

別記第9号様式（第3条第1項関係）

届出日  
入力日

豊島区長

国民健康保険適用終了・資格喪失届（変更届兼用）

☐ 全部喪失   ☐ 一部喪失   ☐ 適用終了年月日変更

住所

豊島区

丁目

番

一

号

号

方

（建物名）

適用終了（喪失）する人の氏名

性別

生年月日

続柄

フリガナ

男・女

昭・平・令

西暦

年

月

日

世帯主

（他）

個人番号

適用終了（喪失）する人の氏名

性別

生年月日

続柄

フリガナ

男・女

昭・平・令

西暦

年

月

日

世帯主

（他）

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続柄

フリガナ

男・女

昭・平・令

西暦

年

月

日

世帯主

（他）

個人番号

世帯主氏名

届出人氏名 ☐ 左記世帯主と同じ

届出人電話番号（自宅・携帯）

（ ）

個人番号

（上欄で記入済みの場合は不要）

届出人と世帯主の関係

本人・同一世帯員・代理人

代理人委任状の持参 有・無

適用終了（喪失）日

年

月

日

事由該当日

年

月

日

1. 転出（都内・都外・国外翌日喪失）

2. 社会保険等加入（翌日喪失）

3. 国保組合加入（同日喪失）

4. 生活保護開始・停止解除（同日喪失）

5. 死亡（首主・被保険日喪失）

6. 後期高齢加入（翌日喪失）

7. 職権消除

8. その他（ ）

9. 職権

10. 適用終了日変更

主宛名番号

旧番号 ☐ 同一人

適用終了年月日変更

事由

前

年

月

日

後

年

月

日

（資格確認書・保険証）回収

済・未（紛失・封筒渡済）・旧証（期限切）

総窓で回収

交付

・通知書（ ）

・納付書（ ）

・他（ ）

受付

入力

検査

交付

記 号 番 号

—

収 納

既存口座情報 有・無

状況

☐ イライヘン確認済

旧

—

保 険 料

☐ 完納 ☐ 未到来

☐ 本日完納

☐ 未納あり ☐ 賦課変更

⇒収納担当への引継

済・不要

確認済

本人確認書類

《A…いずれか1点》

☐ 運 ☐ バ ☐ 在

☐ マイナンバー ☐ 住基

☐ 他（ ）

《B…いずれか2点》

☐ 保険証 （7/12まで、それ以前に有効期限が切れる場合は有効期限まで）

☐ 確認書 ☐ 介護保険

☐ 年金手帳

☐ 他（ ）

☐ 3点確認済み

※電話番号は他の豊島区業務でも使わせていただく事があります。

☐ 不当説明済  
受診（有・無・不明）  
☐ 口座引継  
（窓口⇒職員⇒委託）  
☐ 乳・㊟案内済

☐ 世帯構成変更（有・無）  
☐ 世帯主変更（有・無）  
☐ 予定転出

# Toshima — 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

別記第9号様式 (第3条第1項関係)

届出日

豊島区長

国民健康保険適用終了・資格喪失届 (変更届兼用)

☐ 全部喪失 ☐ 一部喪失 ☐ 適用終了年月日変更

適用終了 (喪失) 日

記号番号

住 豊島区

丁目番一 号

年 月 日

- 1

別記第9号様式 ( 第3条第1項関係)      Separate Record Form No. 9 (Related to Article 3, Paragraph 1)

This is a form identifier that should already be pre-printed on the form - you don't need to fill this in. It indicates this is the official Form No. 9 for National Health Insurance termination procedures.
- 2

国民健康保険適用終了・資格喪失届 ( 変更届兼用 )      National Health Insurance / Change / Qualification

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Check this box if you are making changes to existing information
- 3

豊島区長      Mayor of Toshima Ward

This is a pre-printed title - do not fill in
- 4

☐全部喪失    ☐一部喪失    ☐適用終了年月日変更      Change / All / Partial

Check this box if you are making changes to existing information Select this option when requesting all records or information available
- 5

年    月    日      Year   Month   Day

Write the date in Japanese format (year/month/day) using Arabic numerals, typically the date you're submitting the form.
- 6

