

国民健康保険異動届

(あて先) 八尾市長 ★太枠内をご記入の上、必要書類を添えて健康保険課にご提出ください。

令和		・		・		該当項目に○印をしてください。		取得届出・喪失届出・その他届出		受付		入力		渡し		点検		被保険者番号		
																		新		
																		旧		
世帯主		住所		八尾市		フリガナ		氏名		電話番号								()		
						個人番号														
該当する人全員を記入してください。	該当者氏名		生年月日		性別		マイナ保険証 (喪失届出時は必不要)		国保資格 得喪年月日		取得		喪失		備考		資格確認書			
	フリガナ		昭・平・令・西暦		男・女		マイナンバーカード(※)の 健康保険証利用登録の有無		得・喪		全部		一部		全部		一部			
	個人番号		年 月 日		女		□有 □無		年 月 日		転入		転出		□ () は社保加入		手渡し・郵送・回収・未回収・紛失			
	フリガナ		昭・平・令・西暦		男・女		マイナンバーカード(※)の 健康保険証利用登録の有無		得・喪		出生		死亡				手渡し・郵送・回収・未回収・紛失			
	個人番号		年 月 日		女		□有 □無		年 月 日		社保離脱		社保加入				手渡し・郵送・回収・未回収・紛失			
	フリガナ		昭・平・令・西暦		男・女		マイナンバーカード(※)の 健康保険証利用登録の有無		得・喪		国組離脱		国組加入				手渡し・郵送・回収・未回収・紛失			
	個人番号		年 月 日		女		□有 □無		年 月 日		生保廃止		生保開始				手渡し・郵送・回収・未回収・紛失			
	フリガナ		昭・平・令・西暦		男・女		マイナンバーカード(※)の 健康保険証利用登録の有無		得・喪		その他取得		その他喪失				手渡し・郵送・回収・未回収・紛失			
	個人番号		年 月 日		女		□有 □無		年 月 日		住所地特例取得		住所地特例喪失				手渡し・郵送・回収・未回収・紛失			
	フリガナ		昭・平・令・西暦		男・女		マイナンバーカード(※)の 健康保険証利用登録の有無		得・喪		世帯変更		世帯変更		特定所属者連絡票		受・渡			
	個人番号		年 月 日		女		□有 □無		年 月 日		後期高齢 (障がい認定)		旧被扶養者連絡票		受・渡		手渡し・郵送・回収・未回収・紛失			
	フリガナ		昭・平・令・西暦		男・女		マイナンバーカード(※)の 健康保険証利用登録の有無		得・喪		本人確認書類		1点		マイナンバーカード 顔写真付公的証明 (障がい者手帳等) 他()		世帯主		区分	
	個人番号		年 月 日		女		□有 □無		年 月 日		2点		年金手帳 介護保険証 医療証(子ども等) 母子手帳		診察券 社員証 他()		世帯主変更 死亡主喪・同一世帯内主喪		長	
	フリガナ		昭・平・令・西暦		男・女		マイナンバーカード(※)の 健康保険証利用登録の有無		得・喪								ギ主取得		ギ主喪失	
個人番号		年 月 日		女		□有 □無		年 月 日								特定ギ取得		特定ギ喪失		

※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限りです。

受領確認欄	枚数	枚	受領者氏名	
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Yao — 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

国民健康保険異動届

(あて先) 八尾市長

★太枠内をご記入の上、必要書類を添えて健康保険課にご提出ください。

令和

住所

フリガナ

電話番号

取得届出・喪失届出・その他届出

該当項目に○印を
してください。

受付	入力	渡し	点検	被保険者番号
				新
				旧

- 1

健康 Health

N/A if it's just instructions/layout text
- 2

異動 Type of change

Select the type of registration change you are making (moving in, moving out, address change, etc.)
- 3

受付 Reception

Staff use only - do not fill in
- 4

入力 Data entry

Staff use only - do not fill in
- 5

渡し Handed over / Delivered

N/A (this is typically a section header or administrative notation indicating document delivery status)
- 6

点検 Inspection/Review

N/A (this is a section header for municipal office use to verify form completion)
- 7

被保険者番号 Insured Person Number

Enter your health insurance member ID number from your insurance card (保険証)
- 8

(あて先) 八尾市長 Addressee / Yao City

The person or office this form is being sent to This is a pre-printed city name - typically not filled in by applicants
- 9

★太枠内をご記入の上、必要書類を添えて健康保険課にご提出ください。 Please / Please / Please

This is part of a longer instruction - look for the complete phrase
- 10

令和 該当項目に○印を取得届出・喪失届出・その他届出 Other / Reiwa era / Loss/Cancellation

Use this section for any additional information not covered in other fields
Current Japanese era that began May 1, 2019. Used in official dates.
- 11

してください。 Please

This is typically part of an instruction - look for the preceding text to understand what action is requested
- 12

住所 Address

Write your current residential address in Japan exactly as it appears on official documents
- 13

電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.
- 14

フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.



