

様式第6号

受付

国民健康保険料徴収猶予申請書

申請日(記入)

令和 6 年 7 月 25 日

(あて先) 千葉市長

下記のとおり千葉市国民健康保険条例第32条の規定により別紙証明書を添えて申請いたします。

令和が平成を記入(エクセル作成の場合はリストから選

世帯主の氏名

被保険者番号	12345678-01	納付義務者氏名	千葉 太郎
世帯の被保険者数	2 人	納付義務者職業	自営業
対象年度	令和 6 年度	賦課された保険料	125,100 円
徴収猶予を必要とする保険料	45,100 円		
す徴収する保険料を必要とする内訳と	4 月 期 円 10 月 期 (5 期) 円	5 月 期 円 11 月 期 (6 期) 円	6 月 期 (1 期) 35,100 円 12 月 期 (7 期) 円
	7 月 期 (2 期) 10,000 円 1 月 期 (8 期) 円	8 月 期 (3 期) 円 2 月 期 (9 期) 円	9 月 期 (4 期) 円 3 月 期 (10 期) 円
理由	5月に体調不良により失業し、無収入となった。 求職活動中ではあるが、預貯金がなく、すぐに保険料を納めることが困難なため。		
納付計画	期別	納付額	納付期限
	4月期	円 R . .	10月期 (5期) 円 R . .
	5月期	円 R . .	11月期 (6期) 円 R . .
	6月期 (1期)	35,100 円 R 6 . 8 . 31	12月期 (7期) 円 R . .
	7月期 (2期)	10,000 円 R 6 . 8 . 31	1月期 (8期) 円 R . .
	8月期 (3期)	円 R . .	2月期 (9期) 円 R . .
	9月期 (4期)	円 R . .	3月期 (10期) 円 R . .

【記入例①:現年度分の申請をする場合】

減免申請の結果、年度の保険料総額※1は350,100円から125,100円になった(6月期35,100円 7～3月期それぞれ35,000円 →6月期35,100円 7～3月期それぞれ10,000円に変更された)

6・7月期は納期限※2内に納付は困難だが、8月中には納付可能

左側の「対象年度」の保険料総額を記入

「徴収猶予を必要とする保険料の内訳」の合計額を記入(エクセル作成の場合は自動計算されま

納期限を超過しているもの、納期限が間近のものについては、申請をしても督促状が発送されることがあります。

「徴収猶予を必要とする保険料の内訳」と同様に記入(エクセルで作成の場合は自動で転記されます。)

納期限※2をいつまで延長したいか記入してください。申請日から1年以内としてください。(申請日が令和6年7月25日の場合は最長で令和7年7月24日)

1年を超えて記入された場合は、申請自体を却下します。

記入不要

内容確認のため連絡をすることがありますので、必ず記入してください。確認が取れない場合は申請を却下することがあり

※1※ 当該年度相当分の保険料合計額のことです。国民健康保険料通知書の「保険料決定額(今回)」や「今回決定額(合計)」の欄に記載されています。

※2※ 元々定められている、保険料を納めなければならない期日のことです。国民健康保険料通知書の「普通徴収(納付書または口座振替によるお支払い分)」の「納期限」の欄に記載されています。●月期の納期限は●月の月末(土日祝日の場合は翌営業日)です。

の担当者

記入不要

Chiba Chuo — 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 the future will be higher.

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

- You receive a qualification confirmation document (資格確認書) — keep this as proof of insurance
- Monthly premium notices arrive by mail. Pay at convenience stores, banks, or set up auto-debit
- Dependents can be enrolled on the same form — list all household members
- Premiums are calculated based on your previous year's income

セクション 1 — Section 1 (Part 1/2)

様式第6号

受付

国民健康保険料徴収猶予申請書

申請日 (記入)

令和 6 年 7 月 25 日

【記入例①: 現年度分の申請をする場合】

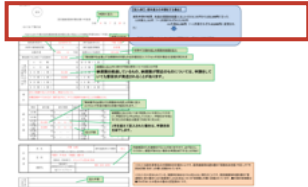
減免申請の結果、年度の保険料総額<※1>は350,000円から125,000円になった
(6月期35,000円 7~3月期それぞれ35,000円
→6月期35,000円 7~3月期それぞれ10,000円に変更され
た)

