

第3号様式(第13条)

国民健康保険療養費支給申請書

										年 月 日	
(宛先)鎌倉市長					住所 _____						
					世帯主 氏名 _____ (印)						
					電話 () _____						
次のとおり、療養に要した費用に関する証拠書類を添えて申請します。					個人番号 _____						
					<input type="checkbox"/> この診療は、第三者行為（事故・喧嘩等）によるものではありません。						
被 保 険 者 記 号 ・ 番 号		05—			被保険者氏名				世帯主 と の 続 柄		
発 病 ・ 負 傷 年 月 日		. .			生年月日 年 月 日		個 人 番 号				
傷 病 名					療 養 期 間		年 月 日から				
対 象 者 区 分		<input type="checkbox"/> 一般被保険者 <input type="checkbox"/> 退職被保険者本人 <input type="checkbox"/> 退職被保険者家族			<input type="checkbox"/> 就学時前 <input type="checkbox"/> 65～69歳 <input type="checkbox"/> 高齢一般 <input type="checkbox"/> 高齢一定以上		<input type="checkbox"/> 乳児 <input type="checkbox"/> 障害 <input type="checkbox"/> ひとり親				
診療・薬剤の支給又は手当を受けた病院、診療所、薬局その他の者の名称及び所在地											
診療又は、調剤に従事した医師、歯科医師及び薬剤師の氏名											
療養の給付を受けることができなかった理由											
発 病 の 原 因					療 養 の 内 容						
傷 病 の 経 過					療養に要した費用		円				
審 査 決 定 金 額		円			支 給 金 額 7・8・9・10割		円				
次のとおり決定してよいでしょうか。(伺い)					起 案		. .				
課 長		課長補佐		係 長		係		担 当		決 裁	
										. .	
区分		<input type="checkbox"/> 承認します <input type="checkbox"/> 承認しません (理由)			承認 番号						
					支 給 簿 番 号						
受付		審査依頼 . .			審査終了受付 . .		支給 . .				
		口座振込		銀行		本店 支店		<input type="checkbox"/> 普通預金 <input type="checkbox"/> 当座預金			
				口座番号		口座名義(カタカナ)					

Kamakura — 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

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(第13条)

国民健康保険療養費支給申請書

年 月 日

(宛先)鎌倉市長

住所

世帯主 氏名

電話 ()

個人番号

次のとおり、療養に要した費用に関する証拠書類を添えて申請します。

☐ この診療は、第三者行為（事故・喧嘩等）によるものではありません。

被保険者 記号・番号	05—	被保険者氏名	世帯主 との
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- 1 第3号様式(第13条) Form No. 3 (Article 13)
This is a form reference number - you don't need to fill this in
- 2 国民健康保険療養費支給申請書 National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 3 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals
- 4 (宛先)鎌倉市長 To: Mayor of Kamakura City
This is pre-printed - indicates the form is addressed to the mayor
- 5 住所 Address
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 6 世帯主 氏名 印 Head of household / Full name / Seal (inkan / hanko)
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.
- 7 電話 () Telephone Number ()
Enter your phone number in the parentheses - mobile or landline number where you can be contacted.
- 8 次のとおり、療養に要した費用に関する証拠 To do/perform
This is typically part of a longer phrase on forms - look for the complete text before filling
- 9 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 10 ☐ この診療は、第三者行為（事故・喧嘩等）によるものではありません
This medical treatment is not due to third-party action (accident, fight, etc.)
Check this box to confirm your medical treatment was not caused by an accident or fight involving another party
- 11 世帯主 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 12 被保険者氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.



セクション 1 — Section 1 (continued)

1第3号様式(第13条)

2国民健康保険療養費支給申請書

3年 月 日

4(宛先)鎌倉市長

5住所

6世帯主 氏名

7電話 ()

8個人番号

9次のとおり、療養に要した費用に関する証拠書類を添えて申請します。

10この診療は、第三者行為(事故・喧嘩等)によるものではありません。

11被保険者記号・番号05-

12被保険者氏名

13世帯主との

- 13

記号・番号

Symbol/Number

Enter the symbol and number from your insurance card or other identification document
- 14

続柄

Relationship to head of household

See relationship terms table.