セクション 2 — Section 2 (Part 1/2)

住所		フリガナ		電話番号	
世帯主	八尾市	氏名	()		
該当者氏名		生年月日	性別	マイナ保険証	国保資格
フリガナ		印、印、全、西暦	マイナンバーカード(※)の	但、由	全額一部全額一部

- 1住所 Address
- Write your current residential address in Japan exactly as it appears on official documents
- 2電話番号 Phone number
- Japanese mobile number preferred. Some forms accept overseas numbers.
- 3フリガナ Phonetic reading (katakana)
- Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- () (blank field for writing)
- Write your phone number in this field. Include the area code and use hyphens to separate the number segments in the standard Japanese format (e.g., 03-1234-5678 for landlines or 090-1234-5678 for mobile phones).
- 5世帯主 八尾市 Head of household / Yao City / Household
- The primary person in a household for registration purposes. If you live alone, you are the head of household. This is a pre-printed city name - typically not filled in by applicants
- 6氏名 Name
- Write your full name as it appears on your residence card or passport
- 7個人番号 My Number (Individual Number)
- 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 8生年月日性別マイナ保険証国保資格 Date of birth / Date / Gender
- Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year. Write in YYYY/MM/DD format (e.g., 2024/03/15)
- 9お資 Your materials/documents
- This section likely refers to where you list or attach required documents for your residence registration change.
- 10該当者氏名 Name of Applicable Person
- Write the full name of the person who is moving/changing residence registration
- 11取得 Acquisition
- Check this box if you're acquiring Japanese nationality or registering acquisition of status/rights
- 12喪失 Loss
- Check this box if you're losing your residence status or registration at this address (e.g., moving out, leaving Japan)
- 13備考 Remarks
- Use this section for any additional notes or special circumstances regarding your residence change that don't fit in other fields.
- 14(喪失届出時は☑不要) 得喪年月日 Date / Loss/Cancellation
- Write in YYYY/MM/DD format (e.g., 2024/03/15) Used for losing benefits or insurance coverage when moving or changing status

国民健康保険異動届出書	
氏名	
住所	
電話番号	
フリガナ	
氏名	
生年月日	
性別	
マイナ保険証	
国保資格	
取得	
喪失	
備考	
(喪失届出時は☑不要) 得喪年月日	

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

住所		フリガナ		電話番号				
世帯主	八尾市	氏名	()					
個人番号								
該当者氏名	生年月日	性別	マイナ保険証 (喪失届出時は不要)	国保資格 得喪年月日	取得	喪失	備考	資格 確認
フリガナ	印・印・全・部 用	マイナンバーカード(※)の 但・部	全・部	一・部	全・部	一・部		お 知 ら せ

15

らせ確認 Confirmation

Staff use only - do not fill in

セクション 2 — Section 2 (Part 2/2)

該当 者	フリガナ	昭・平・令・西暦	男・女	マイナンバーカード(※)の 健康保険証利用登録の有無	得喪年月日	全部	一部	全部	一部	□ () は社保加入	格 確 認 書 知 ら せ
	1 個人番号	年 月 日	年 月 日	有 無	年 月 日	転 入	転 出				

- 1 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 2 昭・平・令・西暦男マ健イ康ナ保ン険バ証一利力用一登ド録(の※有)の無得 喪全部一部全部一部
Showa/Heisei/Reiwa / Western calendar / All
Circle the era corresponding to your birth year or relevant date Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 3 □ () □ ()
This is a blank checkbox with an empty field - check the surrounding context or form instructions to determine what information should be filled in here.
- 4 当1 This 1
This field indicates the household number or family unit number within your residence registration. If you're the primary household member or this is about the first/main household at your address, write '1'. For additional family units at the same address, use sequential numbers (2, 3, etc.).
- 5 は社保加入 Social insurance enrollment
Check if you're enrolled in employee health insurance through your workplace
- 6 年 月 日女 Year Month Day Female
This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.
- 7 □有 □無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 8 転 入 Moving In
Check this box if you are registering your residence after moving into the municipality from another city/ward/town/village
- 9 転 出 Moving Out
Check this section when moving out of the current municipality to another city/town
- 10 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年3月15日
- 11 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 3 — Section 3 (Part 1/2)

