

第3号様式（第30条関係）

世田谷区長 あて

国民健康保険異動届

				世帯の記号番号							
				12							
届出年月日		年 月 日		異動年月日		年 月 日					
届出人	氏 名	(フリガナ)						世帯主との続柄			
								又は関係			
							電話番号		()		
住 所											

お届けの内容に○をしてください。

1 加入	2 脱退	3 資格変更	4 その他 ()
------	------	--------	-----------

世帯主氏名等を記入してください。

世帯主 <input type="checkbox"/> 届出人と同じ				住所	(届出人と同じ住所のときは、記入不要です。)						
氏名					世田谷区		丁目		番		号
個人番号					電話番号		()				

加入・脱退・変更等のある方の氏名等を記入してください。

	氏名及び個人番号				続柄	生年月日	年齢	性別	職業
1	(フリガナ)					昭・平・令			
	<input type="checkbox"/> 届出人と同じ								
	個人番号								
2	(フリガナ)					昭・平・令			
	個人番号								
3	(フリガナ)					昭・平・令			
	個人番号								
4	(フリガナ)					昭・平・令			
	個人番号								
5	(フリガナ)					昭・平・令			
	個人番号								

保険料の口座振替	1 する 2 しない	※マイナンバーカードは、有効期限内かつ電子証明書（5年毎に更新が必要） が有効であるものに限りします。							
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(職員記入欄)		交付したもの	
適用開始		適用終了	
社保離脱 国組離脱		社保加入 国組加入	
生保廃止 出生		生保開始 死亡	
転入（特別区・国内・国外）		転出（特別区・国内・国外）	
国籍取得 その他取得		国籍喪失 その他喪失	
()		()	
資格変更等		世帯変更	
個別情報入力 異動日訂正		世帯（合併・分離）	
職権回復（ ）		転居（ ）	
個人宛名異動		通知書再発行	
住民記録等確認		記事	
保険料説明			
納付状況確認			
乳・子（変更）案内			
旧被扶養者申請書			
		確認 所・係名	

本人	免	番号	力	パス	個人	番	通	S
確認	在留	特永			番号	担当		
他	保険者名				資格取得年月日			
健	記号番号				年 月 日			
保	事業所名				退職年月日			
確	(担当者)				年 月 日			
認	電話				年 月 日			

1	お知らせ	確認書
2	お知らせ	確認書
3	お知らせ	確認書
4	お知らせ	確認書
5	お知らせ	確認書
交付方法		
窓口	郵 送	
受付	特・普	
入力		

(記入見本)

第3号様式 (第30条関係)

世田谷区長 あて

国民健康保険異動届

世帯の記号番号

12

届出年月日	●●年●●月●●日	異動年月日	年 月 日				
届出人	氏 名	(フリガナ) コクホ タロウ	世帯主との続柄		本人		
		国保 太郎	又は関係				
	住 所	世田谷区世田谷4-21-27		電話番号 03 (5432) 1111			

お届けの内容に○

1	加入	提出書類の内容に記入もれ等がある場合は、お電話で確認させていただきます。日中連絡がとれる番号をご記入ください。				
世帯主氏名等を記入						
世帯主	<input checked="" type="checkbox"/> 届出人					
氏名		所	電話番号 ()			
個人番号						

加入・脱退・変更等のある方の氏名等を記入してください。

	氏名及び個人番号	続柄	生年月日	年齢	性別	職業
1	(フリガナ)	本人	昭・平・令	●●		
	<input checked="" type="checkbox"/> 届出人と同じ		●●年●●月●●日	●●		
	個人番号		1 2 3 4 5 6 7 8 9 0 1 2	マイナンバーカード (※) の健康保険証利用登録	有・無	
2	(フリガナ) コクホ ハナコ	妻	昭・平・令	●●		
	国保 花子		●●年●●月●●日	●●		
	個人番号		2 3 4 5 6 7 8 9 0 1 2 3	マイナンバーカード (※) の健康保険証利用登録	有・無	
3	(フリガナ) コクホ イチロウ	子	昭・平・令	●●		
	国保 一郎		●●年●●月●●日	●●		
	個人番号		3 4 5 6 7 8 9 0 1 2 3 4	マイナンバーカード (※) の健康保険証利用登録	有・無	
4	(フリガナ)		昭・平・令			
5						