セクション 2 — Section 2

記号・番号	05-	続柄	
発病・負傷 年月日	.	生年月日 年月日	個人番号
傷病名	療養期間		年月日から
対象者区分	<div><div><input type="checkbox"/> 一般被保険者</div><div><input type="checkbox"/> 退職被保険者本人</div><div><input type="checkbox"/> 退職被保険者家族</div></div> <div><div><input type="checkbox"/> 就学時前</div><div><input type="checkbox"/> 65～69歳</div><div><input type="checkbox"/> 高齢一般</div><div><input type="checkbox"/> 高齢一定以上</div></div> <div><div><input type="checkbox"/> 乳児</div><div><input type="checkbox"/> 障害</div><div><input type="checkbox"/> ひとり親</div></div>		

- 1 記号・番号 Symbol/Number
Enter the symbol and number from your insurance card or other identification document
- 2 続柄 Relationship to head of household
See relationship terms table.
- 3 発病・負傷 Illness/Injury
Check this box if your move is due to becoming ill or getting injured
- 4 個人 Individual
Used to distinguish individual applications from household or corporate ones
- 5
- 6 年月日番号 Number
Enter the relevant identification number (My Number, insurance number, etc.) as specified in the form context
- 7 療養期間 Treatment period
Enter the dates you were receiving medical treatment or unable to work due to illness
- 8 年月日から From
Used to indicate the starting point (previous address, etc.)
- 9 ☐ 一般被保険者 General insured person
Check this box if you are a regular national health insurance member (not a dependent)
- 10 ☐ 乳児 Infant
Check this box if registering an infant (typically under 1 year old)
- 11 ☐ 65～69歳 Age 65-69
Check this box if you are between 65 and 69 years old
- 12 対象者区分 ☐ 退職被保険者本人 Eligible person category ☐ Retired insured person (primary)
Check this box if you are the primary holder (not dependent) of retirement-based national health insurance
- 13 ☐ 退職被保険者家族 Dependent of retired insured person
Check if you are a family member/dependent of someone who retired from company insurance
- 14 ☐ ひとり親 Single parent
Check if you are raising children as a single parent - may qualify for benefits or reduced fees
- 15 ☐ 高齢一定以上 Elderly (above certain age)
Checkbox for seniors above a specific age threshold (usually 65 or 70)



セクション 3 — Section 3

<div>1</div> <div><input type="checkbox"/>退職被保険者家族</div>	<div>2</div> <div><input type="checkbox"/>高齢一定以上</div>	<div>3</div> <div><input type="checkbox"/>ひとり親</div>
<div>4</div> <div>診療・薬剤の支給又は手当を受けた病院、診療所、薬局その他の者の名称及び所在地</div>		
<div>5</div> <div>診療又は、調剤に従事した医師、歯科医師及び薬剤師の氏名</div>		
<div>6</div> <div>療養の給付を受けることができなかった理由</div>		
<div>7</div> <div>療養の内容</div>		
<div>8</div> <div>発病の原因</div>		
<div>9</div> <div>療養に要した費用</div>		
<div>10</div> <div>傷病の経過</div>		
<div>11</div> <div>療養に要した費用</div>		
<div>12</div> <div>審査決定金額</div>		
<div>13</div> <div>7・8・9・10割</div>		

- 1

☐退職被保険者家族

Dependent of retired insured person

Check if you are a family member/dependent of someone who retired from company insurance
- 2

☐ひとり親

Single parent

Check if you are raising children as a single parent - may qualify for benefits or reduced fees
- 3

☐高齢一定以上

Elderly (above certain age)

Checkbox for seniors above a specific age threshold (usually 65 or 70)
- 4

院、診療所、薬局その他の者の名称及

Other

Use this section for any additional information not covered in other fields
- 5

診療又は、調剤に従事した医師、歯科

Physician or dentist engaged in medical treatment or dispensing

For medical professionals only - select if you are a doctor or dentist who provides treatment or prescriptions
- 6

療養の給付を受

Receipt of medical benefits

This appears to be an incomplete phrase - likely continues with additional text about receiving medical treatment benefits
- 7

なかつた理由

Reason for not

Complete the sentence by explaining why something did not happen or was not done
- 8

