

中野区長 宛て		様式第1号、第1号の2、第2号、第2号の2	
<b>国民健康保険被保険者</b> <b>資格取得</b> <b>適用開始</b> <b>資格喪失</b> <b>適用終了</b>			
※太線の中を記入してください。			
届出日	○○年○○月○○日		
届出人	<b>コクホ ケンコウ</b> <b>国保 検診</b> <b>国保 検診</b>		
世帯主	<b>弥生町</b> ○丁目 ○番 ○号 <b>メゾン○○○○○号室</b> <b>000 ( 0000 ) 0000</b>		
個人番号	000 000 000 000 000 000 000 000		
住所	丁目 番 号		
(住所異動を伴うものでない場合は、この欄の記入は不要)			
枝番	資格を取得又は喪失する人 (適用を開始又は終了する人)	性別	マイナンバー カードの保険証 利用登録有無
フリガナ	届出人と同じ	男	有・無
			S63・3・3
フリガナ	コクホ ケンコウ	女	有・無
			S63・7・7
<b>国保 健康江</b>			
フリガナ	コクホ イリュウジ	男	有・無
			H28・8・8
<b>国保 医療治</b>			
フリガナ		女	有・無
個人番号の変更時期 年 月 日			
国民健康保険の 資格を取得する 理由 (適用を開始する)		国民健康保険の 資格を喪失する 理由 (適用を終了する)	
ア(退職した)会社等の名称		ア(就職した)会社等の名称	
株式会社 △△△△△			
電話 ○○ ( 0000 ) 0000		電話 ( )	
□ 退職した □ 任意離縁が終了した		□ 就職した □ 履用形態が変わった □ 扶養になった (続柄 母子 ) どなたの (氏名) 国保 検診	
イ 会社等の健康保険の資格を喪失した日 (退職日の翌日) ○○年○○月○○日		イ 会社等の健康保険の資格を取得した日 ○○年○○月○○日	
ウ 輸入に伴う世帯構成又は世帯主の変更の有無 の有の場合(チェックマークをつける) □		ウ 転出に伴う世帯構成又は世帯主の変更の有無 の有の場合(チェックマークをつける) □	
エ 生活保護が廃止された(決定通知書添付) 年 月 日 廃止 担当者名		エ 生活保護が開始された(決定通知書添付) 年 月 日 開始 印	
地域事務所名		受付番号	
郵送		受付	
入力		審査	
記載例			
※この届出のうち、事務処理に必要な事項は、電子計算組織に記録し処理します。			
届 得 費 等 確 認 方 法			
「適用開始」 都内の他地区町村における国保加入者が、 中野区に転入して引き続き国保に加入する場合			
「適用終了」 1 中野区における国保加入者が、 都内の他地区町村に転出する場合			
「資格取得」 ①職場の健康保険をやめて国保に加入する場合 ②生活保護廃止により国保に加入する場合 ③都内外から中野区への転入と同時に国保に加入する場合			
「資格喪失」 ①職場の健康保険に加入したことにより国保をやめる場合 ②生活保護開始により国保をやめる場合 ③中野区から都内外へ転出する場合			
郵送 月 日			
□普通			
回収 その他			
交付 帳票種別			
回収 在留資格・活動目的 (外国人の方)			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失 未交付 割			
回収 窓口 資格確認書			
未回収 郵送 資格情報のお知らせ			
紛失			

# Nakano — 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 &amp; Dates (Part 1/2)

The screenshot shows the top header section of the form. It includes fields for the recipient ('中野区長宛て'), filing date ('届出日'), insurance variant ('様式第1号、第1号の2、第2号、第2号の2'), and processing status ('記載例'). There are also notes about qualification status ('資格取得', '資格喪失') and application start/termination dates ('適用開始', '適用終了'). A note at the bottom right indicates that processing details are recorded in an electronic system.

## 1 資格取得 Qualification

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

## 2 適用開始 Application start date

Enter the date when the registration change should take effect (usually the move-in date or date of status change)

※この届出のうち、事務処理に必要な事項は、電子計算組織に記録し処理します。 Processing / .

Staff use - processing status. Do not fill in.

## 4 様式第1号、第1号の2、第2号、第2号の2 Form No. 1, Form No. 1-2, Form No. 2, Form No. 2-2

This indicates which specific form variant you are using - check the form number printed on your document and ensure it matches one of these options (Form No. 1, 1-2, 2, or 2-2).

## 5 中野区長 宛て To the Mayor of Nakano Ward

This shows the form is addressed to the Mayor of Nakano Ward - you don't need to write anything here as it's pre-printed, but it confirms this form is specifically for Nakano Ward residents.

## 6 国民健康保険被保険者 National Health Insurance

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

## 7 口事 Work/Employment

Enter your occupation or type of work (e.g., "company employee," "student," "self-employed")

## 8 記載一例 Entry Example

This is just a label indicating 'Entry Example' - it marks a section that shows you how to properly fill out the form fields, so refer to it for formatting guidance.

