

第1号様式（第4条関係）  
東京都台東区長 殿

国民健康保険資格取得・喪失等届

|       |         |            |
|-------|---------|------------|
| 受付    | 国民健康保険課 | 資格係        |
| 受付記入欄 | 受付入力確認  | 所管課確認① 確認② |

1 届出年月日及び届出人

|         |                                      |                            |
|---------|--------------------------------------|----------------------------|
| 届出年月日   | 年 月 日                                | ( 職員処理年月日 年 月 日 )          |
| 届出人フリガナ | 住所 台東区                               | 社加・国加<br>後加・生開・他喪<br><br>用 |
| 氏名      | 電話番号 (□自宅 □携帯) — —                   |                            |
| 個人番号    | 届出人の種類 □世帯主 □世帯員 □代理人 代理のとき 世帯主との関係： |                            |

2 国民健康保険の資格取得・喪失をする対象者等

|   |                |                                       |  |  |
|---|----------------|---------------------------------------|--|--|
| 被保者等  | フリガナ           | 性別 □男 □女                              | 生年月日 年 月 日   | 世帯主との続柄 □本人 □妻 □夫 □子 □その他 ( )                          |
| 氏名  | 個人番号           | 個人番号変更履歴 □有 □無 (変更時期： 年 月 )           |  |  |
| マイナンバーカード (※) の健康保険証利用登録の有無 (資格喪失時は☑不要)                   | □有 □無          |                                       | ※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使えます   |  |
| 職業  | 被保険者の資格        | 記号番号                                  | 特定活動 (外国人) □該当 □非該当 (該当事由： □医療 □観光 □その他 ( ) )          |  |
| 資格取得等の理由 □社保離脱 □国組離脱 □出生 □後期離脱 □生保廃止 □他取得                 | 資格取得等年月日 年 月 日 | 資格喪失等の理由 □社保加入 □国組加入 □後期加入 □生保開始 □他喪失 | 資格喪失等年月日 年 月 日   |  |
| 変更前の住所  | 変更後の住所         | 前住地国保 □有 □無                           | 社保等確認方法 □マイナンバーカードとお知らせ □資格確認書 □証明書 □電話 □情報連携 □その他 ( ) |  |
| ① 特定同一世帯所属者の当否  | 転入前後の世帯変更      | 転入前後の世帯主変更                            | 前住地国保 □有 □無  | 社保等確認方法 □マイナンバーカードとお知らせ □資格確認書 □証明書 □電話 □情報連携 □その他 ( ) |
| □資格情報のお知らせ □資格確認書 □新規又は □書替 (窓 下) □添付 ( ) □紛失 □返送封筒 □後日持参 |                |                                       |  |  |

|   |                |                                       |  |  |
|---|----------------|---------------------------------------|--|--|
| 被保者等  | フリガナ           | 性別 □男 □女                              | 生年月日 年 月 日   | 世帯主との続柄 □本人 □妻 □夫 □子 □その他 ( )                          |
| 氏名  | 個人番号           | 個人番号変更履歴 □有 □無 (変更時期： 年 月 )           |  |  |
| マイナンバーカード (※) の健康保険証利用登録の有無 (資格喪失時は☑不要)                   | □有 □無          |                                       | ※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使えます   |  |
| 職業  | 被保険者の資格        | 記号番号                                  | 特定活動 (外国人) □該当 □非該当 (該当事由： □医療 □観光 □その他 ( ) )          |  |
| 資格取得等の理由 □社保離脱 □国組離脱 □出生 □後期離脱 □生保廃止 □他取得                 | 資格取得等年月日 年 月 日 | 資格喪失等の理由 □社保加入 □国組加入 □後期加入 □生保開始 □他喪失 | 資格喪失等年月日 年 月 日   |  |
| 変更前の住所  | 変更後の住所         | 前住地国保 □有 □無                           | 社保等確認方法 □マイナンバーカードとお知らせ □資格確認書 □証明書 □電話 □情報連携 □その他 ( ) |  |
| ② 特定同一世帯所属者の当否  | 転入前後の世帯変更      | 転入前後の世帯主変更                            | 前住地国保 □有 □無  | 社保等確認方法 □マイナンバーカードとお知らせ □資格確認書 □証明書 □電話 □情報連携 □その他 ( ) |
| □資格情報のお知らせ □資格確認書 □新規又は □書替 (窓 下) □添付 ( ) □紛失 □返送封筒 □後日持参 |                |                                       |  |  |