【注意】

- ・国民健康保険異動届は、申請者が自筆してください。
- ・個人番号とはマイナンバーのことです。不明な場合は、記入不要です。

更新が必要)

(職員記入欄)		が有効であるものに限りします。				交付したもの						
適用開始	適用終了	本人	免	番号カ	パス	個人	番	通	S	資格情報の	資格	
社保離脱	国組離脱	本人確認	在留特永			個人番号	担当			1	お知らせ	確認書
生保廃止	出生									2	お知らせ	確認書
転入 (特別区・国内・国外)	転出 (特別区・国内・国外)									3	お知らせ	確認書
国籍取得	その他取得	4	お知らせ	確認書								
()	()	5	お知らせ	確認書								
資格変更等	世帯変更	他健康保険確認欄				交付方法						
個別情報入力 異動日訂正	世帯 (合併・分離)	保険者名	記号番号		資格取得年月日		窓口	郵送				
職権回復 ()	転居 ()	事業所名 (担当者)			年 月 日		受付	特・普				
個人宛名異動	通知書再発行	電話			年 月 日							
住民記録等確認	記事							確認	所・係名			
保険料説明												
納付状況確認												
乳・子 (変更) 案内												
旧被扶養者申請書												

Setagaya — 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

タイトル・届出日 — Header & Dates (Part 1/2)

第3号様式 (第30条関係)

世田谷区長 あて

届出年月日 年 月 日 異動年月日 年 月 日

国民健康保険異動届

12

世帯の記号番号

- 1

世帯の記号番号 Household symbol number
Leave blank - this is assigned by the municipal office, not filled by applicants
- 2

第3号様式 (第30条関係) Form No. 3 (Related to Article 30)
This is a pre-printed form identifier that shows this is Form No. 3 related to Article 30 of the National Health Insurance law. You don't need to write anything here as it's already filled in.
- 3

国民健康保険異動届 National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 4

12 12
This appears to be a pre-printed code number '12' for administrative purposes. Leave this as-is since it's already printed on the form.
- 5

届出年月日 年 月 日 異動年月日 年 月 日
Date of notification __ year __ month __ day / Date of change __ year __ month __ day
Fill in the date you're submitting this form for "notification date" and the actual date your residence changed for "change date"



タイトル・届出日 — Header & Dates (Part 2/2)

1

第3号様式 (第30条関係)

2

世帯の記号番号

3

世田谷区長 あて

4

国民健康保険異動届

5

12

- 1

(記入見本)

(Sample Entry)

This indicates 'Sample Entry' - you don't need to fill anything here as it's just showing this is an example form.
- 2

世帯の記号番号

Household symbol number

Leave blank - this is assigned by the municipal office, not filled by applicants
- 3

第3号様式 (第30条関係)

Form No. 3 (Related to Article 30)

This shows the form type and legal reference - no action needed from you as it's pre-printed identifying information.
- 4

国民健康保険異動届

National Health Insurance

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 5

12 12

Enter your household identification number (世帯番号) which should be provided by your local ward office or found on previous documents from them.



届出人情報 — Who Is Filing (Part 1/2)

1	届出年月日	年	月	日	異動年月日	年	月	日											
	届出人	4	氏名			5	(フリガナ)			7	世帯主との続柄								
									8	又は関係									
									7	電話番号			()						
		8	住所																

- 1 届出年月日 年 月 日 異動年月日 年 月 日
Date of notification __ year __ month __ day / Date of change __ year __ month __ day
Fill in the date you're submitting this form for "notification date" and the actual date your residence changed for "change date"
- 2 世帯主との続柄 Head of household / Relationship to head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household. See relationship terms table.
- 3 (フリガナ) Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 4 氏名 Name
Write your full legal name as it appears on your passport or residence card
- 5 又は関係 or relationship
This indicates an alternative field option - select either the previous option or specify your relationship to the person being registered.
- 6 届出人 Applicant / Person filing the form
The person physically submitting the form. Usually yourself.
- 7 電話番号 () Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 8 住所 Address
Write your current residential address in Japan exactly as it appears on official documents



