

介護保険適用除外 該当・非該当 届

(あて先) 茨木市長

国民健康保険法施行規則第5条の4の規定に基づき、下記のとおり、届出します。

※太枠内をご記入ください。		届出日	令和	年	月	日
被 保 險 者	被保険者 記号・番号	茨国				
	フリガナ					
	対象者氏名					
	生年月日	昭和 年 月 日				
	個人番号 (マイナンバー)					
	住所	—				
適用 除 外 施 設	名称					
	所在地	—				
	電話番号					
	入所・退所年月日	昭・平・令 年 月 日				

【注意事項】

- この届を提出する際は、施設の入所証明書または退所証明書を添付してください。

(世帯主) 住所 _____

氏名 _____ 

※自署の場合押印不要

電話番号 _____

Ibaraki Osaka — 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

セクション 1 — Section 1

① 介護保険適用除外 該当・非該当 届

- ② (あて先) 茨木市長
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※太枠内をご記入ください。

届出日 令和 年 月 日

被 保 險 者	被保険者 記号・番号	茨国	
	フリガナ		
	対象者氏名		
	生年月日	昭和 年 月 日	
	個人番号 (マイナンバー)		
	住所	—	

1 介護保険適用除外 該当・非該当 届 Long-term Care Insurance / Not applicable

Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance. Select this option when the question or category does not apply to your situation

2 (あて先) 茨木市長 (To:) Mayor of Ibaraki City

This is the addressee field showing the form goes to the Mayor of Ibaraki City - no action needed as it's pre-printed.

3 国民健康保険法施行規則第5条の4の規定に基づき、下記のとおり、届出します。

National Health Insurance / National Health Insurance / .

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

4 ※太枠内をご記入ください。 Please fill in / Please / Please

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

5 届出日 令和 年 月 日 Date of filing / Reiwa era

Today's date. Use Japanese calendar or Western calendar. Current Japanese era that began May 1, 2019. Used in official dates.

6 被保険者 Insured person

The person covered by the insurance policy (usually yourself when applying)

7 茨国 Ibaraki Country/Nation

This appears to be an abbreviated reference to Ibaraki Prefecture - fill in your previous address prefecture if you moved from Ibaraki

8 記号・番号 Symbol/Number

Enter the symbol and number from your insurance card or other identification document

9 フリガナ Phonetic reading (katakana)

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

10 対象者氏名 Full name

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

11 昭和 年 月 日 Showa era

Used for birth dates from 1926-1989. Showa 64 = 1989, Showa 1 = 1926



セクション 1 — Section 1 (continued)

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※太枠内をご記入ください。		届出日	令和	年	月	日	
被 保 險 者	③ 被保険者 ④ 記号・番号	茨国					
	⑤ フリガナ						
	⑥ 対象者氏名						
	⑦ 生年月日	⑧ 昭和	年	月	日		
	⑨ 個人番号 (マイナンバー)						
⑩ 住所							

12 生年月日 Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.

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 (マイナンバー) My Number

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

15 住所 Address

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

セクション 2 — Section 2

適用 除外 施設	● 名称	
	● 所在地	—
	● 電話番号	
	● 入所・退所 年月日	昭・平・令 年 月 日

【注意事項】
●この届を提出する際は、施設の入所証明書または退所証明書を添付してください。

●(世帯主) 住所 _____
 氏名 _____ ※自署の場合押印不要
 ●電話番号 _____

1 名称 Name/Designation

Use for organization/business names rather than personal names

2 所在地 Location

Used for business/organization address or property location rather than personal residence

3 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

4 入所・退所 年月日 昭・平・令 年 月 日 Date

Write in YYYY/MM/DD format (e.g., 2024/03/15)

5 【注意事項】 Important Notes

This section contains important instructions - read carefully before filling out the form

6 ●この届を提出する際は、施設の入所証明書または退所証明書を添付してください。

Please / Please / Please

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

7 (世帯主) 住所 Head of household / Address / Household

The primary person in a household for registration purposes. If you live alone, you are the head of household. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

8 氏名 Full name

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

9 ※自署の場合押印不要 Seal (inkan / hanko)

Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

10 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.



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