

Sagamihara Minami — 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

第 3 号様式

介護保険被保険者証等（交付・再交付）申請書

相模原市長 あて

年 月 日

① どなたの分が必要ですか

被 保 険 者	被保険者番号	0 0 0	個人番号	
	フリガナ		生年月日	明・大・昭 年 月 日
	氏 名		性 別	男 ・ 女
	住 所			

- 1 第3号様式 Form No. 3
- 2 受付印 Reception / Received / Seal (inkan / hanko)
Staff use - indicates form was received. Do not fill in. Personal seal stamp.
Most ward offices accept a written signature for foreigners instead.
- 3 介護保険被保険者証等（交付・再交付）申請書 Long-term Care Insurance
Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance.
- 4 相模原市長 あて To: Mayor of Sagamihara City
This is pre-printed - indicates the form is addressed to the mayor
- 5 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals
- 6 ① どなたの分が必要ですか For whom do you need this?
Select or write the name of the person who needs the document/service
- 7 被保険者番号 0 0 0 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 8 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 9 生年月日 明・大・昭 年 月 日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 10 氏 名 Full name
Write your full legal name as it appears on your residence card or passport
- 11 性 別 Gender
Usually select from options like 男 (male) or 女 (female)
- 12 男 ・ 女 Male ・ Female
Circle or check the appropriate gender option that matches your official documents.
- 13 住 所 Address
Write your complete residential address including postal code, prefecture, city, and building details



セクション 2 — Section 2

1

2

② 申請をするのはどなたですか

申請者	フリガナ	被保険者との続柄	
	氏 名	電話番号	()
	※本人の場合、住所の記載は不要		
	住 所		

10

3

③ 必要なものは何ですか (○で囲んでください。複数の証の選択も可能です)

再交付する証明書	1 被保険者証	2 資格者証	3 受給資格証明書
	4 負担割合証 (適用期間: 年 8 月 1 日 ~ 翌年 7 月 31 日分)		
	5 負担限度額認定証	6 社会福祉法人等による利用者負担軽減確認証	

15

4

④ 再交付の理由は何ですか (○で囲んでください)

- 1

② 申請をするのはどなたですか To do/perform

This is typically part of a longer phrase on forms - look for the complete text before filling
- 2

被保険者との続柄 Relationship to head of household

See relationship terms table.
- 3

フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 4

電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.
- 5

氏 名 Full name

Write your full legal name as it appears on your residence card or passport
- 6

() ()
- 7

(平日の昼間に連絡できる番号) Phone number (reachable during weekday daytime)

Provide a number where you can be reached during business hours (9AM-5PM on weekdays)
- 8

※本人の場合、住所の記載は不要 Address

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 9

住 所 Address

Write your complete residential address including postal code, prefecture, city, and building details
- 10

③ 必要なものは何ですか (○で囲んでください。複数の証の選択も可能です)

What documents are required? (Circle applicable items. Multiple selections allowed.)

This is an instruction asking you to circle the required documents from a list below. You can select more than one option.
- 11

1 被保険者証 2 資格者証 3 受給資格証明書 Qualification

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



セクション 2 — Section 2 (continued)

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

12

申請をするのはどなたですか

申請者	フリガナ	被保険者との続柄	
	氏 名	電話番号	()
	※本人の場合、住所の記載は不要		
	住 所		

13

3 必要なものは何ですか (○で囲んでください。複数の証の選択も可能です)

再交付する証明書	1 被保険者証	2 資格者証	3 受給資格証明書
	4 負担割合証 (適用期間 : 年 8 月 1 日 ~ 翌年 7 月 31 日分)		
	5 負担限度額認定証	6 社会福祉法人等による利用者負担軽減確認証	

14

4 再交付の理由は何ですか (○で囲んでください)

- 12

再交付する証明書 To do/perform

This is typically part of a longer phrase on forms - look for the complete text before filling
- 13

4 負担割合証 (適用期間 : 年8月1日 ~ 翌年7月31日分)

4 Burden Ratio Certificate (Application period: August 1, ____ year ~ July 31 of the following year)

This refers to healthcare cost-sharing certificates for medical insurance - attach if you have one, as it affects your copayment percentage at medical facilities.
- 14

5 負担限度額認定証 6 社会福祉法人等による利用者負担軽減確認証 Certificate / Confirmation

Refers to official certificates like income certificate, tax exemption certificate, etc. Staff use only - do not fill in
- 15

④ 再交付の理由は何ですか (○で囲んでください) What is the reason for reissuance? (Circle one)

Select one reason why you need a replacement document issued

セクション 3 — Section 3 (Part 1/2)

再交付申請の理由

1 紛失・焼失 2 破損・汚損
3 その他 ()