届出人情報 — Who Is Filing (Part 2/2)

第3号様式（第30条関係）

国民健康保険異動届

世田谷区長 あて

12

世帯の記号番号

届出年月日

●●年●●月●●日

異動年月日

年 月 日

届出人

氏 名

(フリガナ) コクホ タロウ

国保 太郎

世帯主との続柄

又は関係

本人

電話番号

03 (5 4 3 2) 1 1 1 1

- 1

国民健康保険異動届 National Health Insurance

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 2

12 12

Write your household identification number (世帯番号) which is assigned by your local municipal office when you register for National Health Insurance.
- 3

届出年月日●●年●●月●●日異動年月日 年 月 日

Date of notification ●●year ●●month ●●day Date of change year month day

Fill in today's date in the first field (notification date) and the actual date you moved in the second field (change date).
- 4

(フリガナ) コクホ タロウ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 5

本人 Self (head of household)

Select your relationship to the head of household - '本人' means you are the head of household yourself, which is the most common selection for individual applicants.
- 6

氏 名 Name

Write your full legal name as it appears on your passport or residence card
- 7

国保 太郎 National Health Insurance Taro

Write the full name of the person filing this form - typically your own name if you selected '本人' in field 5, using the same characters as registered with your municipality.
- 8

届出人 Applicant / Person filing the form

The person physically submitting the form. Usually yourself.
- 9

電話番号 03 (5 4 3 2) 1 1 1 1 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.



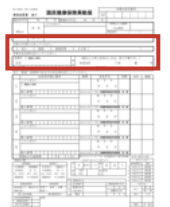
住所 — Addresses (Part 1/2)

	住所	
お届けの内容に○をしてください。		
1 加入	2 脱退	3 資格変更 4 その他（ ）
世帯主氏名等を記入してください。		
世帯主 <input type="checkbox"/> 届出人と同じ 氏名	住所	(届出人と同じ住所のときは、記入不要です。)
個人番号		世田谷区 丁目 番 号 電話番号 ()

- 1 **住所** Address
Write your current residential address in Japan exactly as it appears on official documents
 - 2 **お届けの内容に○をしてください。** Please circle the content of your notification.
Circle the type of residence change you're reporting (moving in, moving out, change of address, etc.)

1 加入 2 脱退 3 資格変更 4 その他 () Other (/ Other / Change

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
 - 4 **(届出人と同じ住所のときは、記入不要です。)** Applicant / Person filing the form / Address / .
The person physically submitting the form. Usually yourself. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
 - 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 **個人番号** My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
 - 7 **電話番号** () Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.



住所 — Addresses (Part 2/2)

1

届出人

4

住所

5

世田谷区世田谷4-21-27

6

世帯主氏名等を記入してください。

7

世帯主氏名

8

届出人氏名

9

氏名

10

世田谷区

11

丁目

又は関係

電話番号

03 (5 4 3 2) 1 1 1 1

提出書類の内容に記入もれ等がある場合は、お電話で確認させていただきます。日中連絡がとれる番号をご記入ください。

1

届出人

Applicant / Person filing the form

The person physically submitting the form. Usually yourself.

2

電話番号

03 (5 4 3 2) 1 1 1 1

Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

3

世田谷区世田谷4-21-27

4-21-27 Setagaya, Setagaya Ward

This is a sample address format - enter your actual address in Japan using the same format (ward/city, district, block-building numbers)

4

住所

Address

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

5

1 加入 2 脱退 3 資格変更 4 その他 ()

Other (/ Other / Change

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

6

世帯主氏名等を記入してください。

Head of household name / Head of household / Full name

If you live alone, YOU are the head of household — write your own name. The primary person in a household for registration purposes. If you live alone, you are the head of household.

7

世帯主 届出人と同じ

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

(届出人と同じ住所のときは、記入不要です。)

Applicant / Person filing the form / Address / .

