

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------------------------|--|--|-----------------------------|-----------------------------|-------------------------------|-----------------------------|---------------------------------------|---|-------------------------|--------|-----|----------------|-----|--|--|--|--|--|--|
| 中野区長 宛て | | 年 月 日 | | 国民健康保険被保険者 | | 資格取得 | 適用開始 | 届 | ※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。 | | | | | | | | | | | | |
| 届出日 | | 届出人 | | 世帯主との関係 | | <input type="checkbox"/> 本人 | <input type="checkbox"/> 一部喪失 | | 得喪等年月日 | 記号番号 | | | | | コ事由 | | | | | | |
| 氏名 | | | | 電話番号 | | () | <input type="checkbox"/> 既生 | | | | | | | | | | | | | | |
| 世帯主 | | 氏名 <input type="checkbox"/> 届出人と同じ | | 住所 | 中野区 | 丁目 | 番 | 号 | 得喪等年月日 | | 記号番号 | 記号番号 | | | | | | | | | |
| 枝番 | | 個人番号 | | 電話番号 | | () | | | 得喪等年月日 | | 得喪等年月日 | 得喪等年月日 | | | | | | | | | |
| 従前又は変更後の住所 | | | | | | 丁目 番 号 | | | 得喪等年月日 | | 得喪等年月日 | 得喪等年月日 | | | | | | | | | |
| 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 | 生年月日 | 世帯主 との続柄 | 職業等 | 特定同一世帯 所属者の有無 | 在留資格・活動目的 (外国人の方) | 帳票種別 | 交付 | 回収 | その他 | | | | | | | |
| ワガナ | | <input type="checkbox"/> 届出人と同じ | | 男 | 有・無 | . | . | . | 有の場合 | <input type="checkbox"/> 特定活動 () | □資格確認書 | 窓口 | 回収 | 区民年月日 年 月 日 | | | | | | | |
| | | | | 女 | 個人番号 | . | . | . | 該当年月日 | <input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在 □お知らせ 割 | □資格情報のお知らせ 未回収 紛失 | 郵送 | 未回収 | 在留期限 年 月 日 | | | | | | | |
| ワガナ | | | | 男 | 有・無 | . | . | . | 有の場合 | <input type="checkbox"/> 特定活動 () | □資格確認書 | 窓口 | 回収 | 区民年月日 年 月 日 | | | | | | | |
| | | | | 女 | 個人番号 | . | . | . | 該当年月日 | <input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在 □お知らせ 割 | □資格情報のお知らせ 未回収 紛失 | 郵送 | 未回収 | 在留期限 年 月 日 | | | | | | | |
| ワガナ | | | | 男 | 有・無 | . | . | . | 有の場合 | <input type="checkbox"/> 特定活動 () | □資格確認書 | 窓口 | 回収 | 区民年月日 年 月 日 | | | | | | | |
| | | | | 女 | 個人番号 | . | . | . | 該当年月日 | <input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在 □お知らせ 割 | □資格情報のお知らせ 未回収 紛失 | 郵送 | 未回収 | 在留期限 年 月 日 | | | | | | | |
| ワガナ | | | | 男 | 有・無 | . | . | . | 有の場合 | <input type="checkbox"/> 特定活動 () | □資格確認書 | 窓口 | 回収 | 区民年月日 年 月 日 | | | | | | | |
| | | | | 女 | 個人番号 | . | . | . | 該当年月日 | <input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在 □お知らせ 割 | □資格情報のお知らせ 未回収 紛失 | 郵送 | 未回収 | 在留期限 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) | | 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 | | | | ア(就職した)会社等の名称 | | | | | | | | | | | | | | | | | |
| 電話 () | | | | 電話 () | | | | | | | | | | | | | | | | | |
| <input 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 どなたの (続柄 氏名) | | | | <input type="checkbox"/> 就職した <input type="checkbox"/> 雇用形態が変わった <input type="checkbox"/> 扶養になった どなたの (続柄 氏名) | | | | | | | | | | | | | | | | | |
| 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 転入に伴う世帯構成又は世帯主の変更の有無 有の場合(チェックをつける) □ | | | | ウ 転出に伴う世帯構成又は世帯主の変更の有無 有の場合(チェックをつける) □ | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |

