

Shinagawa — 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

タイトル・届出日 — Header & Dates

※ 届出年月日 太	年 月 日	品川区長あて フリガナ	国民健康保険異動届 世帯主のマイナンバー(個人番号)
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1 国民健康保険異動届 National Health Insurance

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.

2 年 月 日 Year ____ Month ____ Day ____

Enter the date in Japanese calendar format (year, month, day with numbers only)

3 ※届出年月日 ※Date of notification

Write the date you are submitting this form to the municipal office (format: year/month/day)

4 品川区長あて To the Mayor of Shinagawa Ward

This field indicates the recipient of the form - 'To the Mayor of Shinagawa Ward' - and is pre-printed, so you don't need to write anything here. This shows you're submitting the form to Shinagawa Ward's municipal government office.

5 世帯主のマイナンバー (個人番号) My Number (Individual Number) / My Number / Head of household

12-digit number. Leave blank on first registration — it will be mailed to you after. Enter your 12-digit Individual Number from your My Number card or notification

6 フリガナ Furigana

Write your name in katakana characters above or next to your name in kanji/hiragana



Form p.1

届出人情報 — Who Is Filing

太 い 様 の 中 の み 記	住所	品川区		丁目	番	号 方	世 帯 主 方 向	世 り カ ナ	世帯主のマイナンバー(個人番号)								担当
	氏 名	フ リ カ ナ	生 年 月 日	生 年 月 日	世 帯 主 か ら 見 た 経 柄	マイナ バ ー カ ドの 健 保 保 利 用 登 録 の 有 無	資 格 開 終 日	開 閉	処 理 機 器	窓 新 口 規	郵 新 送 規	窓 切 口 替	郵 切 送 替	窓 紛 口 失			
																入力	
																郵 紛 送 失	
																済 未	
																44 保 險 付 但 年 口 付 但 年 口	
																44 保 險 付 但 年 口 付 但 年 口	

- 世帯主のマイナンバー（個人番号） My Number (Individual Number) / My Number / Head of household

12-digit number. Leave blank on first registration — it will be mailed to you after. Enter your 12-digit Individual Number from your My Number card or notification

- ## フリガナ Furigana

Write your name in katakana characters above or next to your name in kanji/hiragana

- い住 品川区 丁目 番

New residence: Shinagawa Ward ____ chome ____ ban ____ go, household
Write your new address in Shinagawa Ward using the Japanese address format
(district-chome-ban-go)

- ## 4 枢所 Box/Field Location

This indicates which section or box of the form you're filling out. Leave this blank as it's typically for administrative use by the government office processing your form.

- ## 氏フリ が名ナ Name (Surname and Given Name in Katakana)

Write your full name in katakana characters (the phonetic Japanese script used for foreign names)

- 未済失紛失送郵紛失窗口切替郵送新規窗口新規郵送窗口新規窗口新規郵送新規窗口切替郵送切替窗口紛失郵送紛失入力未 Proc

Staff use - processing status. Do not fill in. **Staff use - data entry field.** Do

世見帶主統か柄らマ健イ康ナ保ン陰のバ証有一利無力用一登ドの錄

Health insurance card usage registration - presence or absence of My Number
Check the appropriate box to indicate whether the household head has and uses a

中の within/inside/among
This refers to selecting from among the options provided in this section. Choose the appropriate category that applies to your situation from the available

生年月日 Date of birth

資格開終日 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance)

開欄 Open field/blank section
This is a blank field where you should write additional information as requested by the form instructions. Fill in any required details that don't fit in the

社会保険取得年月日 Social Insurance Enrollment Date
Enter the date you first enrolled in Japanese social insurance (health



届出人情報 — Who Is Filing (continued)

13 社会保険喪失年月日 Date of loss of social insurance

Enter the date you lost your social insurance coverage (format: year/month/day), or leave blank if not applicable

14 有 · 無 Yes / No

Circle or check the appropriate option based on whether the condition applies to your situation

住所 — Addresses (Part 1/2)