|   |   |   |     |
|---|---|---|-----|
| 備考  | 身元確認  | 番号確認  | 頁目  |
| □リス減確認 □適及賦課確認 □負担区判定確認 □滞納確認 □その他、国保台帳メモ参照 | □マイナンバーカード □運転免許証 □旅券 □身体障害者手帳 □在留カード □特別永住者証明書 □年金手帳 □資格確認書 □その他 ( ) | 届出人 □マイナンバーカード □通知カード □住民票の写し □住民票記載事項証明書 □住基台帳等 □補記了承 □その他 ( )<br>被保等① □マイナンバーカード □通知カード □住民票の写し □住民票記載事項証明書 □住基台帳等 □補記了承 □その他 ( )<br>被保等② □マイナンバーカード □通知カード □住民票の写し □住民票記載事項証明書 □住基台帳等 □補記了承 □その他 ( ) | 全 頁 |

# Taito — 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



届出人情報 — Who Is Filing

1 届出年月日及び届出人

届出年月日

年 月 日

( 職員処理 年 月 日 )

フリガナ

氏 名

住所 台東区

電話番号 ( 自宅 携帯 )

社加・国加  
後加・生開・他喪

個人番号

届出人

世帯主

世帯員

代理人

世帯主との関係

- 1 記号・番号 Symbol・Number
- Enter your residence card number or other assigned identification number from official documents
- 2 1 届出年月日及び届出人 Applicant / Person filing the form
- The person physically submitting the form. Usually yourself.
- 3 (職員処理 Processing
- Staff use - processing status. Do not fill in.
- 4 日) day)
- Write the day portion of a date (1-31) - this follows after month in Japanese date format
- 5 年月日 Year/Month/Day
- Write dates in Japanese format: YYYY/MM/DD (e.g., 2024/03/15 for March 15, 2024)
- 6 年月日 Year/Month/Day
- Write dates in Japanese format: YYYY/MM/DD (e.g., 2024/03/15 for March 15, 2024)
- 7 台東区 Taito Ward
- This indicates the municipal jurisdiction - if you live in Taito Ward, this form is for you; if not, you need the form for your specific ward/city.
- 8 フリガナ Phonetic reading (katakana)
- Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 9 後加・生開・他喪 Later addition・ Birth registration・ Death in other municipality
- These are checkbox options for specific registration scenarios - select the appropriate one based on your situation
- 10 出氏 Former surname
- Write your surname before marriage or adoption if applicable, otherwise leave blank
- 11 電話番号 ( 自宅 携帯 ) Phone number / Mobile phone / Home address
- Japanese mobile number preferred. Some forms accept overseas numbers. Enter your mobile/cell phone number including area code
- 12 届出人 Applicant / Person filing the form
- The person physically submitting the form. Usually yourself.
- 13 代理人世帯主との関係 : Head of household
- The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 14 人個人番号 My Number (Individual Number)
- 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 15 世帯主 世帯員 代理人 Head of household
- The primary person in a household for registration purposes. If you live alone, you are the head of household.