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 & Dates (Part 1/2)

| | | | |
|----------------|-----------------------|-------------------------------|-----------------------------|
| 中野区長 宛て | 株式第1号、第1号の2、第2号、第2号の2 | 資格取得 | 適用開始 |
| 届出日 | ※太線の中を記入してください | 資格喪失 | 適用終了 |
| 年 月 日 | | | |
| ※太線の中を記入してください | | | |
| 世帯主との関係 | | 届 | |
| | | <input type="checkbox"/> 一部喪失 | <input type="checkbox"/> 事由 |
| | | <input type="checkbox"/> 既往歴 | |
| | | 記号 | 記号 |

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 version of the form you're 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 is pre-printed and shows the form is addressed 'To the Mayor of Nakano Ward' - no action needed from you as this identifies the receiving authority.

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 収入 Work/Employment

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

8 資格喪失 Qualification

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

9 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

10 届出日 Date of filing

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

11 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Western numerals - this is typically when you're submitting the form or when the address change takes effect.

12 □一部喪失 Partial

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.)

※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 & Dates (Part 1/2) (continued)

15

フリガナ Furigana (phonetic reading)

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

タイトル・届出日 — Header & Dates (Part 2/2)

| | | | |
|------------|--|-----------------------------|----------------|
| 届出人 姓 名 | ※本線の中を記入してください。 世帯主との関係 □ 本人 電話番号 | □ 備考 1 証明書 得喪等 年月日 | 記号 番号 来日 |
|------------|--|-----------------------------|----------------|

1 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.

2 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.

3 得喪等 Acquisition/Loss, etc.

This section is for recording changes in status or qualifications (like insurance, pension, or other municipal services) - fill out if you're gaining or losing any registered statuses with your move.

4 届出人氏名 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

5 □ 本人 □ Applicant/Person in question

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

6 1 証明書 1. Certificate/Documentation

This section likely requires you to provide identification documents like your residence card, passport, or other official certificates.



Form p.1

届出人情報 — Who Is Filing (Part 1/2)

| | | | | | | | | | | | | |
|-----------------|-------------|-----------------|---------|------|---------|---------------|-------------------|-----------------|---|---------------|----------------|-----|
| 届出人 | | ※本線の中を記入してください。 | | | 世帯主との関係 | | □ 権主 | | 号 | | 下田 | |
| ① カタカナ 氏名 | □ 同上 | ② 本人 | □ 本人 | 電話番号 | () | ③ 得喪等 確 | ④ 証明書 (NWS) | ⑤ 得喪等 年月日 | | ⑥ 記号 番号 | 配号 番号 | |
| ⑦ カタカナ 氏名 | □ 届出人と同じ | 住所 | 中野区 | 丁目 | 番 | 号 | 2 電話連絡 | | | 社保 健保 | 会社□協会□健保□国保□共済 | 相手方 |

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 得喪等 Acquisition/Loss, etc.

This section is for recording changes in status or qualifications (like insurance, pension, or other municipal services) - fill out if you're gaining or losing any registered statuses with your move.

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)

7 1 証明書 1. Certificate/Documentation

This section likely requires you to provide identification documents like your residence card, passport, or other official certificates.

8 得 (NWS) 年月日 Acquired (NWS) Date

Leave blank unless you have a special residence status - this field is for official use to record when certain status was obtained

9 番号番号 Number Number

Write the relevant identification number depending on the type of form - this could be your residence card number, passport number, or other official ID number. Check the form instructions to determine which specific number is required for your situation.

10 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

11 住所 Address

Write your complete current address including apartment/room number if applicable

12 □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."

13 等 2 電話連絡 etc. 2 Phone contact

Provide a phone number where you can be reached during business hours for any questions about your registration

14 氏名 □届出人と同じ Applicant / Person filing the form

The person physically submitting the form. Usually yourself.