## 9 資格喪失 Qualification

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

## 10 適用終了 End of application/Coverage termination

This section is for when services or benefits (like health insurance) end due to your move - leave blank if not applicable to your situation

## 11 届出日○○年○○月○○日 Date of filing

Today's date. Use Japanese calendar or Western calendar.

## 12 □ 中一部野喪区失に転入して引き続き国保に加入する場合 Moving in (from another municipality or abroad) / To do/perform / Partial

This is typically part of a longer phrase on forms - look for the complete text before filling. Used when making changes to only some family members or partial updates to registration

## 13 ド由 Reason

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

## 14 ※太線の中を記入してください。 ※Please fill in the areas within the thick lines.

Only write information inside the bold-bordered sections of the form.



## タイトル・届出日 — Header &amp; Dates (Part 1/2) (continued)

15

コクホ ケンシン National Health Insurance Medical Checkup

Check if you want to receive information about free annual health checkups provided through the national health insurance system.

## タイトル・届出日 — Header &amp; Dates (Part 2/2)

The screenshot shows the top section of the form. It includes fields for '届出人' (Applicant) with '氏名' (Name) and 'フリガナ' (Katakana phonetic reading), both filled with '中野 北詔'. A note above says '※本線の中を記入してください' (Please enter in this line). To the right is a box for '世帯主との関係' (Relationship to household head) with '本人' (Self) checked. Below these is a yellow box containing '「適用終了」' (Application completed) and '中野区における国保加入者が、' (National health insurance enrollees in Nakano City). On the far right is a field for '記号' (Symbol/Code).

**1** フリガナ Furigana (phonetic reading)

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

**2** 世帯主との関係 Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.

**3** 記号 Symbol/Code

This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.

**4** 中証野明区書における喪国等保加入者が、

1. When a person enrolled in national health insurance, etc. obtains a residence certificate in a medium-proof field section, This appears to be the beginning of an instructional text explaining when this form should be used, specifically when a national health insurance enrollee obtains a residence certificate. This is not a field to fill out, but rather explanatory text you should read to understand if this form applies to your situation.

**5** 届出人氏名 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

**6** 本人 □ Applicant/Person in question

Check this box if you are filling out the form for yourself (not on behalf of someone else)



Form p.1

## 届出人情報 — Who Is Filing (Part 1/2)

The form includes fields for the filer's name (届出人), address (住所), relationship to household head (世帯主との関係), and telephone number (電話番号). It also asks about annual health checkups (国保検診) and provides options for moving out (転出する場合) or obtaining qualifications (資格取得).

**1 コクホ ケンシン** National Health Insurance Medical Checkup

Check if you want to receive information about free annual health checkups provided through the national health insurance system.

**2 フリガナ** Furigana (phonetic reading)

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

**3 世帯主との関係** Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.

**4 記号** Symbol/Code

This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.

**5 1 中証野明区書における喪國等保加入者が、**

1. When a person enrolled in national health insurance, etc. obtains a residence certificate in a medium-proof field section,

**6 届出人氏名** Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

**7 □ 本人** □ Applicant/Person in question

Check this box if you are filling out the form for yourself (not on behalf of someone else)

**8 得 都 ( N内WのS他 ) 区市年町月村日に転出する場合** Moving out / To do/perform

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

**9 番号番号** Number Number

**10 電話番号** Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

○○○ ( ○○○○ ) ○○○○ ○○○ ( ○○○○ ) ○○○○

**12 「資格取得」** Qualification

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

**13 □会社□協会□健保□国保□共済** □Company □Association □Employee Health Insurance □National Health Insurance □Mutual Aid

Check the box that matches your health insurance type - most employees check "Employee Health Insurance," while self-employed/unemployed typically check "National Health Insurance."

**14 等 2 ①電職話場連の経健康保険をやめて国保に加入する場社合保** To do/perform

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

**15 中野区弥生町○丁目** Nakano Ward, Yayoicho ○-chome

Fill in the specific chome (district number) where the circle (○) appears - this indicates your neighborhood block within Yayoicho area of Nakano Ward



## 届出人情報 — Who Is Filing (Part 2/2)



## 届出人情報 — Who Is Filing (Part 2/2) (continued)

**14 従前又は Previous or**

This typically precedes fields where you enter your previous address or status information before the change being reported.



## 住所 — Addresses (Part 1/4) (continued)

15 生年月日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using the Japanese calendar era system like Reiwa, Heisei, etc.)

## 住所 — Addresses (Part 2/4)

枝番 1 アリガナ	<input checked="" type="radio"/> 資格を取得又は喪失する人 (適用を開始又は終了する人)	性別 2 男	マイナンバー 3 カードの保険証 利用登録有無	生年月日 4 S63・3・3	世帯主 5 との続柄	職業等 6 自営業	特定同一世帯 所属者の有無 7 有の場合 <input type="checkbox"/>	在留資格・活動目的 8 外国人の方	帳票種別 9 交付	10 回収	その他 11 窓口	区民年月日 12 年月日	
アリガナ 届出人と同じ		<input checked="" type="radio"/> 有 <input type="radio"/> 無						<input type="checkbox"/> 特定活動 ( )		<input type="checkbox"/> 資格確認書			

## 1 職業等 Occupation, etc.

Write your job title or profession (e.g., "Teacher," "Engineer," "Student," "Unemployed")

## 2 帳票種別 Document Type

This field will typically be pre-filled or selected by city hall staff based on your registration situation (new registration, address change, etc.)

