

第5号様式（省令第27条、第28条の2、第83条の6関係）  
介護保険 被保険者証等再交付申請書

年 月 日

(宛先)  
秦野市長

申請者	住 氏 所 名 本人との関係 電 話 ( )
-----	------------------------------

次のとおり申請します。

被保険者番号				
個人番号				
ふりがな			性別	生年月日
被保険者氏名			男・女	年 月 日
住所	電話 ( )			
医療保険者名	第2号被保険者のみ記入		医療保険証記号番号	
再交付する証明書	1 被保険者証 2 資格者証 3 受給資格証明書 4 負担割合証 5 負担限度額認定証		申請理由	1 紛失・焼失 2 破損・汚損 3 その他( )

再交付申請について上記申請者に委任します。

委任者 住 所 \_\_\_\_\_

氏 名 \_\_\_\_\_ (署名又は記名押印)

※ 处理欄		丁	課長	課長代理	担当	受付	起案	・	・	
上記申請について、交付してよろしいでしょうか。								決裁	・	・
								交付	・	・
代理人権確認		個人番号確認			身元確認書類					
本人	<input type="checkbox"/> 通知カード <input type="checkbox"/> 個人番号カード <input type="checkbox"/> 個人番号入り住民票等			1 点	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> 介護支援専門員証 <input type="checkbox"/> 個人番号カード <input type="checkbox"/> その他( )					
					<input type="checkbox"/> 醫療・介護保険証 <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 預金通帳 <input type="checkbox"/> 官公署発行書類、通知書 <input type="checkbox"/> その他( )					
代理人	<input type="checkbox"/> 登記事項証明書 <input type="checkbox"/> 委任状 <input type="checkbox"/> 介護保険証 <input type="checkbox"/> その他( )			2 点						

# Hadano — 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

## セクション 1 — Section 1

- 第5号様式（省令第27条、第28条の2、第83条の6関係）** Form No. 5 (Related to Ordinance Articles 27, 28-2, and 83-6)

This is the form title and reference numbers - no action needed, it's pre-printed information identifying this as Form No. 5 for long-term care insurance certificate reissuance.

**介護保険 被保険者証等再交付申請書** Long-term Care Insurance  
Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance.

**年月日** Year Month Day  
Write the date in Japanese format (year/month/day) using Arabic numerals

**(宛先)** Addressee  
The person or office the form/document should be sent to  
**秦野市長** Mayor of Hadano City  
Pre-printed title - indicates the form is addressed to/processed by the mayor's office

**申請者** Applicant  
Write the name of the person submitting this form

**本人との関係** Relationship to applicant  
Write your relationship to the main person on this form (e.g., spouse, child, parent, self)

**電話** ( ) Phone number ( )  
Enter your phone number in the parentheses for contact purposes.

**次のとおり申請します。**  
This is pre-printed text meaning 'I apply as follows' - no action needed, it's standard application language that appears on the form.

**被保険者番号** Insured Person Number  
Enter your health insurance member number found on your insurance card (国民健康保険証 or employee insurance card)

**個人番号** My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.



## セクション 2 — Section 2 (Part 1/2)

1 ふりがな		2 性別	3 生年月日
4 被保険者氏名		5 男・女	6 年 月 日
7 住 所	8 電話 ( )		
9 医療保険者名	第2号被保険者のみ記入	10 医療保険証記号番号	
11 再交付する	12 1 被保険者証 2 資格者証	13 申請	14 1 紛失・焼失

1 ふりがな Furigana (phonetic reading)

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

2 性別 Gender

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

3 生年月日 Date of birth

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

4 被保険者氏名 Full name

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

5 男・女 Male·Female

Circle or check the appropriate gender

6 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals

7 住 所 Address

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

8 電話 ( ) Telephone Number ( )

Enter your phone number in the parentheses - mobile or landline number where you can be contacted.

9 第2号被保険者のみ記入 Insured person / Fill in

The person covered by the insurance policy (usually yourself when applying)

10 医療保険者名 Health insurance provider name

Write the name of your health insurance organization (e.g., company name for employee insurance, or municipality name for national health insurance)

11 医療保険証記号番号 Health insurance card

Japanese health insurance card. Can serve as secondary ID at some banks.