届出人情報 — Who Is Filing (Part 1/2) (continued)

15 丁目 Block/District Number

Enter the numbered district section of your address (e.g., if your address is "1-2-3 Shibuya", enter "1" for 1-chome)

届出人情報 — Who Is Filing (Part 2/2)

| | | | | | | | | | |
|--------------|---------|--------|-------|-------|--------|--------|------------------------|--------------|--------|
| 1 世帯主 氏名 | □届出人と同じ | 2 電話連絡 | 3 その他 | 4 國保へ | 5 保険者名 | 6 資格賦課 | 7 社保 健保 國保 共済 | 8 相手方 担当者 | 9 帳票郵送 |
| 個人番号 | 丁目番号 | 電話番号 | | | | | | | □郵便局 |
| 従前又は 変更後の | 丁目番号 | 丁目番号 | | | | | | | |

1 健保相手方 Health insurance counterparty

Enter the name of your health insurance provider or the organization that manages your health insurance coverage.

2 保険者名 Insurer Name

Write the name of your health insurance provider (e.g., your employer's name if you have employer-based insurance, or the municipality name for National Health Insurance)

3 世帯主 Head of household

Write the name of the person who is registered as the head of the household you're joining or leaving

4 その他 Other

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

5 共済 Mutual aid/cooperative insurance

Check this if you have mutual aid insurance (like through a government employee mutual aid association or agricultural cooperative)

6 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

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 4 國保へ 4. To National Health Insurance

This section relates to updating your National Health Insurance enrollment status when moving - may require additional paperwork at the insurance counter

9 資格賦課 Qualification

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

10 丁目 Block/District Number

Enter the numbered district section of your address (e.g., if your address is "1-2-3 Shibuya", enter "1" for 1-chome)

11 帳票郵送 Form mailing

Check this box if you want the form or related documents to be mailed to you. This is typically used when you need official copies sent to your address or when requesting mail delivery of processed documents.

12 従前又は Previous or

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



Form p.1

住所 — Addresses (Part 1/3)

| | | | | | | | | |
|--------------------|-------------------|----|------|-------------|-----|------------------|----------------------|------|
| 個人番号 | 電話番号 | 丁目 | 番 | 号 | 方法 | その他 | 共済 | |
| 従前又は 変更後の 住所 | () | | | | 国保へ | 資格賦課 | | |
| 枝番 | マイナンバー カードの保険証 | 性別 | 生年月日 | 世帯主 との続柄 | 職業等 | 特定同一世帯 所属者の有無 | 在留資格・活動目的 (外国人の方) | 帳票種別 |
| | | | | | | | | 交付 |
| | | | | | | | | 回収 |
| | | | | | | | | その他 |
| | | | | | | | | |

1 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

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 4 国保へ 4. To National Health Insurance

This section relates to updating your National Health Insurance enrollment status when moving - may require additional paperwork at the insurance counter

4 資格賦課 Qualification

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

5 丁目 Block/District Number

Enter the numbered district section of your address (e.g., if your address is "1-2-3 Shibuya", enter "1" for 1-chome)

6 帳票郵送 Form mailing

Check this box if you want official documents and correspondence related to this application to be mailed to you. This is typically recommended for foreign residents to ensure you receive important notifications about your application status.

7 従前又は Previous or

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

8 月 日 Month Day

Fill in the month and day using Arabic numerals (e.g., 12 25 for December 25th)

9 住所 Address

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

10 普通 □ Ordinary/Regular

Check this box if you're registering a standard residence change (most common option for typical moves)

11 マイナンバー My Number (Individual Number)

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

12 特定同一世帯在留資格・活動目的 Residence status / Visa type / Qualification

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

13 性別カードの保険証 Health insurance card

Japanese health insurance card. Can serve as secondary ID at some banks.

14 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 1/3) (continued)

15 職業等 Occupation, etc.