記 号 番 号      Symbol Number

Leave blank unless specifically assigned a symbol number by the municipal office for your case.
- 7

適用終了 ( 喪失 ) 日      Coverage End (Loss) Date

Enter the date when your coverage/eligibility ends (e.g., health insurance, pension, etc.)
- 8

豊島区      Toshima Ward

This indicates the municipal jurisdiction - if you're registering in Toshima Ward, this confirms you're using the correct form for your area.
- 9

丁 目          番          -          号      Chome \_\_\_\_ Ban \_\_\_\_ - \_\_\_\_ Go

Fill in the neighborhood district number, block number, and building/unit number from your Japanese address (e.g., "3-chome 15-ban 7-go" would be written as 3, 15, 7)
- 10

年          月          日      Year   Month   Day

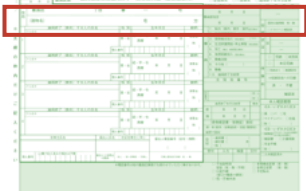
Fill in the date using the Japanese calendar year (e.g., Reiwa 6 for 2024) or Western calendar year as accepted by your municipality



届出人情報 — Who Is Filing (Part 1/2)

住所	豊島区	丁目	番	号	適用終了(喪失)日	記号番号
	(建物名)				年 月 日	
※フリガナ	適用終了(喪失)する人の氏名	性別	生年月日	続柄	事由該当日	既存口座情報 有・無
		昭・平・令			年 月 日	<input type="checkbox"/> イライヘン確認済
					1. 転出(都内・都外・国外翌日喪失)	納
					2. 社会保険等加入(翌日喪失)メモ	

- 1 豊島区 Toshima Ward  
This indicates the municipal jurisdiction - if you're registering in Toshima Ward, this confirms you're using the correct form for your area.
- 2 丁目 番 号 Chome \_\_\_\_ Ban \_\_\_\_ - \_\_\_\_ Go  
Fill in the neighborhood district number, block number, and building/unit number from your Japanese address (e.g., "3-chome 15-ban 7-go" would be written as 3, 15, 7)
- 3 年 月 日 Year Month Day  
Fill in the date using the Japanese calendar year (e.g., Reiwa 6 for 2024) or Western calendar year as accepted by your municipality
- 4 事由該当日 Date when reason applies  
Enter the specific date when the reason for your residence change occurred (e.g., actual moving date, marriage date, etc.)
- 5 (建物名) (Building name)  
Enter the name of your apartment building, condominium, or mansion if applicable; leave blank if living in a standalone house
- 6 号 方 Number \_\_\_\_ Direction/Side  
Enter your house/apartment number and direction indicator (e.g., "101 East" or "205 South") if your address includes directional information.
- 7 年 月 日 Year Month Day  
Fill in the date using the Japanese calendar year (e.g., Reiwa 6 for 2024) or Western calendar year as accepted by your municipality
- 8 既存口座情報 有・無 Existing Account Information - Yes/No  
Check "Yes" if you already have a bank account registered with the municipality for tax refunds or other payments, "No" if you don't.
- 9 適用終了(喪失)する人の氏名 Full name / To do/perform  
Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling
- 10 性別 Gender  
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 11 生年月日 Date of birth  
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 12 続柄 Relationship to head of household  
See relationship terms table.
- 13 ☐ イライヘン確認済 Immigration status change confirmation completed  
This is typically checked by municipal office staff after verifying your visa/residence status changes - you don't need to fill this box yourself.
- 14 フリガナ Phonetic reading (katakana)  
Write the katakana reading of your name. For foreign names, this IS your name in katakana.



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

- 15
- 2 3 . . 社国会保保組険合等加加入入 ( 同 ( 日翌喪日失喪 ) 失 ) メ入モ力状

Social insurance enrollment/withdrawal (same day withdrawal/next day withdrawal) memo input status

Check the appropriate box if you're enrolled in social insurance (health insurance, pension, etc.) and indicate whether withdrawal occurs on the same day or next day as your address change.