The person physically submitting the form. Usually yourself. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

9

氏名

Full name

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

10

世田谷区

Setagaya Ward

This indicates the municipal jurisdiction - leave as is if you're registering in Setagaya, or it may be pre-filled on forms from Setagaya Ward Office.

11

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)

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Form p.2

異動者 — Person Table (Part 1/4) (continued)

15

昭・平・令 Showa・Heisei・Reiwa

Circle the era corresponding to your birth year (Showa: 1926-1989, Heisei: 1989-2019, Reiwa: 2019-present)

異動者 — Person Table (Part 3/4)

氏名

所

個人番号

電話番号

加入・脱退・変更等のある方の氏名等を記入してください。

氏名及び個人番号

続柄

生年月日

年齢

性別

職業

(フリガナ)

昭和・平・令

年 月 日

1

☒ 届出人と同じ

本人

●●年●●月●●日

●●

- 1

氏名

Full name

Write in katakana for foreign names. Some forms accept romaji.
- 2

世田谷区

Setagaya Ward

This indicates the municipal jurisdiction - leave as is if you're registering in Setagaya, or it may be pre-filled on forms from Setagaya Ward Office.
- 3

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)
- 4

電話番号

() Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.
- 5

加入・脱退・変更等のある方の氏名等を記入してください。

Full name / Change / Person who

Write in katakana for foreign names. Some forms accept romaji. Check this box if you are making changes to existing information
- 6

氏名及び個人番号

My Number (Individual Number) / Full name

12-digit number. Leave blank on first registration — it will be mailed to you after. Write in katakana for foreign names. Some forms accept romaji.
- 7

続柄

Relationship to head of household

See relationship terms table.
- 8

年齢

Age

Write your age in numbers as of the date you're submitting this form
- 9

性別

Gender

男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 10

職業

Occupation

e.g. 会社員 (company employee), 自営業 (self-employed), 学生 (student)
- 11

昭・平・令

Showa · Heisei · Reiwa

Circle the era corresponding to your birth year (Showa: 1926-1989, Heisei: 1989-2019, Reiwa: 2019-present)
- 12

本人

Self (head of household)

This indicates the person's relationship to the head of household. '本人' means 'self' and is pre-selected, indicating this row is for the head of household (typically the main resident listed on the form).
- 13

●● ●●

These black circles (●●) represent fields where you fill in specific numbers or dates by darkening the appropriate circles, similar to a bubble sheet test format used in Japanese official forms.
- 14

☒ 届出人と同じ

Applicant / Person filing the form

The person physically submitting the form. Usually yourself.



異動者 — Person Table (Part 3/4) (continued)

15

●●年●●月●●日 ●●Year ●●Month ●●Day

Fill in the date using Japanese calendar year (e.g., 令和5年) or Western calendar year format as specified on the form

異動者 — Person Table (Part 4/4)

1	個人番号	1	2	3	4	5	6	7	8	9	0	1	2	マイナンバーカード (※) の健康保険証利用登録	有・無		
2	(フリガナ)	コクホ ハナコ												妻	昭・平・令	2	●●
		国保 花子													●●年●●月●●日	●●	
3	個人番号	2	3	4	5	6	7	8	9	0	1	2	3	マイナンバーカード (※) の健康保険証利用登録	有・無		
	(フリガナ)	コクホ イチロウ												子	昭・平・令	5	●●
		国保 一郎													●●年●●月●●日	●●	
7	個人番号	3	4	5	6	7	8	9	0	1	2	3	4	マイナンバーカード (※) の健康保険証利用登録	有 (無)		

- 1

個人番号123456789012マイナンバーカード (※) の健康保険証利用登録 有・無

My Number Card / My Number Card / My Number (Individual Number)

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
- 2

●● ●●

Write the birth year using the Japanese era system (昭和/平成/令和) followed by the year number. Foreign residents can convert their birth year - for example, 1990 would be 平成2年.
- 3

国保 花子 National Health Insurance Hanako

Write your full name in katakana if you're a foreign resident, matching exactly how it appears on your residence card. Japanese citizens write their name in kanji/hiragana as it appears on official documents.
- 4