該当する人	1	個人番号	昭・平・令・西暦	男・女	健康保険証利用登録の有無	得・喪	全部	一部	全部	一部	□ () は社保加入	らせ 認書 手渡し・
	フリガナ	昭・平・令・西暦	男・女	マイナンバーカード(※)の健康保険証利用登録の有無	得・喪	転入	転出	出生	死亡			
	2	個人番号	昭・平・令・西暦	男・女	マイナンバーカード(※)の健康保険証利用登録の有無	得・喪	社保離脱	社保加入				

- 1 当1 This 1
- 2 は社保加入 Social insurance enrollment
Check if you're enrolled in employee health insurance through your workplace
- 3 年 月 日女 Year Month Day Female
This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.
- 4 □有 □無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 5 転入 Moving In
Check this box if you are registering your residence after moving into the municipality from another city/ward/town/village
- 6 転出 Moving Out
Check this section when moving out of the current municipality to another city/town
- 7 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年3月15日
- 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 手渡し Hand delivery
Check this if delivering the form in person rather than by mail
- 10 昭・平・令・西暦男マ健イ康ナ保ン険バ証一利活用一登ド録(の※有)の無得 ・ 喪 Showa/Heisei/Reiwa / Western calendar
Circle the era corresponding to your birth year or relevant date Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 11 出生 Birth
Check this box if registering a newborn baby's residence for the first time
- 12 死亡 Death
Check this box if reporting a death in your household for residence registration purposes.
- 13 年 月 日女 Year Month Day Female
This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.
- 14 □有 □無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 15 年 月 日社保離脱 Social insurance withdrawal
Check this if you are leaving your employer's health insurance system



セクション 3 — Section 3 (Part 2/2)

人	2	個人番号	年 月 日	女	□有 □無	年 月 日	社保離脱	1 社保加入		し ・ 印

- 1 社保加入 Social insurance enrollment
Check if you're enrolled in employee health insurance through your workplace
- 2 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 4 — Section 4 (Part 1/2)

個人番号 フリガナ 個人番号	2	年 月 日	女	□有 □無	年 月 日	社保離脱	社保加入
	3	昭・平・令・西暦	男・女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	国組離脱	国組加入
	年 月 日	女	□有 □無	年 月 日	生保廃止	生保開始	

し・郵
送・回
手
渡
し

- 1 年 月 日女 Year Month Day Female
This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.
- 2 □有 □無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 3 年 月 日社保離脱 Social insurance withdrawal
Check this if you are leaving your employer's health insurance system
- 4 社保加入 Social insurance enrollment
Check if you're enrolled in employee health insurance through your workplace
- 5 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 6 昭・平・令・西暦男マイナンバーカード(※)の得・喪 My Number Card / My Number Card / Showa/Heisei/Reiwa
Plastic IC card with your 12-digit Individual Number. Can be used as primary ID. Apply at your ward office after receiving the notification letter. Japan's national ID card with IC chip - bring original if you have one
- 7 国組離脱 Withdrawal from national insurance
Check this when leaving Japan's national health insurance system
- 8 国組加入 National insurance enrollment
Check if enrolling in national health insurance system
- 9 手送 Hand delivery
Check this box if you are submitting the form in person rather than by mail or other delivery method
- 10 健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No
Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context
- 11 年 月 日女 Year Month Day Female
This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.
- 12 □有 □無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 13 年 月 日生保廃止 Welfare termination
Staff use only - do not fill in
- 14 生保開始 Welfare benefit start
Staff use only - do not fill in
- 15 し回 Number of times
Leave blank - this is typically filled by city office staff to track how many times you've submitted residence change forms



セクション 4 — Section 4 (Part 2/2)

氏名を記入	個人番号	年 月 日	女	<input type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日	生保廃止	生保開始	返し・郵送未
	フリガナ	昭・平・令・西暦	男	マイナンバーカード(※)の健康保険証利用登録の有無	得 ・ 喪	その他取得	その他喪失	