6・7月期は納期限<※2>内に納付は困難だが、8月中には納付可能

令和か平成を記入(エクセル作成の場合はリストから選

世帯主の氏名

- 様式第6号** Form No. 6
This indicates the form type/number - you don't need to fill this in as it's pre-printed. This is Form No. 6 for National Health Insurance premium reduction applications.
- 【記入例① : 現年度分の申請をする場合】** Example of how to fill in / To do/performance
Sample form showing how to complete each field. Study this before filling your own form. This is typically part of a longer phrase on forms - look for the complete text before filling
- 受付** Reception / Received
Staff use - indicates form was received. Do not fill in.
- 申請日 (記入)** Application date / Fill in / Application
Write the date you are submitting this form This indicates the form is an application that requires submission
- 減免申請の結果、年度の保険料総額<※1>は350,000円から125,000円になった** From
Used to indicate the starting point (previous address, etc.)
- 国民健康保険料徴収猶予申請書** National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- (6月期35,000円7~3月期それぞれ35,000円** (June period 35,000 yen, July-March periods each 35,000 yen)
This shows the reduced premium amounts you'll pay if approved - June period is 35,000 yen, and July through March periods are 35,000 yen each. This is informational only, no action needed.
- 6年7月25日** July 25, Year 6
This refers to July 25th of Reiwa 6 (2024) - use the Japanese era year system or convert to Western calendar year as required by the form.
- 令和** Reiwa (era name)
This refers to the current Japanese era period that began in 2019 - you'll need to convert Western calendar years when filling dates on the form
- 6月期35,000円7~3月期それぞれ10,000円に変更され** Change
Check this box if you are making changes to existing information
- (あて先) 千葉市長** Addressee
The person or office this form is being sent to
- 下記のとおり千葉市国民健康保険条例第32条の規定により別紙証明書を添えて申請いたします。**
National Health Insurance / . / Document
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 世帯主の氏名** Head of household / Full name
The primary person in a household for registration purposes. If you live alone, you are the head of household. Write in katakana for foreign names. Some forms accept romaji.
- 6・7月期は納期限<※2>内に納付は困難だが、8月中には納付可能** Payment due date
The deadline by which payment must be made - check your payment slip or notice for the specific date



セクション 1 — Section 1 (Part 1/2) (continued)

様式第6号

受付

国民健康保険料徴収猶予申請書

令和 5 年 7 月 25 日

（あて先）千葉市長

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令和か平成を記入（エクセル作成の場合はリストから選

世帯主の氏名

【記入例①：現年度分の申請をする場合】

減免申請の結果、年度の保険料総額《※1》は350,100円から125,100円になった
（6月期35,100円 7～3月期それぞれ35,000円
→6月期35,100円 7～3月期それぞれ10,000円に変更され
た）

6・7月期は納期限《※2》内に納付は困難だが、8月中には納付可能

15

令和か平成を記入（エクセル作成の場合はリストから選

From

Used to indicate the starting point (previous address, etc.)

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 12345678-01 12345678-01

This appears to be a reference or control number field, likely pre-printed on the form. If it's blank, you may need to enter a case number or application ID provided by the government office, or leave it blank if this is your first submission.

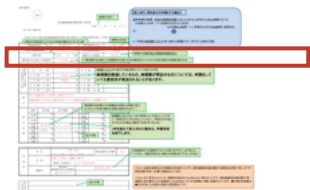
3 納付義務者氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.

4 千葉 太郎 Chiba Taro
This is an example name showing the format: write your family name first, then given name, separated by a space.

セクション 2 — Section 2

世帯の被保険者数	2	人	納付義務者職業	自営業	左側の「対象年度」の保険料総額を記入
対象年度	令和 6	年度	賦課された保険料	¥125,100	円
徴収猶予を必要とする保険料	¥45,100	円	「徴収猶予を必要とする保険料の内訳」の合計額を記入 (エクセル作成の場合は自動計算されま		
	4 月 期	円	10 月 期 (5 期)	円	

