

国民健康保険資格確認書等再交付申請書

令和6 年 12 月 2 日

電話 (— —)

下欄には記入しないでください

確認書・通知書・特定同一・旧被

Himeji — 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

様式第 13 号

受付事務所

国民健康保険資格確認書等再交付申請書

(宛先) 姫路市長

令和6年 12月 2日

氏名	生年月日	枝番	個人番号
1 国保 太郎	昭和・平成・令和・西暦 XX年 X月 X日	01	
2	昭和・平成・令和・西暦 年 月 日		

- 1 様式第 13号 [様式第 13号]
- 2 受付事務所 Reception / Received
Staff use - indicates form was received. Do not fill in.
- 3 国民健康保険資格確認書等再交付申請書 National Health Insurance / Qualification / Confirmation
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 4 令和 6 年 1 2 月 2 日 [令和 6 年 1 2 月 2 日]
- 5 生 年 月 日 Date of birth
Write in format: Year/Month/Day (YYYY/MM/DD) using Western calendar
- 6 枝 番 [枝 番]
- 7 個 人 番 号 [個 人 番 号]
- 8 昭和・平成・令和・西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 9 ど1 国保 太郎 [ど1 国保 太郎]
- 10 X X 年 X 月 X 日 [X X 年 X 月 X 日]
- 11 昭和・平成・令和・西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 12 年 月 日 [年 月 日]
- 13 昭和・平成・令和・西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years



必要かどうか	3	昭和・平成・令和・西暦 年 月 日							
	4	昭和・平成・令和・西暦 年 月 日							
	5	昭和・平成・令和・西暦 年 月 日							

- 1 年 月 日 [年 月 日]
 - 2 昭和・平成・令和・西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
 - 3 年 月 日 [年 月 日]
 - 4 昭和・平成・令和・西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
 - 5 年 月 日 [年 月 日]
 - 6 昭和・平成・令和・西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
 - 7 年 月 日 [年 月 日]



セクション 3 — Section 3

必要なもの

1

必要なものに✓をつけてください

2

☒ 国民健康保険資格確認書

3

☐ 国民健康保険資格情報通知書（資格情報のお知らせ）

4

☐ 特定同一世帯所属者異動連絡票 ☐ 旧被扶養者異動連絡票

理由

5

☐ 破損 ☐ 焼失 ☒ 紛失 ☐ 盗難 ☐ 未着

6

☐ その他（ ）

8

届出人（世帯主）

9

住所

姫路市

7

安田四丁目 1 番地

10

氏名

11

国保 太郎

1 必要なものに✓をつけてください [必要なものに✓をつけてください]

2 ☒ 国民健康保険資格確認書 National Health Insurance / Qualification / Confirmation
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

3 ☐ 国民健康保険資格情報通知書（資格情報のお知らせ） National Health Insurance / Qualification
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

4 ☐ 特定同一世帯所属者異動連絡票 ☐ 旧被扶養者異動連絡票 [☐ 特定同一世帯所属者異動連絡票 ☐ 旧被扶養者異動連絡票]

5 ☐ 破損 ☐ 焼失 ☒ 紛失 ☐ 盗難 ☐ 未着 [☐ 破損 ☐ 焼失 ☒ 紛失 ☐ 盗難 ☐ 未着]

6 ☐ 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 安田四丁目1番地 Street number / Block number
Write the building/house number portion of your address (e.g., '123' from '123 Main Street') Part of Japanese address system - the district block number (e.g., 1-chome, 2-chome)

8 届出人（世帯主） 住 Applicant / Person filing the form / Head of household
The person physically submitting the form. Usually yourself. The primary person in a household for registration purposes. If you live alone, you are the head of household.

9 所 姫路市 [所 姫路市]

10 国保 太郎 [国保 太郎]

11 届出人（世帯主） 氏 Applicant / Person filing the form / Head of household
The person physically submitting the form. Usually yourself. The primary person in a household for registration purposes. If you live alone, you are the head of household.

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Form p.1

セクション 4 — Section 4

1

2

3

4

5

6

7

8

9

10

11

氏 名

個人番号

電 話

申請者(世帯主以外の場合) 住 所

氏 名

続 柄

電 話

被保険者番号

国保 太郎

(xxx - xxx - xxx)

(世帯主からみて)

(- -)

X X X X X X X

- 1 国保 太郎 [国保 太郎]
- 2 届出人 (世帯主) 氏 Applicant / Person filing the form / Head of household
The person physically submitting the form. Usually yourself. The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 3 届出人 (世帯主) 個人番号 My Number (Individual Number) / Applicant / Person filing the form / Head of household
12-digit number. Leave blank on first registration — it will be mailed to you after. The person physically submitting the form. Usually yourself.
- 4 話 (X X X - X X X - X X X) [話 (X X X - X X X - X X X)]
- 5 届出人 (世帯主) 電 Applicant / Person filing the form
The person physically submitting the form. Usually yourself.
- 6 申請者(世帯主以外の場合) 住 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 7 届出人 (世帯主) 氏 Applicant / Person filing the form / Head of household
The person physically submitting the form. Usually yourself. The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 8 続 柄 (世帯主からみて) Head of household / From
The primary person in a household for registration purposes. If you live alone, you are the head of household. Used to indicate the starting point (previous address, etc.)
- 9 話 (- -) [話 (- -)]
- 10 届出人 (世帯主) 電 Applicant / Person filing the form / Head of household
The person physically submitting the form. Usually yourself. The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 11 被保険者番号 Insured Person Number
Enter your health insurance member number found on your insurance card (国民健康保険証 or employee insurance card)



セクション 5 — Section 5

1 被保険者番号

X

X

X

X

X

X

X

下欄には記入しないでください

3 受付	作成・交付			
	6 交付書類		5	確認書・通知書・特定同一・旧被
8 郵送	9 手渡	7 1 確認書・通知書・特定同一・旧被	4	確認書・通知書・特定同一・旧被
		10 2 確認書・通知書・特定同一・旧被	5	確認書・通知書・特定同一・旧被

- 1 被保険者番号 Insured Person Number
- Enter your health insurance member number found on your insurance card (国民健康保険証 or employee insurance card)
- 2 下欄には記入しないでください Do not
- This typically appears before other text to indicate something should not be done or does not apply
- 3 受付 Reception / Received
- Staff use - indicates form was received. Do not fill in.
- 4 作成・交付 [作成・交付]
- 5 3 確認書・通知書・特定同一・旧被 Confirmation
- Staff use only - do not fill in
- 6 交付書類 [交付書類]
- 7 1 確認書・通知書・特定同一・旧被 4 確認書・通知書・特定同一・旧被 Confirmation
- Staff use only - do not fill in
- 8 郵送 [郵送]
- 9 手渡 [手渡]
- 10 2 確認書・通知書・特定同一・旧被 5 確認書・通知書・特定同一・旧被 Confirmation
- Staff use only - do not fill in



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