住所 — Addresses (Part 1/2)

出 氏 名 電話 番号 ( ) 自宅 ( ) 携帯 用  
人 個人 番号 届 出 人 世 帯 主 ( ) 世 帯 員 ( ) 代 理 人 ( ) 代 理 人 世 帯 主 と の 関 係 :  
2 国民健康保険の資格取得・喪失をする対象者等  
被 フリガナ 性 別 ( ) 男 ( ) 女 ( ) 生 年 月 日 世 帯 主 ( ) 本 人 ( ) 妻 ( ) 夫 ( ) 子 ( )  
保 氏 名 個人 番号 変 更 歴 ( ) 有 ( ) 無 (変更時期 : 年 月 )  
マイナンバーカード (※) の健康保険証利用登録の有無 (資格喪失時は不要) ( ) 有 ( ) 無 ※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

- 1 電話番号 ( ) 自宅 ( ) 携帯 Phone number / Mobile phone / Home address  
Japanese mobile number preferred. Some forms accept overseas numbers. Enter your mobile/cell phone number including area code
- 2 届出人 Applicant / Person filing the form  
The person physically submitting the form. Usually yourself.
- 3 代理人世帯主との関係 : Head of household  
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 4 人個人番号 My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 5 ( ) 世帯主 ( ) 世帯員 ( ) 代理人 Head of household  
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 6 2 国民健康保険の資格取得・喪失をする対象者等 National Health Insurance / Qualification / To do/perform  
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 7 生年 Year of birth  
Enter the year you were born (usually in Japanese calendar format like 平成〇年 or 令和〇年)
- 8 世帯主 ( ) 本人 ( ) 妻 ( ) 夫 ( ) 子 Head of household  
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 9 フリガナ Phonetic reading (katakana)  
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 10 性別 ( ) 男 ( ) 女 月 日 Gender  
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 11 日との続柄 ( ) その他 ( ) Other ( / Other / Relationship to head of household  
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
- 12 変更歴 ( ) 有 ( ) 無 (変更時期 : Change / None/Not applicable  
Check this box if you are making changes to existing information Check this box if the item does not apply to you or if you have none to report
- 13 月 ) Month)  
Enter the month when you changed your My Number Card status (if applicable). This field is only relevant if you checked the '有' (yes) box for having a My Number Card and need to report a status change - leave blank if not applicable.



住所 — Addresses (Part 1/2) (continued)

- 14

個人番号

My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.
- 15

※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

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

住所 — Addresses (Part 2/2)

|   |   |   |   |  |
|---|---|---|---|--|
| 1 | マイナンバーカード (※) の健康保険証利用登録の有無 (資格喪失時は☑不要) | 2 | <input type="checkbox"/> 有 <input type="checkbox"/> 無   | ※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   |
| 3 | 被保険者の資格                                 | 4 | <input type="checkbox"/> 医療 <input type="checkbox"/> 観光 <input type="checkbox"/> Medical <input type="checkbox"/> Tourism   | 特定活動 (外国人) <input type="checkbox"/> 該当 <input type="checkbox"/> 非該当 (該当事由: <input type="checkbox"/> 医療 <input type="checkbox"/> 観光 <input type="checkbox"/> その他) |
| 5 | 記号番号                                    | 6 | <input type="checkbox"/> 該当 <input type="checkbox"/> 非該当 (該当事由: <input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable (Applicable reason: ) |  |
| 7 | (外国人)                                   |   |   |  |

- 1
- マイナンバーカード ( ※ ) の健康保険証利用登録の有無 ( 資格喪失時は☑不要 )
- 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
- 2
- ☐有 ☐無 None/Not applicable
- Check this box if the item does not apply to you or if you have none to report
- 3
- 被保険者 Insured person
- Write the name of the person who holds the insurance policy (usually the head of household for national health insurance)
- 4
- ☐医療 ☐観光 ☐Medical ☐Tourism
- Check the box that matches your visa status - medical visa or tourism visa.
- 5
- 記号番号 Symbol Number
- Enter your health insurance symbol and number from your insurance card if applicable, or leave blank if not enrolled in Japanese health insurance.
- 6
- ☐該当 ☐非該当 ( 該当事由 : ☐Applicable ☐Not applicable (Applicable reason: )
- Check "Applicable" if this section applies to your situation and write the specific reason in the parentheses; check "Not applicable" if it doesn't apply to you.
- 7
- (外国人) (Foreign national)
- Check this box if you are not a Japanese citizen



異動者 — Person Table (Part 1/4)