12 1 被保険者証 1. Insured person's certificate

This refers to your health insurance card - bring the physical card or be prepared to provide the certificate number

13 2 資格者証 Qualification

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

14 1 紛失・焼失 1. Lost/Destroyed by fire

Select this option if your document was lost or destroyed in a fire



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

① ふりがな		② 性別	③ 生年月日
④ 被保険者氏名		⑤ 男・女	⑥ 年 月 日
⑦ 住 所	⑧ 電話 ( )		
⑨ 医療保険者名	第2号被保険者のみ記入	⑩ 医療保険証記号番号	
⑪ 再交付する	⑫ 1 被保険者証 2 資格者証 <small>立替金請求書</small>	⑬ 申請	⑭ 1 紛失・焼失 <small>立替金請求書</small>

**15** 再交付する To do/perform

This is typically part of a longer phrase on forms - look for the complete text before filling

## セクション 2 — Section 2 (Part 2/2)

**1 申請** Application

This indicates the form is an application that requires submission

**2 3 受給資格証明書** Qualification

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

**3 2 破損・汚損** Damage/deterioration

Check this if your document is damaged or deteriorated

**4 証明書** Certificate

This refers to official documents like residence certificates or income certificates that may need to be attached

**5 理由** Reason

Select or write the reason for your request (e.g., moving, marriage, job change)

**6 4 負担割合証** Copayment ratio certificate

Certificate showing your healthcare copayment percentage (typically 10%, 20%, or 30%)

**7 3 その他( )** Other

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



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## セクション3 — Section 3 (Part 1/2)

母父付する 証明書	3 受給資格証明書 4 負担割合証 5 負担限度額認定証	申請理由	2 破損・汚損 3 その他( )
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⑥ 再交付申請について上記申請者に委任します。

⑦ 委任者 住 所 \_\_\_\_\_

⑧ 氏 名 \_\_\_\_\_ (署名又は記名押印)

※ 处理欄	10 課長	11 課長代理	12 担当	13 受付	14 起案	・	・
上記申請について、交付し	丁				15 決裁	・	・

## 証明書 Certificate

This refers to official documents like residence certificates or income certificates that may need to be attached

## 理由 Reason

Select or write the reason for your request (e.g., moving, marriage, job change)

## 4 負担割合証 Copayment ratio certificate

Certificate showing your healthcare copayment percentage (typically 10%, 20%, or 30%)

## 3 その他( ) Other

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

## 5 負担限度額認定証 Certificate

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

## 再交付申請について上記申請者に委任します。

This is a delegation statement that says 'I delegate the above applicant for reissuance application.' This appears to be pre-printed text that doesn't require you to write anything - it's explaining that you're authorizing someone to handle your reissuance application on your behalf.

## 委任者 住 所 Address

Write your complete residential address including postal code, prefecture, city, and building details

## 8 氏名 (署名又は記名押印) Full name / Signature / Seal (inkan / hanko)

Write your full legal name as it appears on your residence card or passport. Sign your name. Foreigners can use a written signature instead of a seal (inkan).

## 9 ※ 处理欄 Processing

Staff use - processing status. Do not fill in.

## 10 課長 Section chief

Staff use only - do not fill in

## 11 課長代理 Section chief

Staff use only - do not fill in

## 12 担当 Staff in charge

Staff use only - do not fill in

## 13 受付 Reception / Received

Staff use - indicates form was received. Do not fill in.