個人番号234567890123マイナンバーカード (※) の健康保険証利用登録 有・無

My Number Card / My Number Card / My Number (Individual Number)

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
- 5

●● ●●

Write the birth year in Japanese era format, same as field 2. Make sure it matches your official documents and residence card information.
- 6

国保 一郎 Kokuho Ichiro

This appears to be a sample name showing where to write your name - "Kokuho" (National Health Insurance) + "Ichiro" (common Japanese male name used in examples)
- 7

個人番号345678901234マイナンバーカード (※) の健康保険証利用登録 有・無

My Number Card / My Number Card / My Number (Individual Number)

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



本人確認書類 — ID & Documents (Part 1/3)

4											1	年	月	日										
個人番号										2 マイナンバーカード (※) の健康保険証利用登録 有・無														
3 (フリガナ)										4 昭・平・令														
5											5	年	月	日										
6 個人番号										7 マイナンバーカード (※) の健康保険証利用登録 有・無														
8 保険料の口座振替										9 1 する 2 しない														
11 (職員記入欄)										10 ※マイナンバーカードは、有効期限内かつ電子証明書 (5年毎に更新が必要) が有効であるものに限りです。														
12 適用開始										13 適用終了														
本										免														
番号										力														
パス										個														
番										通														
S										14 資格情報の														
資格										15 交付したもの														

- 1 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年12月15日
- 2 マイナンバーカード (※) の健康保険証利用登録 有・無 My Number Card / My Number Card / My Number
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
- 3 (フリガナ) Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 4 昭・平・令 Showa・Heisei・Reiwa
Circle the era corresponding to your birth year (Showa: 1926-1989, Heisei: 1989-2019, Reiwa: 2019-present)
- 5 年 月 日 Year Month Day
Write the date in Japanese format (year/month/day) using Arabic numerals, e.g., 2024年12月15日
- 6 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 7 マイナンバーカード (※) の健康保険証利用登録 有・無 My Number Card / My Number Card / My Number
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
- 8 保険料の口座振替 Insurance premium automatic bank transfer
Check this box if you want insurance premiums automatically deducted from your bank account instead of paying manually
- 9 1 する 2 しない※マイナンバーカードは、有効期限内かつ電子証明書 (5年毎に更新が必要)
My Number Card / My Number Card / My Number
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
- 10 交付したもの Items issued
List any documents that were issued to you as part of this registration process (such as residence card, certificate, etc.)
- 11 (職員記入欄) Staff use only / Office use only
Section for ward office staff. Do not write anything here.



本人確認書類 — ID & Documents (Part 1/3) (continued)

- 12

が有効であるものに限ります。

This is explanatory text stating that My Number Cards must be valid and within their expiration date, with electronic certificates requiring renewal every 5 years. No action is required from you for this field - it's just an important notice to ensure your My Number Card is current.
- 13

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)
- 14

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
- 15

資格情報の Qualification

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

本人確認書類 — ID & Documents (Part 2/3)

適用開始		適用終了		本人確認	1 免	番号カ	パス	個人番	通	S	資格情報の		資格
社保離脱	国組離脱	2 社保加入	国組加入								1 お知らせ	2 確認書	
生保廃止	出生	生保開始	死亡								2 お知らせ	確認書	

- 1

免番号カパス Exemption Number Card Pass

Leave blank unless you have a specific exemption number card or pass related to your residence status
- 2

確認書 Confirmation Document

This is likely a header or reference to a verification document you may need to attach or present with your form.
- 3

生保開始 死亡 Welfare benefits start Death

N/A - these are administrative processing codes that municipal staff use, not fields for residents to fill out
- 4

在留 Residence Status

Enter your visa/residence status type (e.g., work visa, student visa, permanent resident, etc.)
- 5

番担当 Number in charge/Responsible number

N/A (this is likely a reference number or code assigned by municipal staff)



本人確認書類 — ID & Documents (Part 3/3)

適用開始		適用終了		本人	免	番号	力	パス	個人	番	通	S	1	資格情報の	資格
社保離脱	国組離脱	社保加入	国組加入											お知らせ	確認書

- 1
- 1お知らせ

1. Notice

This is a notice or information field where you would write any important notifications or announcements related to your status changes (such as social insurance enrollment/withdrawal or national health insurance changes). If there are no special notices to report, you can leave this blank or write '特になし' (nothing in particular).