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

住所 — Addresses (Part 2/3)

| | | | | | | | | | | |
|----------------------------|----------------------------------|---------------------------|-----------------------------|-----------------------|-----------------------------------|--|--------------------------------|------------------------------|----------------------|------------------------|
| 枝番 ⑩ □リガナ □届出人と同じ | ① 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 カードの保険証 利用登録有無 | マイナンバー カードの保険証 利用登録有無 | 生年月日 ③ 世帯主 との続柄 | 職業等 ④ 有の場合 □ 有の場合 □ 特定活動 | 特定同一世帯 所属者の有無 ⑤ 在留資格・活動目的 (外国人の方) | 在留資格・活動目的 ⑥ 帳票種別 □ 資格確認書 | 帳票種別 ⑦ 交付 □ 窓口 □ 回收 | ⑧ 回收 □ 窓口 □ 回收 | ⑨ その他 □ 民年月日 年月日 |
|----------------------------|----------------------------------|---------------------------|-----------------------------|-----------------------|-----------------------------------|--|--------------------------------|------------------------------|----------------------|------------------------|

1 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.)

2 交付 Issuance/Issue

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

3 回收 Collection/Recovery

This field indicates the collection method for your residence card or documents. You would typically check a box or write how you plan to collect the card (in person, by mail, etc.).

4 その他 Other

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

5 (外国人の方) (For foreign nationals)

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

6 との続柄 Relationship to head of household

See relationship terms table.

7 (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

8 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

9 □ (特 定 活 動) □ 資格確認書 Qualification

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

10 □ リガナ □ 届出人と同じ Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

11 窓口 Window/Counter

This refers to the service window or counter where you submit the form. Write the specific counter number or office location where you're filing this application.

12 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

13 有・無 Yes / No

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

14 有の場合 □ If yes □

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



Form p.1

住所 — Addresses (Part 2/3) (continued)

15

- • (bullet points/list markers)

These bullet points are list markers for multiple items or options. Fill in the relevant information for each point, such as different types of activities or purposes that apply to your situation.

住所 — Addresses (Part 3/3)

- 1 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)

2 未回収 Not collected/Uncollected
This field indicates whether certain documents or items have been collected or not. If you have outstanding uncollected items (like residence cards, notifications, etc.) from government offices, check the appropriate box.

3 在留期限 Period of stay expiration date
Enter the expiration date shown on your residence card (在留カード)

4 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.

5 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

6 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

7 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

8 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.

9 (特定活動) 資格確認書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

10 フリガナ Furigana (phonetic reading)
Write your name in katakana phonetic characters above or next to your name in kanji/hiragana

11 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

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

13 有の場合 If yes
Check this box if the condition mentioned in the preceding question applies to you

14 . . • (bullet points/list markers)
These bullet points are for listing multiple items or creating a structured list format. Use them to organize information clearly when multiple entries are



異動者 — Person Table (Part 1/6)

| | | | | | | | | | | |
|------|---|------|-----------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| 性別 | 女 | 個人番号 | 個人番号の変更時期 | 該当年月日 | 留学 | 家族滞在 | 資格情報のお知らせ | 郵送 | 未回収 | 在留期限 |
| フリガナ | | 有・無 | 個人番号の変更時期 | 年 月 日 | <input type="checkbox"/> | 年 月 日 |
| | 男 | 有・無 | 個人番号の変更時期 | 年 月 日 | <input type="checkbox"/> | 年 月 日 |
| | 女 | | 個人番号の変更時期 | 年 月 日 | <input type="checkbox"/> | 年 月 日 |

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 フリガナ Furigana (phonetic reading)

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

7 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

8 有・無 Yes / No

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

9 有の場合 If yes

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

10 • • • (bullet points/list markers)

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

13 在留期限 Period of stay expiration date

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

14 個人番号 My Number (Individual Number)

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

15 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



異動者 — Person Table (Part 2/6)

| | | | | | | | | | | | | | | |
|----|---|-------|---|-----------|--------|---------|---------------|-------|-------|--------|---------------|-------|------|--------|
| 性別 | 女 | 個人番号 | ① | 個人番号の変更時期 | 年 | 月 | 日 | 改道サブ口 | □ 女子 | □ 家族滞在 | □ 資格情報のお知らせ郵送 | □ 未交付 | □ 紛失 | □ 在留期限 |
| 性別 | 男 | ② 有・無 | ③ | □ 有の場合 | □ 特定活動 | □ 資格確認書 | □ 窓口 | □ 郵送 | □ 未回収 | □ 紛失 | □ 在留期限 | | | |
| 性別 | 女 | 個人番号 | ④ | □ 有の場合 | □ 留学 | □ 家族滞在 | □ 資格情報のお知らせ郵送 | □ 未交付 | □ 紛失 | □ 在留期限 | | | | |
| | | | | □ 該当年月日 | □ ⑤ | □ ⑥ | □ ⑦ | □ ⑧ | □ ⑨ | □ ⑩ | □ ⑪ | | | |
| | | | | 年 | 月 | 日 | 年 | 月 | 日 | 年 | 月 | | | |

1 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

2 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

3 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.