## 3 交付 Issuance/Issue

This section is typically filled out by government office staff, not by you as the applicant.

## 4 回收 Collection/Recovery

Leave this field blank - it's for administrative use by government staff to track document collection or processing status.

## 5 その他 Other

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

## 6 (外国人の方) (For foreign nationals)

This section or the following fields are specifically for foreign residents to complete

## 7 との続柄 Relationship to head of household

See relationship terms table.

## 8 (適用を開始又は終了する人) To do/perform

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

## 9 利用登録有無 Registration Usage Status

Check "yes" if you've previously registered for municipal services, "no" if this is your first registration in this municipality

10  (特 定 活 動 )  資格確認書 Qualification

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

11 アリガナ  
届出人と同じ Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

## 12 窓口 Window/Counter

Leave this field blank - it's for the government office to stamp or mark which counter/window processed your application.

## 13 回收 区年民 年 月 月 日 日 Collection District/Year Resident Year Month Month Day Day

N/A - this appears to be a form layout template or header section, not a field to be filled out

## 14 有・無 Yes / No

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

## 15 S63・3・3 S63・3・3 (Showa 63, March 3rd - equivalent to March 3, 1988)

This is a date format example showing year/month/day using the Japanese era system (Showa 63 = 1988).



Form p.1

## 住所 — Addresses (Part 3/4)

フリガナ 届出人と同じ	男	有 <input checked="" type="checkbox"/> 無 <input type="checkbox"/>	S63・3・3	主	自営業 <input checked="" type="checkbox"/>	有の場合 <input type="checkbox"/> 特定活動 <input type="checkbox"/> 該当年日 ( ) 留学 <input type="checkbox"/> 家族滞在 <input type="checkbox"/>	資格確認書 <input type="checkbox"/>	窓口	回収	区民年月日 年 月 日
個人番号	女		個人番号の変更時期	年	月	日	資格情報のお知らせ 住所異動を伴うものでない場合は、この欄(特定同一世帯所属者の有無)の記入は不要	郵送	未回収	在留期限 年 月 日
フリガナ コクホ ケンコウエ	男	有 <input checked="" type="checkbox"/> 無 <input type="checkbox"/>	S63・7・7	妻	無職		資格確認書 <input type="checkbox"/>	窓口	紛失回収	区民年月日 年 月 日

## 1 自営業 Self-employed/Self-employment

Check this option if you run your own business or work as a freelancer rather than being employed by a company

2 有の場合  If yes 

Check this box if the condition mentioned in the preceding question applies to you

3  留学  家族滞在  資格情報のお知らせ 郵送 Qualification

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

## 4 未回収 Not collected/Uncollected

This field indicates whether documents or items have been collected or not. If you have uncollected mail, packages, or official documents from government offices, mark this field accordingly - it helps track delivery status for administrative purposes.

## 5 在留期限 Period of stay expiration date

Enter the expiration date shown on your residence card (在留カード)

## 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 この欄年 ( 特 定月同 一 日世帯 ) 所 属者の有無 の Presence/absence of

This is typically part of a longer phrase asking whether something exists or not - look for the full context

## 8 未交付 Not issued

Check this box if you haven't received certain documents (like residence card or previous certificates) that the form is asking about

## 9 個人番号の変更時期 年 月 日 My Number (Individual Number) / Change

12-digit number. Leave blank on first registration — it will be mailed to you after. Check this box if you are making changes to existing information

## 10 割 Division / Ward / Section

Leave blank or write dashes - this appears to be a formatting placeholder for administrative divisions that may not apply to your situation.

11  ( 特 定 活 動 )  資格確認書 Qualification

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

## 12 コクホ ケンコウエ National Health Insurance

Check this box if you need to enroll in or make changes to Japan's National Health Insurance (kokuhō) when moving residences.

## 13 フリガナ Furigana (phonetic reading)

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

## 14 回収 区年民 年 月 月 日 日 Collection District/Year Resident Year Month Month Day Day

N/A - this appears to be a form layout template or header section, not a field to be filled out



## 住所 — Addresses (Part 3/4) (continued)

15 有 · 無 Yes / No

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

## 住所 — Addresses (Part 4/4)

フリガナ ヨクホ ケンコウエ	男	有 <input checked="" type="radio"/> 無 <input type="radio"/>	個人番号の変更時期 年 月 日 S63・7・7	妻 <input checked="" type="radio"/> 無職 <input type="radio"/>	この欄(特定同一世帯所属者の有無)の記入は不要	<input type="checkbox"/> 資格認証書	未交付	発行	年 月 日
-------------------	---	--	----------------------------	---	-------------------------	--------------------------------	-----	----	-------