届出人情報 — Who Is Filing (Part 2/2)

フリガナ	昭・平・令	年	月	日	世帯主	2. 社会保険等加入 (翌日喪失)	メモ	納	状
太1	男・女	西暦				3. 国保組合加入 (同日喪失)	入力		

- 1男・女昭・西平曆・令Male・Female  
Circle or check the appropriate gender
- 2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
- 3太1Spouse 1  
Write the name of your first spouse if you have multiple spouses recognized under your home country's law, otherwise leave blank as Japan only recognizes monogamous marriage
- 4年 月 日Year \_\_\_\_ Month \_\_\_\_ Day  
Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)



## 住所 — Addresses (Part 1/3)

京 太 線 の	フリガナ	男・女	昭・平・令 西暦	年 月 日	世帯主 (他)	1. 転出（都内・都外・国外翌日喪失） 2. 社会保険等加入（翌日喪失） <input type="checkbox"/> オモ 3. 国保組合加入（同日喪失） <input type="checkbox"/> 入カ 4. 生活保護開始・停止解除（同日喪失） 5. 死亡（葬主・被保護日喪失） 6. 後期高齢加入（翌日喪失） 7. 職権消除	納 状 旧 況	<input type="checkbox"/> イライベン確認済 — — —
	フリガナ	個人番号	性 別	生年月日	続柄	由	<input checked="" type="radio"/> 完納 <input type="checkbox"/> 未到来	

- 1 2 3 . . 社会保険組合等加加入 ( 同 ( 日翌喪日失喪 ) 失 ) ヶ入モ力状  
Social insurance enrollment/withdrawal (same day withdrawal/next day withdrawal) memo input status  
Check the appropriate box if you're enrolled in social insurance (health insurance, pension, etc.) and indicate whether withdrawal occurs on the same day or next day as your address change.
  - 2 男・女昭・西平曆・令 Male・Female  
Circle or check the appropriate gender
  - 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 太1 Spouse 1  
Write the name of your first spouse if you have multiple spouses recognized under your home country's law, otherwise leave blank as Japan only recognizes monogamous marriage
  - 5 年 月 日 Year \_\_\_\_ Month \_\_\_\_ Day  
Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)
  - 6 事4 . 生活保護開始・停止解除 ( 同日喪失 ) Item 4. Welfare assistance start/stop/termination (same-day loss)  
Check this section if you are starting, stopping, or losing welfare benefits on the same day as your address change
  - 7 ( ) (blank space for filling in information)  
This appears to be a blank space for additional information or notes related to your application. Leave blank unless you have specific circumstances that require explanation.
  - 8 5 . 死亡 ( 普主・被保翌日喪失 ) 5. Death (Insurance holder/dependent - loss of coverage the day after)  
This is option 5 for reason of change - select this only if reporting a death of the insurance holder or dependent, which results in loss of coverage the day after death. Most foreign residents would not select this option unless filing on behalf of a deceased person's family.
  - 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 適用終了 ( 喪失 ) する人の氏名 Full name / To do/perform  
Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling
  - 11 性別 Gender  
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
  - 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 続柄 Relationship to head of household  
See relationship terms table.

[illegible]

住所 — Addresses (Part 1/3) (continued)

14

☐ 完納

☐ 未到来

☐ Fully paid

☐ Not yet due

Check the circle if all taxes/fees are paid, or the square if payment deadline hasn't arrived yet.

15

フリガナ

Phonetic reading (katakana)

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



住所 — Addresses (Part 2/3)

フリガナ

2

男・女 昭・平・令 年 月 日

西暦

世帯主

他

7. 職権消除

8. その他 ( )