のみ記入してください。 1 マイナンバー(個人番号)	氏名		工事箇所		見た統柄		支払方法		理欄		急初口規		郵初口替		急初送替		郵初送替		急初口失		郵初送失		済		未		
	性別	男・女					有・無		開	終	社会保険取得年月日	年	月	日	社会保険喪失年月日	(離職日の翌日)	年	月	日	会社名(保険者名)	確認欄	電話番号					
2							有・無		開	終	資格情報のお知らせ・資格確認書				資格情報のお知らせ・資格確認書												

1 開欄 Open field/blank section

This is a blank section that should be left empty unless specifically instructed otherwise by the office processing your form.

2 社会保険取得年月日 Social Insurance Enrollment Date

Enter the date you first enrolled in Japanese social insurance (health insurance, pension, etc.) in YYYY/MM/DD format

3 社会保険喪失年月日 Date of loss of social insurance

Enter the date you lost your social insurance coverage (format: year/month/day), or leave blank if not applicable

4 有・無 Yes / No

Circle or check the appropriate option based on whether the condition applies to your situation

5 性別 Gender

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

6 男・女 Male · Female

Circle or check the appropriate gender option that matches your official documents.

7 資格情報のお知らせ・資格確認書 年 月 日 年 月 日 Qualification

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

8 マイナンバー(個人番号) My Number (Individual Number) / My Number

12-digit number. Leave blank on first registration — it will be mailed to you after. Enter your 12-digit Individual Number from your My Number card or notification

9 職有・無在留資格 Residence status / Visa type / Qualification

e.g. 技術・人文知識・国際業務, 日本人の配偶者等, 留学, 永住者 Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

10 会社名(保険者名) Company Name (Insurer Name)

Write the name of your employer or health insurance provider (the organization that provides your health insurance coverage)

11 確認欄 Confirmation Section

This section is for official use only - do not write anything here as it will be filled out by the government office staff for verification purposes.

12 い2 Section I-2

This is just a form section identifier - no action needed

13 有・無 Yes / No

Circle or check the appropriate option based on whether the condition applies to your situation



住所 — Addresses (Part 1/2) (continued)

14 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

15 性別 Gender

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

住所 — Addresses (Part 2/2)

<input type="checkbox"/>	<input type="checkbox"/>	性別	男・女	<input type="checkbox"/>	<input type="checkbox"/>	終	会	電話番号
マイナンバー(個人番号)				資格情報のお知らせ・資格確認書				保
								險
				職有・無	在留期限	在留資格	欄	

1 男・女 Male · Female

Circle or check the appropriate gender option that matches your official documents.

2 資格情報のお知らせ・資格確認書 Qualification

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

3 マイナンバー(個人番号) My Number (Individual Number) / My Number

12-digit number. Leave blank on first registration — it will be mailed to you after. Enter your 12-digit Individual Number from your My Number card or notification

4 職有・無 Employment: Yes · No

Circle "有" if you are employed or "無" if you are unemployed/not working

5 在留資格 Residence status / Visa type

e.g. 技術・人文知識・国際業務, 日本人の配偶者等, 留学, 永住者



Form p.1

異動者 — Person Table (Part 1/3)

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

2 男 · 女 Male · Female
Circle or check the appropriate gender option that matches your official documents.

3 資格情報のお知らせ · 資格確認書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

4 マイナンバー (個人番号) My Number (Individual Number) / My Number
12-digit number. Leave blank on first registration — it will be mailed to you after. Enter your 12-digit Individual Number from your My Number card or notification

5 職有 · 無 Employment: Yes · No
Circle "有" if you are employed or "無" if you are unemployed/not working

6 在留資格 Residence status / Visa type
e.g. 技術・人文知識・国際業務, 日本人の配偶者等, 留学, 永住者

7 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.

8 有 · 無 Yes / No
Circle or check the appropriate option based on whether the condition applies to your situation

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

10 男 · 女 Male · Female
Circle or check the appropriate gender option that matches your official documents.