記入方法・注意事項 — Instructions (Part 1/3)

適用開始		適用終了		本人確認	免番号力	パス	個人番号	番	通	S	頁情報		頁情報	
社保離脱	国組離脱	社保加入	国組加入								お知らせ	確認書		
生保廃止	出生	生保開始	死亡	在留			担当				お知らせ	確認書		
転入(特別区・国内・国外)		転出(特別区・国内・国外)		特永			番号				お知らせ	確認書		
国籍取得	その他取得	国籍喪失	その他喪失								お知らせ	確認書		
()		()									お知らせ	確認書		
資格変更等		世帯変更		保険者名	資格取得年月日					交付方法				
個別情報入力	異動日訂正	世帯(合併・分離)		記号番号	年 月 日					窓口	郵送			
職権回復()		転居()		事業所名(担当者)	退職年月日						特・普			

- 1

確認書 Confirmation Document

This is likely a header or reference to a verification document you may need to attach or present with your form.
- 2

生保開始 死亡 Welfare benefits start Death

N/A - these are administrative processing codes that municipal staff use, not fields for residents to fill out
- 3

在留 Residence Status

Enter your visa/residence status type (e.g., work visa, student visa, permanent resident, etc.)
- 4

番担当 Number in charge/Responsible number

N/A (this is likely a reference number or code assigned by municipal staff)
- 5

3お知らせ 3. Notifications

N/A if it's just instructions/layout text
- 6

転入(特別区・国内・国外) 転出(特別区・国内・国外) Moving in (from another municipality or abroad) / Moving out

Check the appropriate box if you moved into or out of the municipality during the period covered by this form. For foreign residents, this includes moves from abroad or to other cities within Japan.
- 7

確認書 Confirmation Document

This is likely a header or reference to a verification document you may need to attach or present with your form.
- 8

() 他保険者名 Other Insurer Name

Write the name of your previous health insurance provider if transferring from another municipality or insurance system.
- 9

健記号番号 Health Insurance Symbol and Number

Enter the symbol (記号) and number (番号) from your Japanese health insurance card if you have one; leave blank if not enrolled
- 10

資格変更等 Change / Qualification

Check this box if you are making changes to existing information Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 11

世帯変更 Change of household (head of household change, merge, split)

Check this if there were changes to your household composition, such as family members joining or leaving, or changes in who is registered as the head of household.
- 12

資格取得年月日 Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 13

交付方法 Method of delivery/issuance

Select how you want to receive official documents (e.g., by mail, in-person pickup, etc.)



記入方法・注意事項 — Instructions (Part 1/3) (continued)

- 14

年 月 日 Year Month Day

Fill in the date using the Japanese calendar format (usually Reiwa era year, then month and day in numbers)
- 15

窓口 Window/Counter

This indicates which service window at the city office you should visit - check the appropriate box based on your district or the type of service you need.

記入方法・注意事項 — Instructions (Part 2/3)

個別情報入力 異動日訂正	市区 (合併・分離)	確認欄	事業所名 (担当者)	年 月 日	窓口	郵 込
職権回復 ()	転居 ()			退職年月日		特・普
個人宛名異動	通知書再発行	電話		年 月 日	受付	入力

- 1

職権回復 () 転居 ()

Moving within the same municipality

Leave these fields blank unless specifically instructed by the municipal office. These are administrative codes used by staff for special cases like restoring registration rights or noting relocations within the same city.
- 2

(担当者)

(Person in charge)

This field is filled out by the government office staff member handling your case. As an applicant, you should leave this blank - the clerk will write their name or ID number here.
- 3

特・普

Special/Regular

Select "特" for special permanent resident status or "普" for regular resident status based on your visa category
- 4