9. 職権

10. 適用終了日変更

主 宛 名 番 号

料

○未納あり □賦課変有

⇒収納担当への引継

適用終了(喪失)する人の氏名

性別

生年月日

続柄

- 1 男・女昭・平・令 Male・Female  
Circle or check the appropriate gender
- 2 本日完納 Paid in full today  
This indicates fees have been completely paid as of today - typically pre-filled by office staff, not something you need to complete yourself.
- 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 8. その他 ( ) Other ( / Other  
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
- 5 枠2 Box 2  
This appears to be a section header or box identifier - you typically don't need to write anything here as it's a form reference number.
- 6 年 月 日 Year \_\_\_ Month \_\_\_ Day  
Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)
- 7 西暦 Western calendar  
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 8 ○未納あり □賦課変有 ○Unpaid taxes exist □Changes in tax assessment  
These are checkboxes for tax status - leave blank unless you have unpaid municipal taxes or recent tax assessment changes
- 9 ( ) (blank space for filling in information)  
Fill in the specific details requested by the preceding text or category. Check the context around this field to determine what information is needed (could be address details, phone number, etc.).
- 10 10. 適用終了日変更 Change  
Check this box if you are making changes to existing information
- 11 個人番号 My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 12 ⇒収納担当への引継 ⇒ Handover to Revenue Collection Department  
This is an administrative note indicating the form will be transferred to the revenue/tax collection department - no action needed from you as the applicant.
- 13 主 宛 名 番 号 Primary Address Number  
N/A if it's just instructions/layout text
- 14 適用終了(喪失)する人の氏名 Full name / To do/perform  
Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling
- 15 性別 Gender  
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.

Form p.1

住所 — Addresses (Part 3/3)

だ	適用終了（喪失）する人の氏名	性別	生年月日	続柄	主宛名番号	⇒収納担当への引継
---	----------------	----	------	----	-------	-----------

- 1

生年月日      Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 2

続柄      Relationship to head of household

See relationship terms table.



異動者 — Person Table (Part 1/5)

内 だ け

フリガナ

個人番号

性別

昭・平・令

西暦

年 月 日

続柄

世帯主

9. 職権

10. 適用終了日変更

主 宛 名 番 号

旧

□同一人

○未納あり □賦課変更

⇒収納担当への引継

済 ・ 不要

確認済

- 1 ( ) (blank space for filling in information)
- This appears to be a blank field for additional notes or remarks related to the person's information. Leave blank unless you have specific additional information that doesn't fit in other sections of the form.
- 2 10. 適用終了日変更 Change
- Check this box if you are making changes to existing information
- 3 個人番号 My Number (Individual Number)
- 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 4 ⇒収納担当への引継 ⇒ Handover to Revenue Collection Department
- This is an administrative section indicating transfer to the revenue collection department - this is typically filled out by government staff, not by applicants, so you should leave this blank.
- 5 主 宛 名 番 号 Primary Address Number
- N/A if it's just instructions/layout text
- 6 適用終了 (喪失) する人の氏名 Full name / To do/perform
- Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling
- 7 性別 Gender
- 男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 8 生年月日 Date of birth
- Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 9 続柄 Relationship to head of household
- See relationship terms table.
- 10 済 ・ 不要 Completed / Not Required
- Check the appropriate box - "済" if you've already completed this section/requirement, or "不要" if it doesn't apply to you.
- 11 フリガナ Phonetic reading (katakana)
- Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 12 昭・平・令 Showa/Heisei/Reiwa
- Circle the appropriate era abbreviation that matches your birth date (Showa: 1926-1989, Heisei: 1989-2019, Reiwa: 2019-present)
- 13 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
- 14 年 月 日 Year \_\_\_ Month \_\_\_ Day
- Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)
- 15 男・女 Male・Female
- Circle or check the appropriate gender

Form p.1

異動者 — Person Table (Part 2/5)

け3 記

3	男・女	昭・平・令 西暦	年	月	日	世帯主 他	旧番号	適用終了年月日変更	事由	確認済
フリガナ	個人番号	性別	生年月日	続柄	前	後	年	月	日	本人確認書類 《A…いずれか1点》
		昭・平・令					年	月	日	□運 □バ □在 □マイナンバー □住基