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

再交付する 証明書	3 受給資格証明書 4 負担割合証 5 負担限度額認定証	申請 理由	2 破損・汚損 3 その他( )
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⑥ 再交付申請について上記申請者に委任します。

⑦ 委任者 住 所 \_\_\_\_\_

⑧ 氏 名 \_\_\_\_\_ (署名又は記名押印)

※ 处理欄 上記申請について、交付し	丁	10 課長	11 課長代理	12 担当	13 受付	14 起案 . . . 決裁 . . .
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**14** 起案 . . . Draft/Proposal

N/A - this is an administrative processing field for municipal office staff use only

**15** 決裁 . . . Approval

Staff use only - do not fill in

## セクション3 — Section 3 (Part 2/2)

① 上記申請について、交付し てよろしいでしょうか。	丁						決裁 ② 交付	・ ・ ・ ・
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1 上記申請について、交付し      Regarding the above application, issued

Staff use only - do not fill in

2 交付 ・      Issuance

Staff use only - do not fill in



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## セクション 4 — Section 4 (Part 1/2)

上記申請について、交付してよろしいでしょうか。		丁	日本文	映文先生	仮名	又名	性別
							決裁 · ·
							交付 · ·
代理人権確認		個人番号確認			身元確認書類		
本人					通知カード	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> 介護支援専門員証 <input type="checkbox"/> 個人番号カード <input type="checkbox"/> その他 ( )	
代理人	<input type="checkbox"/> 登記事項証明書 <input type="checkbox"/> 委任状 <input type="checkbox"/> 介護保険証 <input type="checkbox"/> その他 ( )				<input type="checkbox"/> 個人番号カード <input type="checkbox"/> 個人番号入り住民票等	1 点	<input type="checkbox"/> 医療・介護保険証 <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 預金通帳 <input type="checkbox"/> 官公署発行書類、通知書
					2 点		

1 決裁 · · Approval

Staff use only - do not fill in

2 上記申請について、交付し Regarding the above application, issued

Staff use only - do not fill in

3 交付 · · Issuance

Staff use only - do not fill in

4 代理人権確認 Confirmation

Staff use only - do not fill in

5 個人番号確認 My Number (Individual Number)

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

6 身元確認書類 Confirmation

Staff use only - do not fill in

7 本人 Self (head of household)

Check this box if you are applying for yourself as the head of household or primary applicant. This is the most common selection for individual applications where you are handling your own affairs directly.

8 □運転免許証 Driver's license

Bring your physical driver's license as identification

9 1 □介護支援専門員証 1 □ Care Manager Certificate

Check this box if you hold a certified care manager license (for elderly care services)

10 □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

11 □通知カード Notification card

The individual number notification card sent to all residents - bring this document if you have it

12 代理人 □登記事項証明書 □個人番号カード

Certificate of Registered Matters (company registry extract) / My Number (Individual Number)

Issued by the Legal Affairs Bureau (法務局). Must be from the last 6 months.

¥480-600. 12-digit number. Leave blank on first registration — it will be mailed to you after.

13 □個人番号入り住民票等 My Number (Individual Number)

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



## セクション 4 — Section 4 (Part 1/2) (continued)

上記申請について、交付してよろしいでしょうか。		丁	日本文	日本文女性	日本語	又文	件名
							決裁 交付
代理権確認		個人番号確認			身元確認書類		
本人					1	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> 介護支援専門員証 <input type="checkbox"/> 個人番号カード <input type="checkbox"/> その他 ( )	
代理人	<input type="checkbox"/> 登記事項証明書 <input type="checkbox"/> 委任状 <input type="checkbox"/> 介護保険証 <input type="checkbox"/> その他 ( )	<input type="checkbox"/> 通知カード <input type="checkbox"/> 個人番号カード <input type="checkbox"/> 個人番号入り住民票等			2	<input type="checkbox"/> 医療・介護保険証 <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 預金通帳 <input type="checkbox"/> 官公署発行書類、通知書	

14  年金手帳 Pension

Select your pension type (National Pension, Employee Pension, etc.)

15  その他 ( ) Other ( / Other

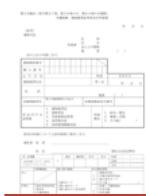
Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields

## セクション 4 — Section 4 (Part 2/2)

<input type="checkbox"/> その他 ( )	<input checked="" type="checkbox"/> ① <input type="checkbox"/> 官公署発行書類、通知書 <input type="checkbox"/> その他 ( )
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1  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



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## 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