個人宛名異動

通知書再発行

Individual Address Change Notification Reissuance

N/A if it's just instructions/layout text
- 5

年 月 日

Year Month Day

Fill in the date using the Japanese calendar format (usually Reiwa era year, then month and day in numbers)
- 6

受付

Reception/Received

N/A (this is for office use only - staff will stamp/fill this section when they receive your form)



記入方法・注意事項 — Instructions (Part 3/3)

適用開始		適用終了		本人確認欄	免	番号カ	パス	個人番号	番	通	S	1	資格情報の		資格
社保離脱	国組離脱	社保加入	国組加入		在留				担当	お知らせ	確認書				
生保廃止	出生	生保開始	死亡	3	特永			4	お知らせ	確認書					
転入 (特別区・国内・国外)	転出 (特別区・国内・国外)	国籍取得	その他取得		国籍喪失	その他喪失	お知らせ		確認書						
()		()		他健康保険確認欄	保険者名			5	お知らせ	確認書					
資格変更等		世帯変更			記号番号	資格取得年月日			交付方法						
個別情報入力 異動日訂正		世帯 (合併・分離)		事業所名 (担当者)	年 月 日			窓口	郵 送						
職権回復 ()		転居 ()		退職年月日	年 月 日				特・普						
個人宛名異動		通知書再発行		7 電話	年 月 日			受付	8 入力						

- 1

1お知らせ 1. Notice

This indicates the type of notification you're requesting - select '確認書' (confirmation document) if you need written proof of your registration status, or 'お知らせ' (notice) for general notifications.
- 2

確認書 Confirmation Document

This is likely a header or reference to a verification document you may need to attach or present with your form.
- 3

特永 Special Permanent Resident

Check this box if you hold special permanent resident status (typically for long-term Korean/Taiwanese residents and their descendants)
- 4

4お知らせ 4. Notifications

N/A if it's just instructions/layout text
- 5

() () 他保険者名 Other Insurer Name

Write the name of your previous health insurance provider if transferring from another municipality or insurance system.
- 6

確認書 Confirmation Document

This is likely a header or reference to a verification document you may need to attach or present with your form.
- 7

電話 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.
- 8

入力 Input

Select '入力' (input) to indicate you are manually filling out this form rather than having it processed through special delivery (特) or regular mail (普) methods.



備考・その他 — Footer & Notes (Part 1/2)

職権回復 () 転居 ()		認 (担当者)	退職年月日		特・普	
個人宛名異動 通知書再発行		欄 電話	年 月 日		受付 入力	
住民記録等確認		記事				
保険料説明						
納付状況確認						確認 所・係名
乳・子 (変更) 案内						

- 1

個人宛名異動 通知書再発行 Individual Address Change Notification Reissuance

N/A if it's just instructions/layout text
- 2

年 月 日 Year Month Day

Fill in the date using the Japanese calendar format (usually Reiwa era year, then month and day in numbers)
- 3

受付 Reception/Received

N/A (this is for office use only - staff will stamp/fill this section when they receive your form)
- 4

住民記録等確認 Resident Record Verification/Confirmation

This is typically a section for official use - you usually don't need to fill this out as it's completed by municipal staff to verify your existing records.
- 5

記事 Remarks

Leave blank unless municipal office staff need to add special notes about your registration change.
- 6

確認 Confirmation

This is a confirmation checkbox or signature field where you acknowledge that all the information provided on the form is accurate and complete. Simply check the box or sign your name to confirm the details you've entered are correct.
- 7

所・係名 Office/Section Name

Write the name of the specific office or section within the municipal government that you're submitting this form to (e.g., "市民課" for Citizens Affairs Section)
- 8

乳・子 (変更) 案内 Change

Check this box if you are making changes to existing information



備考・その他 — Footer & Notes (Part 2/2)

職権回復 ()	転居 ()	認 (担当者)	退職年月日	符・普
個人宛名異動	通知書再発行	欄 電話	年 月 日	受付 入力

- 1

電話 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.
- 2

入力 Input

This appears to be a processing field marked as '入力' (Input) that may be filled by office staff rather than the applicant. As a foreign resident, you likely don't need to write anything in this administrative processing section unless specifically instructed by the office personnel.



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