- 1 け3 Section 3  
This appears to be a section marker - follow the instructions in this section of the form
- 2 □同一人 □Same person  
Check this box if you are the same person as mentioned in a previous section of the form
- 3 確認済 Confirmed/Verified  
N/A if it's just instructions/layout text
- 4 ( ) (blank space for filling in information)  
Write the specific reason for the change or update you're making to your residence record, such as '転入' (moving in), '転出' (moving out), '転居' (change of address within same city), or '世帯変更' (household composition change). This field explains the purpose of your visit to the municipal office and what type of registration change you need processed.
- 5 適用終了年月日変更 Change  
Check this box if you are making changes to existing information
- 6 事由 Reason  
Select the reason for your address change (e.g., moving in, moving out, change of address within the city)
- 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 <<A…いずれか1点>> <<A…any one item>>  
Choose and provide any one document from the "A" category list when submitting your form.
- 9 年 月 日 Year Month Day  
Write the date in Japanese format (year/month/day) using Arabic numerals, typically the date you're submitting the form.
- 10 適用終了(喪失)する人の氏名 Full name / To do/perform  
Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling
- 11 性別 Gender  
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 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 続柄 Relationship to head of household  
See relationship terms table.
- 14 フリガナ Phonetic reading (katakana)  
Write the katakana reading of your name. For foreign names, this IS your name in katakana.

Form p.1

異動者 — Person Table (Part 2/5) (continued)

15

年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, typically the date you're submitting the form.

## 異動者 — Person Table (Part 3/5)

記入	フリガナ	男・女	昭和・平・令 西暦	年	月	日	世帯主 (他)	後	年	月	日	<input type="checkbox"/> 運 <input type="checkbox"/> パ <input type="checkbox"/> 在 <input type="checkbox"/> マイナンバー <input type="checkbox"/> 住基 <input type="checkbox"/> 他 ( )
								(資格確認書・保険証) 回収			<input type="checkbox"/> 済・未 (紛失・封筒渡済)・旧証 (期限切)	
く	個人番号						総窓で回収		<input type="checkbox"/> 保 証 ( ) <input type="checkbox"/> 確認書 <input type="checkbox"/> 介護保険			
ば	世帯主氏名		届出人氏名		<input type="checkbox"/> 左記世帯主と同じ		届出人電話番号 (自宅・携帯)		交・通知書 ( )			

- 1 昭・平・令 Showa/Heisei/Reiwa  
Circle the appropriate era abbreviation that matches your birth date (Showa: 1926-1989, Heisei: 1989-2019, Reiwa: 2019-present)
  - 2 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
  - 3 年 月 日 Year \_\_\_\_ Month \_\_\_\_ Day  
Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)
  - 4 男・女 Male・Female  
Circle or check the appropriate gender
  - 5 入4 Entry 4  
This appears to be a section number or field identifier - follow the instructions for the 4th entry-related section of the form.
  - 6 ( 資格確認書・保険証 ) 回収 Health insurance card / Qualification  
Japanese health insurance card. Can serve as secondary ID at some banks. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
  - 7 ☐ 他 ( ) ☐ Other ( )  
Check this box and write in the specific reason for your residence change if none of the other provided options apply to your situation.
  - 8 ( ) 済・未 ( 紛失・封筒渡済 ) ・旧証 ( 期限切 )  
( ) Completed・Not completed (lost・envelope already given)・Old certificate (expired)  
Check the appropriate status of your residence card or certificate - whether processing is complete, if you lost it or already received the envelope, or if you have an expired old certificate.
  - 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 総窓で回収 Collection at general counter  
Check this box if you want your documents to be collected at the general service counter rather than having them mailed to you. This is useful if you prefer to pick up important documents in person or have concerns about mail delivery to your address.
  - 11 ☐ 保険証 ( R7.12.1まで。それ以前に有効期限が ) Health insurance card  
Japanese health insurance card. Can serve as secondary ID at some banks.
  - 12 切れる場合は有効期限まで If it expires, up to the expiration date  
Enter the expiration date of your residence card or visa if it expires during your planned stay at this address
  - 13 世帯主氏名 Head of household name  
If you live alone, YOU are the head of household — write your own name.