11 資格情報のお知らせ · 資格確認書 備考 Remarks / Notes
Space for additional information or special circumstances. Usually optional.
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

12 マイナンバー (個人番号) My Number (Individual Number) / My Number
12-digit number. Leave blank on first registration — it will be mailed to you after. Enter your 12-digit Individual Number from your My Number card or notification

13 職有 · 無 Employment: Yes · No
Circle "有" if you are employed or "無" if you are unemployed/not working

14 在留資格 Residence status / Visa type
e.g. 技術・人文知識・国際業務, 日本人の配偶者等, 留学, 永住者



異動者 — Person Table (Part 1/3) (continued)

15 有 · 無 Yes / No

Circle or check the appropriate option based on whether the condition applies to your situation

異動者 — Person Table (Part 2/3)

性別	男 · 女	終
マイナンバー(個人番号)		資格情報のお知らせ · 資格確認書
氏名	電話 携帯 自宅 ()	在留期限 在留資格
代理の時は住所・間柄を記入してください。	世帯主との間柄 ()	取得 喪失 変更
		1 転入 1 転出 1 世帯分離 2 出生 2 死亡 2 世帯合併 3 社保離脱 3 社保加入 3 転居
本人確認(1点) 運転免許証 · 免許経歴証 パスポート · 障害者手帳 住基 · マイナンバー		

1 性別 Gender

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

2 男 · 女 Male · Female

Circle or check the appropriate gender option that matches your official documents.

3 資格情報のお知らせ · 資格確認書 Qualification

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

4 マイナンバー (個人番号) My Number (Individual Number) / My Number

12-digit number. Leave blank on first registration — it will be mailed to you after. Enter your 12-digit Individual Number from your My Number card or notification

5 職有 · 無 Employment: Yes · No

Circle "有" if you are employed or "無" if you are unemployed/not working

6 在留資格 Residence status / Visa type

e.g. 技術 · 人文知識 · 國際業務, 日本人の配偶者等, 留学, 永住者

7 氏名 Full name

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

8 喪失 Loss/Forfeiture

Check this box if you're losing your residence status or registration (e.g., moving abroad permanently)

9 変更 Change

Check this box if you are making changes to existing information

10 電携帶 () Mobile phone

Enter your mobile/cell phone number including area code

11 転入 Moving in (from another municipality or abroad)

Enter '1' in the box if you are registering as moving INTO this municipality from another city/town or from overseas. This is typically used when you first register at a new city hall.

12 転出 Moving out

Enter '1' in the box if you are registering as moving OUT of this municipality to another location. This is used when notifying your current city hall that you're leaving their jurisdiction.

13 世帯分離 Household separation

Check this if you're separating from your current household to form a new independent household at the same address

14 運転免許証 · 免許経歴証 Driver's license

Bring your physical driver's license as identification

15 来代理の時は住所・間柄を記入してください。 Address

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.



異動者 — Person Table (Part 3/3)

に 来 た 人 住 所 交付	代理の時は住所・間柄を記入してください。 世帯主との間柄（　　）	2 ①出生 3 ②社保離脱 4 ③国組離脱 5 ④生保廃止 6 ⑤職権回復 7 ⑥その他	2 ①死亡 3 ②社保加入 4 ③国組加入 5 ④生保開始 6 ⑤職権抹消 7 ⑥その他	2 ①世帯合併 3 ②転居 4 ③世帯変更 5 ④世帯主変更 6 ⑤氏名変更 7 ⑥異動訂正	パスポート・障害者手帳 住基・マイナンバー 在留・永・登
	資格情報のお知らせ・資格確認書を下記の理由により再交付申請します。	(資格確認書を含む2点・3点) (資格確認書(後期含む))			