4 □ (特定活動) □ 資格確認書 Qualification

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

5 フリガナ Furigana (phonetic reading)

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

6 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

7 有・無 Yes / No

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

8 有の場合 □ If yes □

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

9 . . . (bullet points/list markers)

10 □ 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)

11 未回収 Not collected/Uncollected

12 在留期限 Period of stay expiration date

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

13 個人番号 My Number (Individual Number)

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

14 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

15 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



異動者 — Person Table (Part 3/6)

| | | | | | | | | |
|----------------|---|-------|-------------------|------------------------|------------------------------|---------------------|------------|-------------------------------|
| フリガナ 姓 名 | 女 | 個人番号 | ① 個人番号の変更時期 年 月 日 | ② 有の場合は□()該当年月日 年 月 日 | ③ 特定活動□留学□家族滞在□資格情報のお知らせ□未交付 | ④ 資格確認書□窓口回収□郵送□未回収 | ⑤ 未交付紛失□紛失 | ⑥ 在留期限年月日 区民年月日 在留期限年月日 |
| | 男 | ① 有・無 | ② 個人番号 | | | | | |

1 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

2 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.

3 □ (特 定 活 動) □ 資 格 確 認 書 Qualification

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

4 フリガナ Furigana (phonetic reading)

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

5 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

6 有 · 無 Yes / No

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

7 有の場合□ If yes □

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

8 · · · (bullet points/list markers)

9 □ 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)

10 未回收 Not collected/Uncollected

11 在留期限 Period of stay expiration date

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

12 個人番号 My Number (Individual Number)

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

13 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

14 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

15 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.



異動者 — Person Table (Part 4/6)

| | | | | | | | | | | | | | | | |
|------------------------------------|------------------------------------|---|-------------------------|-------------|---|---|---|--|---|---|---|---|-----|----|------|
| ① | | 女 | 個人番号 | ② 個人番号の変更時期 | 年 | 月 | 日 | | 年 | 月 | 日 | 割 | 未交付 | 紛失 | 在留期限 |
| ③ | 国民健康保険の (適用を開始する) 理由 | | ④ 個人番号の (適用を終了する) 理由 | | | | | | | | | | | | |
| ア (退職した)会社等の名称 | ア (就職した)会社等の名称 | | | | | | | | | | | | | | |
| 電話 | 電話 | | | | | | | | | | | | | | |
| <input type="checkbox"/> 退職した | <input type="checkbox"/> 就職した | | | | | | | | | | | | | | |
| <input type="checkbox"/> 履用形態が変わった | <input type="checkbox"/> 雇用形態が変わった | | | | | | | | | | | | | | |
| <input type="checkbox"/> 扶養からはずれた | <input type="checkbox"/> 扶養になった | | | | | | | | | | | | | | |
| (続柄 レターブル /ほか) | (続柄 /ほか) | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | |

1 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

2 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.

3 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

4 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

5 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.

6 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.

7 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

8 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.

9 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

10 () (blank space for writing)

Write the name of your previous health insurance provider if you had one (e.g., company name, previous municipality). Leave blank if you never had Japanese health insurance before.

11 () (blank space for writing)

Write the name of your workplace or company if you're employed, or the reason for enrollment (e.g., student, dependent of family member). This helps categorize your insurance type.

12 □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

13 □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.)



異動者 — Person Table (Part 4/6) (continued)

14 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.)

15 (続柄 Relationship to head of household

See relationship terms table.