1 無職 Unemployed

Select this if you are currently not working or employed



Form p.1

## 異動者 — Person Table (Part 1/7)

フリガナ 国保 健康江	性別 女	個人番号 S63・7・7	個人番号の変更時期 年 月 日 2024年07月01日	該年月日 □ 留学 □ 家族滞在 □ 資格情報のお知らせ □ 資格確認書 □ 未交付	郵送 窓口	未回収 回収 未交付 紛失	在留期限 年 月 日 区民年月日 在留期限 年 月 日
	性別 男	有無 有		該年月日 □ 留学 □ 家族滞在 □ 資格情報のお知らせ □ 資格確認書 □ 未交付			
	性別 女	個人番号					

1 この欄年 ( 特定年月同一日世帯所 属者の有無 ) の Presence/absence of

This is typically part of a longer phrase asking whether something exists or not  
- look for the full context

2 未交付 Not issued

Check this box if you haven't received certain documents (like residence card or previous certificates) that the form is asking about

3 個人番号の変更時期 年 月 日 My Number (Individual Number) / Change

12-digit number. Leave blank on first registration — it will be mailed to you after. Check this box if you are making changes to existing information

4 割 Division / Ward / Section

Leave blank or write dashes - this appears to be a formatting placeholder for administrative divisions that may not apply to your situation.

5 □ ( 特定活動 ) □ 資格確認書 Qualification

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

6 コクホ ケンコウエー National Health Insurance

Check this box if you need to enroll in or make changes to Japan's National Health Insurance (kokuhō) when moving residences.

7 フリガナ Furigana (phonetic reading)

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

8 回収 区年民 年 月 月 日 日 Collection District/Year Resident Year Month Month Day Day

N/A - this appears to be a form layout template or header section, not a field to be filled out

9 有無 Yes / No

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

10 無職 Unemployed

Select this if you are currently not working or employed

11 □ 留学 □ 家族滞在 □ 資格情報のお知らせ □ 郵送 Qualification

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

12 未回収 Not collected/Uncollected

Check this box if you have not yet collected your health insurance card from the municipal office. Leave blank if you have already received your card or if this doesn't apply to your situation.

13 国保 健康江 National Health Insurance Health Card

Enter your National Health Insurance card number if you have Japanese health insurance coverage

14 在留期限 Period of stay expiration date

Enter the expiration date shown on your residence card (在留カード)



## 異動者 — Person Table (Part 1/7) (continued)

15

## 個人番号 My Number (Individual Number)

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

## 異動者 — Person Table (Part 2/7)

国保 健康江	女	個人番号	<input type="checkbox"/>	該年月日	<input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在 <input type="checkbox"/> 資格情報のお知らせ	郵送	未回収	在留期限	
フリガナ カタカナ	ヨクホ イリヨウジ	男	有・無	H28・8・8 子 小学生	□ 有の場合	□ 特定活動 <input type="checkbox"/> 資格確認書	窓口	年月日	
国保 医療治	女	個人番号	<input type="checkbox"/>	該当年月日	<input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在 <input type="checkbox"/> 資格情報のお知らせ	郵送	未回収	区民年月日	
					□ 有の場合	□ 特定活動 <input type="checkbox"/> 資格確認書	窓口	年月日	
					該当年月日	<input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在 <input type="checkbox"/> 資格情報のお知らせ	郵送	未回収	区民年月日
						□ 有の場合	□ 特定活動 <input type="checkbox"/> 資格確認書	窓口	年月日
							□ 有の場合	□ 特定活動 <input type="checkbox"/> 資格確認書	窓口

1 年 月 日 □ Year \_ Month \_ Day □

Fill in the date using the Japanese calendar year format (e.g., Reiwa 6 for 2024), or ask staff if Western calendar is acceptable

2 未交付 Not issued

Check this box if you haven't received certain documents (like residence card or previous certificates) that the form is asking about

3 個人番号の変更時期 年 月 日 My Number (Individual Number) / Change

12-digit number. Leave blank on first registration — it will be mailed to you after. Check this box if you are making changes to existing information

4 割 Division / Ward / Section

Leave blank or write dashes - this appears to be a formatting placeholder for administrative divisions that may not apply to your situation.

5 □ ( 特定活動 ) □ 資格確認書 Qualification

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

6 コクホ イリヨウジ National Health Insurance Medical Care

Enter your National Health Insurance number and medical care details if applicable, or leave blank if you have other insurance coverage

7 フリガナ Furigana (phonetic reading)

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

8 回収 区年民 年 月 月 日 日 Collection District/Year Resident Year Month Month Day Day

N/A - this appears to be a form layout template or header section, not a field to be filled out

9 有・無 Yes / No

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

10 小学生 Elementary school student

Check this box if the person being registered is currently enrolled in elementary school (ages 6-12)

11 有の場合 □ If yes □

Check this box if the condition mentioned in the preceding question applies to you

12 □ 留学 □ 家族滞在 □ 資格情報のお知らせ 郵送 Qualification

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

13 未回収 Not collected/Uncollected

14 国保 医療治 National Health Insurance Medical Treatment

Check this box if you need to register for or update your National Health Insurance (kokuhō) coverage due to your residence change.