- 1 世帯主との間柄 (Head of household)**
The primary person in a household for registration purposes. If you live alone, you are the head of household.
 - 2 社保離脱 Social insurance withdrawal**
Check this box if you're withdrawing from Japanese social insurance programs (health insurance, pension, etc.) due to your move or change in status
 - 3 社保加入 Social insurance enrollment**
Check this box if you're enrolled in social insurance (health insurance through your employer or national health insurance)
 - 4 住基 ・ マイナンバー My Number**
Enter your 12-digit Individual Number from your My Number card or notification
 - 5 住所 Address**
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
 - 6 生保廃止 Welfare benefits termination**
Check this box if you are ending public assistance/welfare benefits due to your move
 - 7 生保開始 Welfare Benefits Start**
Check this box if you are beginning to receive public assistance/welfare benefits at your new address
 - 8 世帯主変更 Head of household / Change**
The primary person in a household for registration purposes. If you live alone, you are the head of household. Check this box if you are making changes to existing information
 - 9 (資格確認書を含む 2 点・ 3 点) Qualification / Document**
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
 - 10 再資格情報のお知らせ ・ 資格確認書 を下記の理由により再交付申請します。 / Qualification**
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
 - 11 異動訂正 Change/Correction**
This section is for correcting errors in your residence registration information - only fill out if you need to fix previously submitted details.



本人確認書類 — ID & Documents

<small>交付申請</small> <small>資格情報のお知らせ・資格確認書を下記の理由により再交付申請します。</small> <small>再交付申請の理由 紛失・盗難・返戻・未着・その他()</small>				<small>7 その他 7 ①その他 8 後期離脱 8 障害認定 9 証発行のみ 10 オン賦課 ⑩ 年度) □ 転入日優先 □ 旧被扶 □ 委任状 □ 簡易申告 ⑪ □ 保険料遡及説明済 □ 特定活動提出済</small> <small>7 ②異動訂正 ③資格確認書(後期含む) ④キャッシュレス・診・郵 領・介護・学証・年 社証・喪失証明・聴聞 年月日住民登録</small>			
現 旧 番 号	—	新 番 号	—	—	—	—	—

1 (資格確認書を含む 2 点・ 3 点) Qualification / Document

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

2 再資格情報のお知らせ・資格確認書を下記の理由により再交付申請します。 / Qualification

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

3 異動訂正 Change/Correction

This section is for correcting errors in your residence registration information - only fill out if you need to fix previously submitted details.

4 障害認定 Disability Recognition/Certification

Check this box if you have an officially recognized disability status that should be noted in municipal records

5 キャッシュレス・診・郵 Cash or Bank Transfer or Credit Card · Medical · Mail

This appears to be payment/delivery method options - check the boxes that apply for how you want to pay fees and receive documents.

6 再交付申請の理由 紛失・盗難・返戻・未着・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

7 証発行のみ Certificate issuance only

Check this box if you only need a certificate issued without making any actual address changes to your registration.

8 保険料遡及説明済 領・介護・学証・年

Insurance premium retroactive explanation completed - Medical · Long-term care · Student certificate · Pension

This appears to be a checklist for staff to confirm they've explained retroactive insurance premium adjustments and processed relevant documents - likely for reference only, not something you need to fill out.

9 社証・喪失証明・聴聞 Company certificate · Loss certificate · Hearing

Attach relevant documents like employer certificate, insurance loss certificate, or hearing-related paperwork if applicable to your registration change

10 オン賦課(年度) 転入日優先 Moving in (from another municipality or abroad)

Check this box if you moved from another municipality or from abroad and want priority based on your moving-in date. This is typically used for tax assessment purposes when you've recently relocated.

11) ()()

These parentheses appear to be for entering specific years or dates related to the moving-in information. Fill in the relevant fiscal year (年度) when you moved, typically written as the Japanese era year or Western calendar year.

12 委任状 Letter of proxy / Power of attorney

Required if someone else is filing on your behalf.



本人確認書類 — ID & Documents (continued)

13 簡易申告 Simplified tax return

Check this if you need to file a simplified municipal tax return based on your residence change

14 年 月 日住民日 Year Month Day Resident Date

N/A (this appears to be a formatting template or header text for date 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, kokuhō ni kirikae tai desu

I left my company and want to switch to National Health Insurance