- 1世帯の被保険者数 Number of insured persons in household
Count all family members covered by national health insurance in your household
- 2納付義務者職業 Occupation
e.g. 会社員 (company employee), 自営業 (self-employed), 学生 (student)
- 3自営業 Self-employed
Select if you run your own business or work as a freelancer/independent contractor
- 4左側の「対象年度」の保険料総額を記入 Insurance premium / Fiscal year / Fill in
Amount you pay for national health insurance coverage, usually calculated based on income and household size Japanese fiscal year runs from April 1 to March 31
- 5対象年度 Fiscal year
Japanese fiscal year runs from April 1 to March 31
- 6令和 Reiwa (era name)
This refers to the current Japanese era period that began in 2019 - you'll need to convert Western calendar years when filling dates on the form
- 7年度 Fiscal year
Japanese fiscal year runs from April 1 to March 31
- 8賦課された保険料 Insurance premium
Amount you pay for national health insurance coverage, usually calculated based on income and household size
- 9125,100 125,100
Enter the total amount of insurance premiums paid during the tax year (125,100 yen in this example). Include all eligible insurance premiums such as life insurance, medical insurance, and pension contributions.
- 10「徴収猶予を必要とする保険料の内訳」の合計額を記入 (エクセル作成の場合は自動計算されま To do/perfor
This is typically part of a longer phrase on forms - look for the complete text before filling
- 11徴収猶予を必要とする保険料 To do/perfor
This is typically part of a longer phrase on forms - look for the complete text before filling
- 1245,100 45,100
Enter the calculated deduction amount based on your insurance premium payments (45,100 yen in this example). This amount is typically less than the total premiums paid due to deduction limits set by tax law.
- 13円10月期 (5期) October installment (5th payment)
Refers to the 5th installment payment due in October, typically for taxes or insurance premiums



セクション 3 — Section 3 (Part 1/2)

す徴 保猶 料を の必 内要 を記	4 月 期		円	10 月 期 (5 期)		円
	5 月 期		円	11 月 期		円
	6 月 期 (1 期)	35,100	円	12 月 期		円
	7 月 期 (2 期)	10,000	円	1 月 期		円
	8 月 期 (3 期)		円	2 月 期 (9 期)		円

納期限を超過しているもの、納期限が間近のものについては、申請をしていても督促状が發送されることがあります。

- 1 円10月期 (5期) October installment (5th payment)
Refers to the 5th installment payment due in October, typically for taxes or insurance premiums
- 2 す徴 Collection
Staff use only - do not fill in
- 3 円11月期 (6納期期) 限<<※2>>内に納付が可能円な期別については記入は不要 Fill in / Period/Term
Refers to billing periods for insurance premiums or tax payments
- 4 保猶 Dependent/Guardian
Leave blank unless you are registering as someone's dependent or have a legal guardian relationship to declare.
- 5 納期限を超過しているもの、納期限が間近のものについては、申請をして Payment due date / Application
The deadline by which payment must be made - check your payment slip or notice for the specific date This indicates the form is an application that requires submission
- 6 6月期 (1期) June period (1st period)
This likely refers to a tax or payment period - check which 6-month period applies to your situation and mark accordingly.
- 7 35,100 35,100
Enter the monetary amount 35,100 yen as shown. This appears to be a pre-filled amount related to tax or fee calculations.
- 8 円12月期 (7期) December period
Refers to a December billing/coverage period or fiscal term
- 9 いても督促状が發送されることがあります。 Yes/There is / .
This indicates affirmative response - check if applicable to your situation
- 10 料を fee
Write '料を' (ryō wo) which means 'fee' or 'charge'. This is likely part of a standard phrase about payment of fees.
- 11 7月期 (2期) (2nd term)
Write '7月期 (2期) ' indicating the July period (2nd term). This refers to a specific tax payment period in the Japanese fiscal system.
- 12 10,000 10,000
Enter the amount 10,000 yen. This appears to be another monetary figure, possibly related to the fee or tax calculation mentioned in the form.
- 13 円1月期 (8期) Period 8
This refers to the 8th payment period or installment for taxes/insurance premiums
- 14 内要 Details/Contents
Describe the specific details or reason for your application
- 15 8月期 (3期) August period (3rd installment)
Refers to the 3rd payment period, typically due in August for taxes or insurance premiums



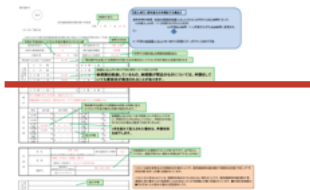
セクション 3 — Section 3 (Part 2/2)

の 必 要 な 内 容 を 記 入 し て 下 さい	8 月 期 (3 期)	円	2 月 期 (9 期)	円
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1

円2月期 (9期) February period (9th term)

Staff use only - do not fill in



セクション 4 — Section 4 (Part 1/2)