⑤ 2号被保険者 (40歳から64歳の医療保険加入者) のみ記入してください

医療保険者名

医療保険被保険者証
記号・番号

⑦ 以下は市記入欄ですので記入しないでください (二重枠内は受付者が記入してください)

⑧ 旧被保険者証

☐回収 ☐未回収

⑩ その他証類

☐回収 ☐未回収

受付者

⑫ 介護処理

送付先変更同時受付

☐有 ☐無

⑭ 資格者証

☐交付 ☐未交付

1~3

4~6

1

1 紛失・焼失 2 破損・汚損 1 Lost/Destroyed by fire 2 Damaged/Soiled
Select the reason why you need a replacement resident card - choose option 1 if lost or burned, option 2 if damaged or dirty

2

再交付申請の理由 Reason for reissuance application
Common reasons include: lost, stolen, damaged, or illegible document

3

3 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

4

⑤ 2号被保険者 (40歳から64歳の医療保険加入者) のみ記入してください From
Used to indicate the starting point (previous address, etc.)

5

医療保険被保険者証 Health insurance card
Bring your health insurance card (e.g., National Health Insurance card, employee insurance card)

6

医療保険者名 Health insurance provider name
Write the name of your health insurance organization (e.g., company name for employee insurance, or municipality name for national health insurance)

7

⑦ 以下は市記入欄ですので記入しないでください (二重枠内は受付者が記入してください) Do not / Reception / Received
This typically appears before other text to indicate something should not be done or does not apply Staff use - indicates form was received. Do not fill in.

8

旧被保険者証 Previous insurance card
Bring your old insurance card to surrender when getting a new one

9

☐回収 ☐未回収 ☐Collected ☐Not collected
Staff use only - do not fill in

10

その他証類 Other
Use this section for any additional information not covered in other fields

11

☐回収 ☐未回収 受付者 Reception / Received
Staff use - indicates form was received. Do not fill in.

12

介護処理 Long-term care processing
Staff use only - do not fill in

13

☐有 ☐無 None/Not applicable
Check this box if the item does not apply to you or if you have none to report

Generated 2026-02-19 from github.com/wkesner/japan-forms | Not an official government document

Form p.1

14 資格者証 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

15 ☐ 交付 ☐ 未交付 ☐ Issued ☐ Not issued
Check the appropriate box to indicate whether a document has been issued to you or not

セクション 3 — Section 3 (Part 2/2)

1 送付先変更同時受付	<input type="checkbox"/> 有 <input type="checkbox"/> 無	資格者証	<input type="checkbox"/> 交付 <input type="checkbox"/> 未交付		1~3	4~6	
-------------	---	------	--	--	-----	-----	--

1

送付先変更同時受付

Reception / Received / Change

Staff use - indicates form was received. Do not fill in. Check this box if you are making changes to existing information



セクション 4 — Section 4

4

送付先変更同時受付

1

☐有 ☐無

2

資格者証

3

☐交付 ☐未交付

5

被保証・その他証類同時発送

6

郵送年月日

7

番号確認

8

身元確認

9

☐個人番号カード (身元確認も兼ねる)
☐通知カード ☐住民票 (番号記載有)
☐住民基本台帳 ☐過去作成ファイル
☐その他 ()

10

☐運転免許証 ☐障害者手帳 (身・療・精) ☐旅券
☐運転経歴証明書 ☐その他写真付証明書 ()
☐公的医療保険の被保険者証 ☐年金手帳
☐その他 ()

※写真の無い証明書は2点以上必要

- 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

資格者証 Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 3

☐交付 ☐未交付 ☐Issued ☐Not issued

Check the appropriate box to indicate whether a document has been issued to you or not
- 4

送付先変更同時受付 Reception / Received / Change

Staff use - indicates form was received. Do not fill in. Check this box if you are making changes to existing information
- 5

被保証・その他証類同時発送 ☐ Other

Use this section for any additional information not covered in other fields
- 6

郵送年月日 Mailing date

Date when the form was sent by mail - may be pre-filled or for staff use
- 7

番☐個人番号カード (身元確認も兼ねる) 身☐運転免許証 ☐障害者手帳 (身・療・精) ☐旅券

Driver's license / My Number (Individual Number)

Bring your physical driver's license as identification 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 8

元☐運転経歴証明書 ☐その他写真付証明書 () Other

Use this section for any additional information not covered in other fields
- 9

☐住民基本台帳 ☐過去作成ファイル ☐ Basic Resident Register ☐ Previously created file

Staff use only - do not fill in
- 10

☐公的医療保険の被保険者証 ☐年金手帳 Pension

Select your pension type (National Pension, Employee Pension, etc.)
- 11

☐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
- 12

※写真の無い証明書は2点以上必要 ※Two or more documents required if no photo ID

If you don't have photo ID (like driver's license or residence card), bring 2+ documents like utility bills, bank statements, or insurance cards



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