15 在留期限 Period of stay expiration date

Enter the expiration date shown on your residence card (在留カード)



## 異動者 — Person Table (Part 3/7)

国保 医療治		女	①個人番号 ○○○○○○○○○○○○○○○○	該当年月日 年 月 日	<input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在 <input type="checkbox"/> 情報お知らせ	郵送	未回収	年 月 日	
		男・女	②有・無 ○○	個人番号 ○○○○○○○○○○○○○○○○	特定活動 ( )	確認書認証	窓口	回収	年 月 日
			③個人番号 ○○○○○○○○○○○○○○○○	該当年月日 年 月 日	<input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在 <input type="checkbox"/> 情報お知らせ	郵送	未回収	年 月 日	

- 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 年 月 日** Year \_\_\_ Month \_\_\_ Day \_\_\_  
Fill in the date using the Japanese calendar year format (e.g., Reiwa 6 for 2024), or ask staff if Western calendar is acceptable
  - 3 未交付** Not issued  
Check this box if you haven't received certain documents (like residence card or previous certificates) that the form is asking about
  - 4 個人番号の変更時期** 年 月 日 My Number (Individual Number) / Change Date  
12-digit number. Leave blank on first registration — it will be mailed to you after. Check this box if you are making changes to existing information
  - 5 諸** Division / Ward / Section  
Leave blank or write dashes - this appears to be a formatting placeholder for administrative divisions that may not apply to your situation.
  - 6 □( 特 定 活 動 ) □資格確認書** Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
  - 7 フリガナ** Furigana (phonetic reading)  
Write your name in katakana phonetic characters above or next to your name in kanji/hiragana
  - 8 回収 区年民 年 月 月 日 日** Collection District/Year Resident Year Month Month Day Day  
N/A - this appears to be a form layout template or header section, not a field to be filled out
  - 9 有 無** Yes / No  
Circle or check the appropriate option based on whether the condition applies to your situation
  - 10 有の場合** If yes   
Check this box if the condition mentioned in the preceding question applies to you
  - 11** • • • (bullet points/list markers)  
These are bullet point markers in a list format - you don't need to write anything here, they're just visual formatting elements to separate different options or sections.
  - 12 □ 留学 □ 家族滞在 □ 資格情報のお知らせ郵送** Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
  - 13 未回収** Not collected/Uncollected  
This field indicates 'Not collected' status - it's likely pre-printed text or a checkbox option that would be marked by officials if certain documents or information couldn't be collected during processing.
  - 14 在留期限** Period of stay expiration date  
Enter the expiration date shown on your residence card (在留カード)



## 異動者 — Person Table (Part 3/7) (continued)

15 個人番号 My Number (Individual Number)

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

## 異動者 — Person Table (Part 4/7)

性別	女	個人番号	個人番号の変更時期	年	月	日	該当年月日	<input type="checkbox"/> 留学	<input type="checkbox"/> 家族滞在	<input type="checkbox"/> 資格情報のお知らせ	郵送	<input type="checkbox"/> 未回収	割引	<input type="checkbox"/> 未交付	紛失	在留期限	年	月	日
① 国民健康保険の資格を取得する理由 (適用を開始する)	② 国民健康保険の資格を喪失する理由 (適用を終了する)	申立て欄 (世帯における他の国保被保険者の有無等を含む)																	
ア (退職した)会社等の名称 株式会社 △△△△△ 電話 (0000) 0000	ア (就職した)会社等の名称 ( )																		

1 年 月 日  Year \_ Month \_ Day 

Fill in the date using the Japanese calendar year format (e.g., Reiwa 6 for 2024), or ask staff if Western calendar is acceptable

2 未交付 Not issued

Check this box if you haven't received certain documents (like residence card or previous certificates) that the form is asking about

3 紛失 年 月 日 Lost (date) \_ year \_ month \_ day

Fill in the date when your residence card or important document was lost, if applicable to your situation.

4 個人番号の変更時期 年 月 日 My Number (Individual Number) / Change

12-digit number. Leave blank on first registration — it will be mailed to you after. Check this box if you are making changes to existing information

5 割 Division / Ward / Section

Leave blank or write dashes - this appears to be a formatting placeholder for administrative divisions that may not apply to your situation.

6 資格を取得する理由 Qualification / To do/perform

Refers to your legal status or eligibility (e.g., resident status, insurance qualification) This is typically part of a longer phrase on forms - look for the complete text before filling

7 資格を喪失する理由 Qualification / To do/perform

Refers to your legal status or eligibility (e.g., resident status, insurance qualification) This is typically part of a longer phrase on forms - look for the complete text before filling

8 国民健康保険の National Health Insurance

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

9 国民健康保険の National Health Insurance

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

10 申立て欄 (世帯における他の国保被保険者の有無等を含む) Presence/absence of

This is typically part of a longer phrase asking whether something exists or not - look for the full context

11 ア (退職した)会社等の名称 A. Name of company, etc. (that you left/retired from)

Write the full official name of your previous employer if you recently quit or retired from a job.