の 必 要 と 理 由	8月期 (3期)	円
	9月期 (4期)	円
	円2月期 (9期)	円
	円3月期 (10期)	円
5月に体調不良により失業し、無収入となった。		
求職活動中ではあるが、預貯金がなく、すぐに保険料を納めることが困難なため。		
「徴収猶予を必要とする保険料の内訳」と同様に記入 (エクセルで作成の場合は自動で記されます。)		
期別	納付額	納付期限

- 1 内要 Details/Contents
Describe the specific details or reason for your application
- 2 8月期 (3期) August period (3rd installment)
Refers to the 3rd payment period, typically due in August for taxes or insurance premiums
- 3 円2月期 (9期) February period (9th term)
Staff use only - do not fill in
- 4 9月期 (4期) 4th term
Refers to quarterly periods or installments (e.g., for tax payments or insurance premiums)
- 5 円3月期 (10期) 10th term/period
This likely refers to a payment period, term number, or administrative cycle - check context for specific meaning
- 6 5月に体調不良により失業し、無収入となった。 Lost job due to poor health in May and became without income.
This appears to be an example reason for reporting a change in employment/income status - write your actual circumstances if similar.
- 7 求職活動中ではあるが、預貯金がなく、すぐに保険料を納めることが困難なため。
Currently job searching but unable to pay insurance premiums immediately due to lack of savings.
This is a pre-written reason for payment difficulty - select if applicable to your situation
- 8 「徴収猶予を必要とする保険料の内訳」と同様に記入 To do/perform
This is typically part of a longer phrase on forms - look for the complete text before filling
- 9 期別 Period/Term
Refers to billing periods for insurance premiums or tax payments
- 10 納付額 Payment amount
Enter the amount you paid or need to pay in Japanese yen
- 11 納付期限 Payment due date
This shows when payment must be made - read carefully as late fees may apply
- 12 摘要期別 Period/Term
Refers to billing periods for insurance premiums or tax payments
- 13 納付額 Payment amount
Enter the amount you paid or need to pay in Japanese yen
- 14 納付期限 Payment due date
This shows when payment must be made - read carefully as late fees may apply
- 15 摘要 Remarks
Leave blank unless instructed otherwise by municipal staff - this section is typically filled by the office processing your registration.



セクション 4 — Section 4 (Part 2/2)

	期日	納付額	期日明細	備考
●	月期	円R	10月期 (5期)	● 納期限※2をいつまで延長したか記入してください

- 1 10月期 October period
Refers to a specific administrative period or semester starting in October
- 2 4月期 April period
Refers to the April term/period for administrative purposes
- 3 ・ 納期限・ <<※2>>をいつまで延長したいか記入してください Payment due date / Fill in
The deadline by which payment must be made - check your payment slip or notice for the specific date

[illegible]

セクション 6 — Section 6

計 画	6月期 (1期)	35,100	6・8・31	7月期 (2期)	10,000	6・8・31	8月期 (3期)	記入不要	1年を超えて記入された場合は、申請自体 を却下します。
--------	-------------	--------	--------	-------------	--------	--------	-------------	------	--------------------------------

- 1

12月期 December period

Refers to a December billing/coverage period or fiscal term
- 2

35,100 35,100

Enter the tax amount for the first payment period. This should match the amount shown on your tax notice from the municipality.
- 3

R6・ 8・ 31 August 31, 2024

Use Japanese date format: Reiwa year, month, day (R6 = 2024)
- 4

(1期) (1st period)

This indicates the first payment period (typically April-June). Leave as-is unless your payment schedule differs.
- 5

1年を超えて記入された場合は、申請自体 Fill in / Application

This indicates the form is an application that requires submission
- 6

10,000 10,000

Enter the tax amount for the second payment period. Check your municipal tax notice for the correct amount.
- 7

R6・ 8・ 31 August 31, 2024

Use Japanese date format: Reiwa year, month, day (R6 = 2024)
- 8

(2期) (2nd term)

This indicates the second payment period (typically July-September). Leave as-is unless your payment schedule differs.
- 9

(8期) Period 8

This refers to the 8th payment period or installment for taxes/insurance premiums
- 10

を却下します。

This appears to be rejection text - leave blank unless you are rejecting/declining something specific on this form.
- 11

記入不要0 Do not fill in / Fill in

Leave this field blank - it will be completed by staff
- 12

(3期) (3rd period)

This indicates the third payment period (typically October-December). Leave as-is unless your payment schedule differs.
- 13

(9期) (Period 9)

Refers to a specific administrative period or term - check with staff if unsure which period applies