- 1

個人番号 My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.
- 2

昭・平・令・西暦男マイナンバーカード(※)の得 ・ 喪その他取得その他喪失

My Number Card / My Number Card / Showa/Heisei/Reiwa

Plastic IC card with your 12-digit Individual Number. Can be used as primary ID. Apply at your ward office after receiving the notification letter. Japan's national ID card with IC chip - bring original if you have one
- 3

郵・ Postal/Mail

This is likely part of a longer field for postal code or mailing address - complete the full field as indicated on the form
- 4

健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No

Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context



セクション 5 — Section 5 (Part 1/2)

記入 して く	個人番号 フリガナ	昭・平・令・西暦	男・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	その他取得	その他喪失	12 連携了承済	13 特定所属者連絡票	14 受・渡	15 旧被扶養者連絡票	16 受・渡
	個人番号	年 月 日	男・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無	年 月 日	住所地利例取得	住所地利例喪失					
5	フリガナ	昭・平・令・西暦	男・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	世帯変更	後期高齢 (隠がい認定)					
	個人番号	年 月 日	男・ 女	マイナンバーカード(※)の 健康保険証利用登録の有無	年 月 日							

- 1 昭・平・令・西暦男マイナンバーカード(※)の得・喪
My Number Card / My Number Card / Showa/Heisei/Reiwa
Plastic IC card with your 12-digit Individual Number. Can be used as primary ID.
Apply at your ward office after receiving the notification letter. Japan's national ID card with IC chip - bring original if you have one
- 2 郵・ Postal/Mail
This is likely part of a longer field for postal code or mailing address - complete the full field as indicated on the form
- 3 健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No
Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context
- 4 入4 Moving in 4
This likely refers to the 4th person moving into the residence - fill in details for the fourth individual being registered at this address.
- 5 年 月 日女 Year Month Day Female
This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.
- 6 □有 □無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 7 年 月 日住所地利例取得住所地利例喪失 Address / Special provision / Loss/Cancellation
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address. Check this box if special circumstances apply to your registration
- 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 □連携了承済 □Coordination/linkage consent completed
This is typically checked by municipal staff to indicate inter-agency data sharing has been approved - generally not for applicants to fill out
- 10 昭・平・令・西暦男マイナンバーカード(※)の得・喪 My Number Card / My Number Card / Showa/Heisei/Reiwa
Plastic IC card with your 12-digit Individual Number. Can be used as primary ID.
Apply at your ward office after receiving the notification letter. Japan's national ID card with IC chip - bring original if you have one
- 11 世帯変更 Change of household (head of household change, merge, split)
Check this box only if you are making changes to your household registration such as changing the head of household, merging households, or splitting into separate households. Most routine address changes or new registrations should leave this unchecked.
- 12 特定所属者連絡票 Specific Affiliated Person Contact Form
This is typically a separate form for residents with special affiliations (military, diplomatic, etc.) - most regular foreign residents can skip this section

セクション 5 — Section 5 (Part 1/2) (continued)

を記入してください	個人番号 フリガナ	昭和・平・令・西暦	男・女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	その他取得	その他喪失	収・郵送 未回収・紛失
	個人番号	年 月 日	男・女	□有 □無	年 月 日	住所地特例取得	住所地特例喪失	
	フリガナ	昭和・平・令・西暦	男・女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	世帯変更	特定所属者連絡票	
	個人番号	年 月 日	男・女	□有 □無	年 月 日	後期高齢 (隠がい認定)	旧被扶養者連絡票	

- 13

受・渡 Receipt/Delivery

Staff use only - do not fill in
- 14

健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No

Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context
- 15

年 月 日 女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

セクション 5 — Section 5 (Part 2/2)

5	個人番号	年 月 日	女	<input type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日	後期高齢 (障がい認定)	<input type="checkbox"/> 旧被扶養者連絡票	<input type="checkbox"/> 受・渡	印 失
---	------	-------	---	---	-------	-----------------	-----------------------------------	------------------------------	--------

- 1

☐有 ☐無 None/Not applicable

Check this box if the item does not apply to you or if you have none to report
- 2

旧被扶養者連絡票 Former Dependent Contact Form

Fill out if you were previously listed as a dependent on someone else's health insurance or pension and need to update your status due to moving
- 3

受・渡 Receipt/Delivery

Staff use only - do not fill in
- 4

年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年3月15日



セクション 6 — Section 6 (Part 1/2)