12 ア (就職した)会社等の名称 A. Name of company, etc. (where you got employed)

Write the full official name of your new employer/company

13 株式会社 △△△△△ [Company Name] Co., Ltd. △△△△△

If employed by a corporation, write your company's full name including "Co., Ltd." or equivalent corporate designation

14 (blank space for writing)

Write the name of your company or employer here in Japanese characters. If you're self-employed, write your business name or just indicate your occupation.



## 異動者 — Person Table (Part 4/7) (continued)

15

○○ ( ○○○○ ) ○○○○      ○○ ( ○○○○ ) ○○○○

Write your company's phone number in the format shown, with area code in parentheses followed by the main number. Use Japanese number formatting conventions (hyphens between number groups).

## 異動者 — Person Table (Part 5/7)

<p>電話 <input type="text"/> (000) 0000 ) 0000  <input checked="" type="checkbox"/> 退職した <input type="checkbox"/> 任意継続が終了した  <input type="checkbox"/> 雇用形態が変わった <input type="checkbox"/> 扶養からははずれた <input checked="" type="checkbox"/> (続柄 妻子 国保 検診)  <input type="checkbox"/> どなたの <input type="checkbox"/> (氏名)  <input type="checkbox"/> 会社等の健康保険の資格を喪失した日 (退職日の翌日)  <span style="float: right;">○○ 年 ○○ 月 ○○ 日</span></p>	<p>電話 <input type="text"/> ( )  <input type="checkbox"/> 就職した <input type="checkbox"/> 雇用形態が変わった <input checked="" type="checkbox"/> (続柄 どなたの (氏名))  <input type="checkbox"/> 扶養になった  <input type="checkbox"/> 会社等の健康保険の資格を取得した日  <span style="float: right;">○○ 年 ○○ 月 ○○ 日</span></p>
<input type="checkbox"/> 区確認欄 <input type="checkbox"/> 本人確認 <input type="checkbox"/> 加入料 <input type="checkbox"/> 事由コード <input type="checkbox"/> 費失 <input type="checkbox"/> 保険料説明済 <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> パスポート	

**1**  任意継続が終了した  Voluntary continuation has ended

Check this box if your voluntary continuation of health insurance (after leaving a job) has expired

**2**  雇用形態が変わった  Employment status changed

Check this box if your employment type changed (e.g., from part-time to full-time, contract to permanent, etc.)

**3**  雇用形態が変わった  Employment status changed

Check this box if your employment type changed (e.g., from part-time to full-time, contract to permanent, etc.)

**4**  扶養になった  Became a dependent

Check this box if you became someone's dependent for tax or insurance purposes during this registration period.

**5** ( 続柄 Relationship to head of household

See relationship terms table.

**6** どなたの Whose

This is asking whose information you're registering - write the name of the person whose residence registration is being changed.

**7** ( 氏名国保 検診 Full name

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

**8** どなたの Whose

This is asking whose information you're registering - write the name of the person whose residence registration is being changed.

**9** 本人確認 Personal identification

This section is for verifying your identity - bring valid ID like passport, residence card, or driver's license

**10** 事由コード Reason Code

Enter the numerical code corresponding to your type of address change (moving in, moving out, etc.) - check the form's reference table or ask staff for the correct code.

**11** イ 会社等の健康保険の資格を喪失した日 Qualification

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

**12** イ 会社等の健康保険の資格を取得した日 Qualification

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

**13** 区確認欄 Ward/District Confirmation Section

N/A (this is for municipal office use only)

**14** (退職日の翌日) (The day after retirement date)

Enter the date that comes immediately after your last day of work at your previous job.



Form p.1

## 異動者 — Person Table (Part 5/7) (continued)

15 加入 Enrollment/Joining

Check this box or fill this section if you're enrolling in municipal services like health insurance or pension upon moving in

## 異動者 — Person Table (Part 6/7)

イ 会社等の健康保険の資格を喪失した日 (退職日の翌日) ○○年 ○○月 ○○日	イ 会社等の健康保険の資格を取得した日 ○○年 ○○月 ○○日
<input checked="" type="checkbox"/> ウ 転入に伴う世帯構成又は世帯主の変更の有無 <small>⑪ 有の場合(□チェックをつける)</small>	<input checked="" type="checkbox"/> ウ 転出に伴う世帯構成又は世帯主の変更の有無 <small>⑫ 有の場合(□チェックをつける)</small>
<input checked="" type="checkbox"/> ホ 生活保護が廃止された(決定通知書添付)	

区確認欄 ⑬	本人確認	事由コード ⑭
<input type="checkbox"/> 保険料説明済	<input type="checkbox"/> マイナンバーカード	<input type="checkbox"/> パスポート
<input type="checkbox"/> 主宛の保険料請求説明済	<input type="checkbox"/> 在留カード	11 転入
<input type="checkbox"/> 運転免許証	<input type="checkbox"/> 12 社保離脱	31 転出
<input type="checkbox"/> 社保拡大チラシ	<input type="checkbox"/> 13 生保廃止	32 社保加入
<input type="checkbox"/> その他 ( )		33 生保開始
		34 死亡

## 1 喪失 Loss/Forfeiture

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

## 2 □マイナンバーカード □パスポート My Number Card / My Number Card / Passport

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 ○○年 ○○ year

Fill in the year (e.g., 2024) when submitting the form or when the registration change takes effect

4 ○○月 ○○ Month

Fill in the numeric month (e.g., write "12" for December)

5 ○○日 ○○ Day

Fill in the specific day of the month (1-31) for the date of your move or registration change.