セクション 7 — Section 7

3期 (3期)	9期 (9期)	4期 (4期)	10期 (10期)	記入不要	氏名	納付義務者との関係	本人
					氏名	納付義務者との関係	本人

内容確認のため連絡をすることがありますので、必ず記入してください。確認が取れない場合は申請を却下することがあります。

- 1
を却下します。
This appears to be part of a rejection notice template - you would not fill this out as an applicant, as it's used by officials to indicate application rejection.
- 2
記入不要0 Do not fill in / Fill in
Leave this field blank - it will be completed by staff
- 3
(3期) (3rd period)
This refers to a 3-month period designation, likely for visa duration or reporting periods - check your specific form instructions to see if this applies to your situation.
- 4
(9期) (Period 9)
Refers to a specific administrative period or term - check with staff if unsure which period applies
- 5
(4期) 4th term
Refers to quarterly periods or installments (e.g., for tax payments or insurance premiums)
- 6
(10期) 10th term/period
This likely refers to a payment period, term number, or administrative cycle - check context for specific meaning
- 7
千葉 太郎 Chiba Taro
This is an example name showing the format: write your family name first, then given name, separated by a space.
- 8
氏 名 Name
Write your full name as it appears on your residence card or passport
- 9
納付義務者との関係 Payer/Person liable for payment
The person legally responsible for paying fees, taxes, or insurance premiums
- 10
本人 Self (head of household)
Select this option if you are the head of household/primary applicant filling out the form for yourself, rather than having someone else complete it on your behalf.
- 11
てください。確認が取れない場合は申請を却下することがあります To do/perform
This is typically part of a longer phrase on forms - look for the complete text before filling
- 12
(注) 本人が手書きしない場合は、記名押印してください。 Do not / Seal (inkan / hanko)
This typically appears before other text to indicate something should not be done or does not apply Personal seal stamp. Most ward offices accept a written signature for foreigners instead.



セクション 8 — Section 8

申請者

住所

連絡先

の担当者

見者

※本人が手書きしない場合は、記名押印してください。

千葉市 中央区 千葉港 2番1号

(建物名、部屋番号) コミュニティ101号室

電話番号

080-1234-5678

電子メールアドレス

記入不要

※1> 当該年度相当分の保険料合計額のことです。国民健康保険料通知書の「保険料決定額(今回)」や「今回決定額(合計)」の欄に記載されています。

※2> 元々定められている、保険料を納めなければならない期日のことです。国民健康保険料通知書の「普通徴収(納付書または口座振替によるお支払い分)」の「納期限」の欄に記載されています。●月期の納期限は●月の月末(土日祝日の場合は翌営業日)です。

1

てください。確認が取れない場合は申請を却下することがあり

To do/perform

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

2

(注) 本人が手書きしない場合は、記名押印してください。

Do not / Seal (inkan / hanko)

This typically appears before other text to indicate something should not be done or does not apply Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

3

住所

Address

Write your current residential address in Japan exactly as it appears on official documents

4

(建物名、部屋番号) コミュニティ101号室

Number

Enter the relevant identification number (My Number, insurance number, etc.) as specified in the form context

5

電話番号

Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

6

<<※1>>当該年度相当分の保険料合計額のことです。国民健康保険料通知書の「保険料決定額(今回)」や「今回決定額(合計)」の欄に記載されています。

This is explanatory text about insurance premium amounts from your National Health Insurance notification - no need to fill anything here, just reference information.

7

080-1234-5678

080-1234-5678

Enter your phone number in the format shown (080-1234-5678). Use hyphens between the sections as demonstrated in the example.

8

(携帯番号などの日中連絡先)

Mobile phone

Enter your mobile/cell phone number including area code

9

連絡先

Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

10

電子メールアドレス

Email address

Enter a valid email address where you can receive communications from the municipal office

11

通徴収(納付書または口座振替によるお支払い分)の「納期限」の欄に記載されています。●月期の納期限は

This is explanatory text about payment due dates for National Health Insurance - no input required, it's just explaining where to find due date information on official notices.

12

記入不要

Do not fill in

Leave this field blank - it will be completed by staff

13

の担当者

's responsibility/in charge of

Write the name of the person responsible or in charge of this matter. If filing for yourself, write your own name; if filing on behalf of someone else, write your name as the representative.

14

見者

Witness

Leave blank unless specifically required - most forms don't need a witness signature for standard residence changes

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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, kokuho ni kirikae tai desu

I left my company and want to switch to National Health Insurance