出場所  | 届出者  | 届出日 |     |
| 氏名                  | フリガナ | 性別   | 生年月日 | 届出理由 | 届出年月日 | 届出場所  | 届出者  | 届出日 |     |
| 氏名                  | フリガナ | 性別   | 生年月日 | 届出理由 | 届出年月日 | 届出場所  | 届出者  | 届出日 |     |

## セクション 6 — Section 6

[illegible]

- 1 **フリガナ** (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.

[illegible]

## 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