## 6 11 転入 Moving in (from another municipality or abroad)

Check this box if you are moving into this municipality from another city/town in Japan or from abroad. This is typically used when registering at a new municipal office after relocating your residence.

## 7 ウ 転入に伴う世帯構成又は世帯主の変更の有無

Head of household / Presence/absence of / Moving in (from another municipality or abroad)

The primary person in a household for registration purposes. If you live alone, you are the head of household. This is typically part of a longer phrase asking whether something exists or not - look for the full context

## 8 ウ 転出に伴う世帯構成又は世帯主の変更の有無 Head of household / Presence/absence of / Moving out

The primary person in a household for registration purposes. If you live alone, you are the head of household. This is typically part of a longer phrase asking whether something exists or not - look for the full context

## 9 □主宛の保険料請求説明済 □運転免許証 □在留カード 12 社保離脱 Residence Card / Driver's license

ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times. Bring your physical driver's license as identification

## 10 3 2 社保加入 32 Social Insurance Enrollment

Check this box if you are enrolled in social insurance (health insurance and pension through your employer)

## 11 有の場合 (□チェックをつける) If applicable (put a check mark)

Check this box only if the condition described in the preceding section applies to your situation

## 12 有の場合 (□チェックをつける) If applicable (put a check mark)

Check this box only if the condition described in the preceding section applies to your situation

## 13 1 3 生保廃止 13 Termination of Public Assistance

Check this box if you are ending receipt of welfare/public assistance benefits due to your move



## 異動者 — Person Table (Part 6/7) (continued)

14 工 生活保護が廃止された ( 決定通知書添付 ) E. Public assistance (welfare) was discontinued (attach decision notification document)

Check this box if your welfare benefits were terminated and attach the official discontinuation notice from the welfare office.

15 工 生活保護が開始された ( 決定通知書添付 )

E. Public assistance (welfare) benefits have been started (attach decision notification document)

Check this box if you've started receiving welfare benefits and attach the official notification letter from the welfare office

## 異動者 — Person Table (Part 7/7)

有の場合(チェックをつける) <input type="checkbox"/>	有の場合(チェックをつける) <input type="checkbox"/>	有の場合(チェックをつける) <input checked="" type="checkbox"/>	有の場合(チェックをつける) <input type="checkbox"/>	有の場合(チェックをつける) <input type="checkbox"/>	有の場合(チェックをつける) <input type="checkbox"/>	有の場合(チェックをつける) <input type="checkbox"/>
エ 生活保護が廃止された(決定通知書添付) 年 月 日 廃止	エ 生活保護が開始された(決定通知書添付) 年 月 日 開始		エ 社保拡大チラシ	エ その他 ( )	エ 住民登録	エ 保険廃止
					13 出生	33 生保開始
					14 死亡	34 死亡

1  社保拡大チラシ Social insurance expansion flyer

Check this box if you want to receive informational materials about the expansion of social insurance coverage. This is optional and relates to getting flyers about changes to Japan's social insurance system that may affect your eligibility or benefits.



Form p.1

## 本人確認書類 — ID &amp; Documents (Part 1/2)

<input checked="" type="checkbox"/> ○○年 ○○月 ○○日 <input type="checkbox"/> ○○年 ○○月 ○○日 ウ 転入に伴う世帯構成又は世帯主の変更の有無 チ 生活保護が廃止された(決定通知書添付) ハ 生活保護課確認			<input type="checkbox"/> ○○年 ○○月 ○○日 ウ 転出に伴う世帯構成又は世帯主の変更の有無 チ 有の場合(□チェックをつける) ハ 生活保護が開始された(決定通知書添付) ハ 年 月 日 開始印			<input type="checkbox"/> ○○年 ○○月 ○○日 チ 主宛の保険料請求説明済 チ 運転免許証 チ 在留カード チ 社保離脱 チ 社保拡大チラシ チ 沖縄整理係案内済 <input type="checkbox"/> その他 ( ) <input type="checkbox"/> 個人番号確認			11 転入 12 社保離脱 13 生保廃止 14 出生 15 職権適用開始 16 他適用開始 31 転出 32 社保加入 33 生保開始 34 死亡 35 職権適用終了 36 他適用終了		
--	--	--	---	--	--	---	--	--	--	--	--