[illegible]

異動者 — Person Table (Part 3/5) (continued)

- 14

届出人氏名□左記世帯主と同じ

Applicant / Person filing the form / Head of household / Full name

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.
- 15

交・ 通知書 ( )

Issuance/Notification Document ( )

This section is typically filled out by municipal office staff to track which documents are issued to you, so you can usually leave the parentheses blank.

異動者 — Person Table (Part 4/5)

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世帯主氏名		届出人氏名 <input type="checkbox"/> 左記世帯主と同じ		届出人電話番号 (自宅・携帯)		交付 ・通知書 ( ) 月 ) ・納付書 ( ) ・他 ( )		<input type="checkbox"/> 保険証 (貼る場合は有効期限まで) <input type="checkbox"/> 確認書 <input type="checkbox"/> 介護保険 <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 他 ( )	
(上欄で記入済みの場合は不要)		届出人と世帯主の関係		本人・同一世帯員・代理人		代理人委任状の持参 有・無		<input type="checkbox"/> 3点確認済み	
個人番号									

※電話番号は他の豊島区業務でも使わせていただくことがあります。

☐ 不当説明済 認/否・無・不明

☐ 世帯構成変更 (有・無) 世帯主変更 (有・無)

- 1 届出人電話番号 (自宅・携帯) Phone number / Applicant / Person filing the form / Mobile phone  
Japanese mobile number preferred. Some forms accept overseas numbers. The person physically submitting the form. Usually yourself.
- 2 納付書 ( ) 月 ) Payment slip ( month)  
Enter the month of the payment slip you're submitting or referencing with your application.
- 3 ( ) (blank field for writing)
- 4 ☐ 他 ( ) ☐ Other ( )  
Check this box and write in the specific reason for your residence change if none of the other provided options apply to your situation.
- 5 受付 Reception/Received  
N/A (this is for office use only - staff will stamp/fill this section when they receive your form)
- 6 入力 Input
- 7 検査 Inspection/Review  
N/A - this is typically a section for municipal office use only
- 8 交付 Issuance/Issue  
This section is typically filled out by government office staff, not by you as the applicant.
- 9 (上欄で記入済みの場合は不要) (Not required if already filled in the above field)
- 10 届出人と世帯主 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.
- 11 個人番号 My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 12 代理人委任状の持参 有・無 Letter of proxy / Power of attorney  
Required if someone else is filing on your behalf.
- 13 本人・同一世帯員・代理人 Applicant/Same Household Member/Representative  
Check the box that describes your relationship to the person whose residence registration is being changed
- 14 ☐ 世帯構成変更 (有・無) Change  
Check this box if you are making changes to existing information
- 15 ※電話番号は他の豊島区業務でも使わせていただくことがあります。 Yes/There is / Phone number / .  
This indicates affirmative response - check if applicable to your situation  
Japanese mobile number preferred. Some forms accept overseas numbers.

豊島区国民健康保険異動届出書 (世帯主変更・世帯員変更・世帯員新規登録)

届出人氏名 ( ) 月 )

届出人電話番号 ( )

届出人と世帯主の関係

本人・同一世帯員・代理人

代理人委任状の持参 有・無

世帯構成変更 (有・無)

個人番号

納付書 ( ) 月 )

通知書 ( ) 月 )

他 ( )

保険証 (貼る場合は有効期限まで)

確認書

介護保険

年金手帳

3点確認済み

不当説明済 認/否・無・不明

世帯主変更 (有・無)



異動者 — Person Table (Part 5/5)

※電話番号は他の豊島区業務でも使わせていただく事があります。

☐ 不当説明済

☐ 世帯構成変更 (有・無)

☒ 受診 (有・無・不明)

☐ 世帯主変更 (有・無)

1

受診 ( 有・ 無・ 不明 )      Medical examination (Yes/No/Unknown)

Circle "有" if you've had a medical examination, "無" if you haven't, or "不明" if you're unsure or it doesn't apply to you.



☐ 受診（有・無・不明）  
☐ 口座引継  
☐ 窓口⇒職員⇒委託  
☐ 乳・子案内済

☐ 世帯主変更（有・無）  
☐ 予定転出

- 
- 山田太郎 (Yamada Taro) 2023/01/01
- 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