く だ さ い	5	個人番号	年 月 日	女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	本人 点	マイナンバーカード 運転免許証 パスポート 在留カード	顔写真付公的証明 (障がい者手帳等) 他()	世帯主 死亡主筆・同一世帯内主筆	国主取得	長
	6	フリガナ	昭・平・令・西暦	男・女	有 無	有 無	有 無	有 無	有 無	有 無	有 無	有 無
		個人番号	年 月 日	女	有 無	有 無	有 無	有 無	有 無	有 無	有 無	有 無

- 1 年 月 日女 Year Month Day Female
This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.
- 2 ☐有 ☐無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 3 旧被扶養者連絡票 Former Dependent Contact Form
Fill out if you were previously listed as a dependent on someone else's health insurance or pension and need to update your status due to moving
- 4 受・渡 Receipt/Delivery
Staff use only - do not fill in
- 5 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年3月15日
- 6 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 7 (障がい認定) (Disability certification)
Check this box if you have an official disability certification from Japanese authorities
- 8 昭・平・令・西暦男・マ健イ康ナ保ン險バ証一利力用一登ド録(の※有)の無得・喪本1マ運イ転ナ免ン許バー証カード顔 (障写が真)
Showa/Heisei/Reiwa / Western calendar
Circle the era corresponding to your birth year or relevant date Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 9 さ6フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 10 世帯主 Head of Household
Write the full name of the person who is registered as the head of the household at your residence
- 11 区分 Category
Select the type of registration change (e.g., moving in, moving out, address change)
- 12 年 月 日人点パスポート Passport
Bring your passport as identification when submitting this form
- 13 他() 世帯主変更 Head of household / Change / Household
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
- 14 年 月 日女 Year Month Day Female
This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.
- 15 ☐有 ☐無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report



セクション 6 — Section 6 (Part 2/2)

さい い 。	6	年 月 日	女 <input type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日	本人 点 確	パスポート 在留カード 他()	世帯主変更 死亡主変・同一世帯内主変	国主取得	長
	個人番号								

- 1

国主取得 Nationality Acquisition

Enter the date you acquired your current nationality if different from birth nationality
- 2

個人番号 My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.
- 3

在留カード Residence Card

ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.
- 4

死亡主変・同一世帯内主変 Household / Death

Refers to your household unit - all people living together and sharing living expenses Check this box if reporting a death in the family



セクション 7 — Section 7 (Part 1/2)

さい。 6	個人番号	昭・平・令・西暦	男・女	健康保険証利用登録の有無	得・喪	本人確認書類	1点 運転免許証 パスポート 在留カード	(障がい者手帳等) 他()	世帯主変更 (死亡主変・同一世帯内主変)	国主取得	長
	フリガナ	昭・平・令・西暦	男・女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	2点 年金手帳 介護保険証 医療証(子ども等) 母子手帳	診察券 社員証 他()	ギ主取得	ギ主喪失	特別	
7	個人番号	昭・平・令・西暦	男・女	健康保険証利用登録の有無	得・喪	本人確認書類	1点 運転免許証 パスポート 在留カード	(障がい者手帳等) 他()	世帯主変更 (死亡主変・同一世帯内主変)	国主取得	長
	フリガナ	昭・平・令・西暦	男・女	マイナンバーカード(※)の 健康保険証利用登録の有無	得・喪	2点 年金手帳 介護保険証 医療証(子ども等) 母子手帳	診察券 社員証 他()	ギ主取得	ギ主喪失	特別	

- 1年 月 日人点パスポート Passport
Bring your passport as identification when submitting this form
- 2他 () 世帯主変更 Head of household / Change / Household
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
- 3年 月 日女 Year Month Day Female
This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.
- 4□有 □無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 5国主取得 Nationality Acquisition
Enter the date you acquired your current nationality if different from birth nationality
- 6個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 7在留カード Residence Card
ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.
- 8死亡主変・同一世帯内主変 Household / Death
Refers to your household unit - all people living together and sharing living expenses Check this box if reporting a death in the family
- 9昭・平・令・西暦男マイナンバーカード(※)の得・喪認 My Number Card / My Number Card / Showa/Heisei/Reiwa
Plastic IC card with your 12-digit Individual Number. Can be used as primary ID.
Apply at your ward office after receiving the notification letter. Japan's national ID card with IC chip - bring original if you have one
- 10診察券 Medical examination card
If you have one, provide your medical examination card (the card given by hospitals/clinics for appointments and medical records)
- 11ギ主喪失 Loss/Cancellation / Chief mourner
Used for losing benefits or insurance coverage when moving or changing status
The person who takes primary responsibility for funeral arrangements and ceremonies
- 12特別 Special
Usually refers to special circumstances or status - check with municipal office staff if this section applies to your situation
- 13健康保険証利用登録の有無 Health insurance card / Presence/absence of / Yes/No
Japanese health insurance card. Can serve as secondary ID at some banks. This is typically part of a longer phrase asking whether something exists or not - look for the full context
- 14類点医療証 (子ども等) 他 () Medical certificate category (children, etc.) Other ()
If you have any medical certificates or cards for children (like child medical subsidies) or other medical documentation, write the type in the parentheses.