- 1**  **主宛の保険料請求説明済**  **運転免許証**  **在留カード** 1 2 **社保離脱** Residence Card / Driver's license
- ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times. Bring your physical driver's license as identification
- 2** **3 2 社保加入** 32 Social Insurance Enrollment
- Check this box if you are enrolled in social insurance (health insurance and pension through your employer)
- 3** **有の場合 ( □チェックをつける )** If applicable (put a check mark)
- Check this box only if the condition described in the preceding section applies to your situation
- 4** **有の場合 ( □チェックをつける )** If applicable (put a check mark)
- Check this box only if the condition described in the preceding section applies to your situation
- 5** **1 3 生保廃止** 13 Termination of Public Assistance
- Check this box if you are ending receipt of welfare/public assistance benefits due to your move
- 6** **工 生活保護が廃止された ( 決定通知書添付 )** E. Public assistance (welfare) was discontinued (attach decision notification document)
- Check this box if your welfare benefits were terminated and attach the official discontinuation notice from the welfare office.
- 7** **工 生活保護が開始された ( 決定通知書添付 )**
- E. Public assistance (welfare) benefits have been started (attach decision notification document)
- Check this box if you've started receiving welfare benefits and attach the official notification letter from the welfare office
- 8**  **社保拡大チラシ**  Social insurance expansion flyer
- Check this box if you received or need the social insurance expansion informational flyer that explains coverage changes for part-time workers and employees at smaller companies.
- 9**  **その他 ( )** 1 4 **出生** Other
- Use this section for any additional information not covered in other fields
- 10** **3 4 死亡** 34 Death
- This is a pre-printed code '34' indicating 'death' as a reason for status change - you would only encounter this section when processing paperwork for a deceased family member's insurance termination.
- 11** **日開始** Start date
- Enter the date when your residence change takes effect (usually your move-in date)
- 12** **日廃止** Date of abolition
- Enter the date when your previous residence registration was cancelled/abolished (usually the day you moved out)
- 13** **1 5 職権適用開始** 3 5 **職権適用終了** 15 Authority Application Start 35 Authority Application End
- N/A (these are administrative codes filled by municipal office staff, not by residents)



## 本人確認書類 — ID &amp; Documents (Part 1/2) (continued)

**14 担当者名 Person in charge name**

Write the full name of the government office staff member or insurance representative who is handling your case - ask them directly for their name if it's not already filled in.

**15  滞納整理係案内済  Guided by Delinquent Payment Collection Department**

N/A - this is an administrative checkbox for municipal staff to track if you've been notified about unpaid taxes/fees

## 本人確認書類 — ID &amp; Documents (Part 2/2)

① 生活援護課確認	年	月	日	廃止担当者名	年	月	日	開始印	□ その他( )	14 出生	15 譲権適用開始	16 他適用開始	17 譲権適用終了
② 地域事務所名	受付番号	③ 郵送	④ 受付	⑤ 入力	⑥ 審査				<input type="checkbox"/> 滞納整理係案内済	15 個人番号確認	16 他適用終了	17 組合離脱	18 組合加入
									<input type="checkbox"/> 国保給付係案内済	18 書類・その他	19 マイナンバー不明		
									<input type="checkbox"/> 国保給付係案内なし				
									<input type="checkbox"/> (開港する記号番号) 国保被保険者世帯と合併する場合の当該世帯の 記号番号、又は世帯に他の國保被保険者がいる 場合はその者の記号番号				

## 1 生活援護課確認 Life Support Division Confirmation

N/A (this is an administrative confirmation section filled by municipal staff, not residents)

## 2 18 組合離脱 18 Withdrawal from Association

Check this box if you're leaving a neighborhood association, cooperative, or similar community organization due to your move

## 3 38 組合加入 38 Association Membership

Check this box if you belong to any local community association (neighborhood association, residents' association, etc.)

## 4 書類・その他 Other

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

## 5 □ 国保給付係案内済 □ National Health Insurance Benefits Section guidance completed

N/A - this is a checkbox for office staff to indicate they've provided guidance about health insurance benefits

## 6 地域事務所名 Regional Office Name

Write the name of the local regional office or branch office where you're submitting this form

## 7 受付番号 Reception Number

This field is for the reception number assigned by the government office when you submit your application. Leave this blank as it will be filled in by the office staff when they receive your documents.

## 8 郵送 Mail/Postal Service

N/A (this is a section header indicating the form can be submitted by mail)

## 9 受付 Reception/Received

N/A - this is an office use only section where municipal staff will stamp or write when they receive your form

## 10 入力 Input/Entry

This appears to be an administrative processing field for data entry by office staff. As an applicant, you should leave this section blank as it's used internally by the government office for processing your application.

## 11 審査 Review/Examination

N/A - this is a section header for municipal office use only

## 12 □ 国保給付係案内なし □ No guidance from National Health Insurance Benefits Section

Check this box if you don't need information/guidance about National Health Insurance benefits during your residence change process

## 13 国保被保険者世帯と合併する場合の当該世帯の To do/perform

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

## 14 □ マイナンバー不明 My Number

Enter your 12-digit Individual Number from your My Number card or notification



## 本人確認書類 — ID &amp; Documents (Part 2/2) (continued)

15 場合はその者の記号番号 in that case, that person's symbol number

If applicable, enter the identification symbol and number for the relevant person (likely refers to insurance or pension number)

## 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