発病の原因

Cause of illness

Describe what caused your medical condition or illness
- 9

療養の内容

Details of medical treatment/care

Describe the type of medical treatment or nursing care you are receiving if applicable to your residence change
- 10

傷病の経過

Course of illness/injury

Describe the progression and changes in your medical condition over time
- 11

療養に要した費用

Medical expenses incurred

Enter total amount spent on medical treatment or healthcare services
- 12

審査決定金額

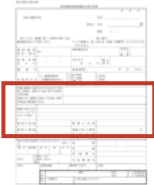
Approved amount

Staff use only - do not fill in
- 13

7・8・9・10割

70%/80%/90%/100%

Insurance coverage percentage - check the box that applies to your coverage level



セクション 4 — Section 4

1	審査決定金額	円	2	又和金額	円
3	次のとおり決定してよいでしょうか。	4	(伺い)	起	案
5	課長	課長補佐	係長	係	担当
6	承認します	承認しません	(理由)	支給簿番号	
7	区分				
8	受付	審査依頼	審査終了受付	支給	

- 1 審査決定金額 Approved amount
Staff use only - do not fill in
- 2 7・ 8・ 9・ 10割 70%/80%/90%/100%
Insurance coverage percentage - check the box that applies to your coverage level
- 3 次のとおり決定してよいでしょう May this be decided as follows?
Staff use only - do not fill in
- 4 (伺い) 起 Inquiry/Draft
Staff use only - do not fill in
- 5 . . .
Enter the date using dots as separators in Japanese date format (year • month • day). For example, if filling out in 2024, write something like '6 • 3 • 15' for March 15th of Reiwa 6.
- 6 課長 課長補佐 係長 Section Chief, Assistant Section Chief, Supervisor
Staff use only - do not fill in
- 7 担当決 Person in charge decision
Staff use only - do not fill in
- 8 . . .
Enter the date using dots as separators, likely for when a decision or action was taken. Use the same Japanese date format as field 5, with year • month • day.
- 9 区分 Category
Select the type of registration change (e.g., moving in, moving out, address change)
- 10 支給簿番号 Payment record number
This number is typically assigned by the municipal office - leave blank unless specifically instructed
- 11 (理由) Reason
Select or write the reason for your request (e.g., moving, marriage, job change)
- 12 審査依頼 Request for examination
Staff use only - do not fill in
- 13 審査終了受付 Reception / Received
Staff use - indicates form was received. Do not fill in.
- 14 支給 Payment/Benefits
This section relates to government payments or benefits you may receive - check with city hall staff about what applies to your situation
- 15 受付 Reception / Received
Staff use - indicates form was received. Do not fill in.



セクション 5 — Section 5

5 受付	1 理由	2 審査依頼	3 審査終了受付	4 支給	6
		12 口座振込	8 銀行	11 本店 支店	10 <input type="checkbox"/> 普通預金 <input type="checkbox"/> 当座預金
		口座番号	13 口座名義(カタカナ)		

- 1 (理由) Reason
Select or write the reason for your request (e.g., moving, marriage, job change)
- 2 審査依頼 Request for examination
Staff use only - do not fill in
- 3 審査終了受付 Reception / Received
Staff use - indicates form was received. Do not fill in.
- 4 支給 Payment/Benefits
This section relates to government payments or benefits you may receive - check with city hall staff about what applies to your situation
- 5 受付 Reception / Received
Staff use - indicates form was received. Do not fill in.
- 6 . . .
Enter the date when you submitted your investigation request to the tax office. Use the Japanese date format (year/month/day) or the format specified in the form instructions.
- 7 . . .
Enter the date when you received the investigation results from the tax office. This should be the date the tax office provided you with their findings or response to your inquiry.
- 8 . . .
Enter the date when payment was made or received related to this tax matter. This could be when you paid additional taxes owed or received a refund based on the investigation results.
- 9 銀行 本店 Head office / Bank
Enter the main office address of your company or organization Enter the name of your bank for direct deposit or payment purposes
- 10 ☐ 普通預金 Regular savings account
Check this box if using a regular savings account for automatic payments or refunds
- 11 支店 Branch
For bank branch name when providing financial information
- 12 振口座番号 Account number
Your bank account number (usually 7 digits).
- 13 口座名義(カタカナ) Account holder name
Must match the name on the account exactly — usually in katakana.



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