セクション 7 — Section 7 (Part 1/2) (continued)

さい。	6	<div><div></div><div>個人番号</div></div>	<div>昭・平・令・西暦</div> <div>年 月 日</div>	女	<div>健康保険証利用登録の有無</div> <div><input type="checkbox"/>有 <input type="checkbox"/>無</div>	<div>得 喪</div> <div>年 月 日</div>	本人確認書類	1点 運転免許証 パスポート 在留カード	<div>(障がい者手帳等)</div> <div>他()</div>	<div>世帯主変更</div> <div>死亡主票・同一世帯内主票</div>	<div>国主取得</div>	長
	7	<div><div></div><div>フリガナ</div></div>	<div>昭・平・令・西暦</div> <div>年 月 日</div>	男・女	<div>マイナンバーカード(※)の健康保険証利用登録の有無</div> <div><input type="checkbox"/>有 <input type="checkbox"/>無</div>	得 喪	2点 年金手帳 介護保険証 医療証(子ども等)	<div>診察券 社員証</div> <div>他()</div>	<div>ギ主取得</div>	<div>ギ主喪失</div>	特別	
		<div><div></div><div>病歴等</div></div>							<div>特定ギ取得</div>	<div>特定ギ喪失</div>		

15

年 月 日女 Year Month Day Female

This appears to be a date field followed by a gender marker for "Female" - likely part of a section where you'd write your birth date and select your gender.

セクション 7 — Section 7 (Part 2/2)

7	個人番号	年 月 日	女	<input type="checkbox"/> 有 <input type="checkbox"/> 無	年 月 日	類	点	医療証(子ども等) 他()	母子手帳	特定ギ取得	特定ギ喪失
---	------	-------	---	---	-------	---	---	----------------	------	-------	-------

※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限りです。

- 1 ☐有 ☐無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report
- 2 特定ギ取得 Special Status Acquisition
Leave blank unless you're acquiring a special residence status - this field is for specific visa/status changes that require notation on your residence record.
- 3 特定ギ喪失 Loss/Cancellation
Used for losing benefits or insurance coverage when moving or changing status
- 4 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年3月15日
- 5 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 6 母子手帳 Mother and Child Health Handbook
Bring your mother and child health handbook if you have one (issued during pregnancy for health record tracking)
- 7 ※マイナンバーカードは、有効期限内かつ電子証明書 (5 年毎に更新が必要) が有効であるものに限りです。
My Number Card / My Number Card / My Number
Plastic IC card with your 12-digit Individual Number. Can be used as primary ID.
Apply at your ward office after receiving the notification letter. Japan's national ID card with IC chip - bring original if you have one



セクション 8 — Section 8

個人番号

※マイナンバーカードは、有効期限内かつ電子証明書(5年毎に更新が必要)が有効であるものに限りです。

受領確認欄

枚数

枚

受領者氏名

1

個人番号 My Number (Individual Number)

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

2

母子手帳 Mother and Child Health Handbook

Bring your mother and child health handbook if you have one (issued during pregnancy for health record tracking)

3

※マイナンバーカードは、有効期限内かつ電子証明書 (5 年毎に更新が必要) が有効であるものに限りです。

My Number Card / My Number Card / My Number

Plastic IC card with your 12-digit Individual Number. Can be used as primary ID. Apply at your ward office after receiving the notification letter. Japan's national ID card with IC chip - bring original if you have one

4

受領確認欄 Confirmation section / Confirmation

Staff use only - do not fill in Staff use only - do not fill in

5

枚数 Number of copies

Enter the number of copies of this form you are submitting (usually 1)

6

枚 受領者氏名 Full name

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



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