異動者 — Person Table (Part 5/6)

| | | | | | | | |
|---|---|--|--|--|------------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 雇用形態が変わった 扶養からはずれた 会社等の健康保険の資格を喪失した日 転入に伴う世帯構成又は世帯主の変更の有無 | <input type="checkbox"/> 雇用形態が変わった 扶養になった 会社等の健康保険の資格を取得した日 転出に伴う世帯構成又は世帯主の変更の有無 | <input type="checkbox"/> どなたの (続柄) (退職日の翌日) | <input type="checkbox"/> どなたの (続柄) (氏名) | <input type="checkbox"/> 事由コード (喪失) | | | |
| 年 月 日 | 年 月 日 | | | | | | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> 区確認欄 | <input type="checkbox"/> 本人確認 | <input type="checkbox"/> 加入 | <input type="checkbox"/> 勝失 |
| | | | | <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 | <input type="checkbox"/> 31 転入 |
| | | | | <input type="checkbox"/> 主宛の保険料請求説明済 | <input type="checkbox"/> 運転免許証 | <input type="checkbox"/> 在留カード | <input type="checkbox"/> 32 社保離脱 |
| | | | | <input type="checkbox"/> 有の場合は(モーテックスをつける) | <input type="checkbox"/> 11 転出 | <input type="checkbox"/> 12 在留 | <input type="checkbox"/> 132 社保加入 |

1) 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.

2) (続柄 Relationship to head of household

See relationship terms table.

3) 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.

4) 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.

5) 本人確認 Personal identification

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

6) 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.

7) 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)

8) 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)

9) 区確認欄 Ward/District Confirmation Section

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

10) (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.

11) 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

12) 勝失 Loss/Forfeiture

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

13) 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

14) 11 転入 Moving in (from another municipality or abroad)



異動者 — Person Table (Part 5/6) (continued)

15

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

異動者 — Person Table (Part 6/6)

| | | | | | | | | | | | | | |
|--|--|---------------|-------------|---------|-------|-------|---|---|---|---|---|---|---|
| 年 | 月 | 日 | 年 | 月 | 日 | 年 | 月 | 日 | 年 | 月 | 日 | | |
| ウ 転入に伴う世帯構成又是世主の変更の有無 ①有の場合(チェックをつける) <input type="checkbox"/> | ウ 転出に伴う世帯構成又是世主の変更の有無 ①有の場合(チェックをつける) <input type="checkbox"/> | □ 保険料説明済 | □ マイナンバーカード | □ パスポート | 年 | 月 | 日 | 年 | 月 | 日 | 年 | 月 | 日 |
| エ 生活保護が廃止された(決定通知書添付) <input type="checkbox"/> | エ 生活保護が開始された(決定通知書添付) <input type="checkbox"/> | □ 主宛の保険料請求説明済 | □ 運転免許証 | □ 在留カード | 11 転入 | 31 転出 | 年 | 月 | 日 | 年 | 月 | 日 | |

- 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

- 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

- 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)

- 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.

- 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.

- ### 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.

- 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.

- ## 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.

- #### □ 社保拡大チラシ □ Social insurance expansion flyer



本人確認書類 — ID & Documents (Part 1/2)

- 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

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)

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

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

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

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.

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

社保拡大チラシ Social insurance expansion flyer

その他 (_____) **1 4 出生** Other

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

3 4 死亡 34 Death

日開始 Start date

Enter the date when your residence change takes effect (usually your move-in date)

日廃止 Date of abolition

Enter the date when your previous residence registration was cancelled/abolished (usually the day you moved out)

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)

担当者名 Person in charge name

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 & 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 職業適用開始 | 16 他適用開始 | 17 職業適用終了 |
| ② 地域事務所名 | 受付番号 | ③ 郵送 | ④ 受付 | ⑤ 入力 | ⑥ 審査 | ⑦ | ⑧ | ⑨ | <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 | 19 その他 | 20 | 21 |
| | | | | | | | | | <input type="checkbox"/> 国保給付係案内なし | 22 | 23 | 24 | 25 |
| | | | | | | | | | <input type="checkbox"/> マイナンバー不明 | 26 | 27 | 28 | 29 |

⑩ (開示する記号番号)
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、又は世帯に他の国保被保険者がいる
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

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

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

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)



Form p.1

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