マイナンバーカード（※）の健康保険証利用登録の有無（資格喪失時は不要） ☐有 ☐無

職業 ☐被保険者の資格 ☐記号番号

資格取得等の理由 ☐後期離脱 ☐生保廃止 ☐他取得 等年月日 年 月 日

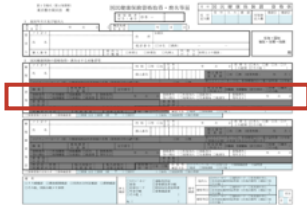
資格喪失等の理由 ☐後期加入 ☐生保開始 ☐他喪失 等年月日 年 月 日

変更前の住所 特定同一世帯 転入前後の住所 転入前後の住所 前住地 転入前後の住所 転入前後の住所

① 特定同一世帯 ② 転入前後の住所 ③ 転入前後の住所 ④ 前住地 ⑤ 転入前後の住所 ⑥ 転入前後の住所

に更新が必要 有効であるものに限り 特定活動（外国人） ☐該当 ☐非該当（該当事由：☐医療 ☐観光 ☐その他）

- 1 被保険者 Insured person
- Write the name of the person who holds the insurance policy (usually the head of household for national health insurance)
- 2 ☐医療 ☐観光 ☐Medical ☐Tourism
- Check the box that matches your visa status - medical visa or tourism visa.
- 3 記号番号 Symbol Number
- Enter your health insurance symbol and number from your insurance card if applicable, or leave blank if not enrolled in Japanese health insurance.
- 4 ☐該当 ☐非該当（該当事由：☐Applicable ☐Not applicable (Applicable reason:
- Check "Applicable" if this section applies to your situation and write the specific reason in the parentheses; check "Not applicable" if it doesn't apply to you.
- 5 (外国人) (Foreign national)
- Check this box if you are not a Japanese citizen
- 6 資格取得 Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 7 資格喪失 Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 8 等の理由 ☐後期離脱 ☐生保廃止 ☐他取得等年月日
- Reason such as ☐ Late withdrawal ☐ Welfare termination ☐ Other acquisition etc. date
- Check appropriate box and fill in date if applicable to your situation (most foreign residents can likely skip this section)
- 9 等の理由 ☐後期加入 ☐生保開始 ☐他喪失 Reasons such as ☐ Late enrollment ☐ Starting welfare ☐ Loss of other coverage
- Check boxes that apply to your health insurance situation when moving - late enrollment in national health insurance, starting welfare benefits, or losing previous insurance coverage.
- 10 等変更前 Change
- Check this box if you are making changes to existing information
- 11 の住所 Address
- Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 12 の住所 Address
- Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 13 ①特定同一世帯 ①Specific same household
- Check this if you're registering as part of a specific household category (consult city hall staff for your situation)
- 14 転入前後の Moving in (from another municipality or abroad)
- Write the address where you lived before moving to your current municipality. If you moved from abroad, write your previous country and city.





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

15

転入前後の Moving in (from another municipality or abroad)

Write the address where you lived after moving to your current municipality.  
This should be your current registered address in Japan.

異動者 — Person Table (Part 2/4)

|   |  |               |                |  |            |                |       |             |
|---|--|---------------|----------------|--|------------|----------------|-------|-------------|
| 1 | の住所<br>特定同一世帯<br>所有者の当否                | 転入前後の<br>世帯変更 | 転入前後の<br>世帯主変更 | 前住地<br>国保  | の住所<br>社保等 | マイナンバーカードとお知らせ | 資格確認書 | 証明書         |
| 2 | 資格情報のお知らせ                              | 資格確認書         | 新規又は           | 書替 (窓 下)   | 添付 ( )     | 紛失             | 返送封筒  | 後日持参        |
| 3 | フリガナ                                   | 氏名            | 性別             | 男  | 女          | 生年<br>月        | 日     | 世帯主<br>との続柄 |
| 4 | 個人番号<br>変更歴                            | 有             | 無              | 変更時期   | 年          | 月              |       |             |
| 5 | マイナンバーカード (※) の健康保険証利用登録の有無 (資格喪失時は不要) | 有             | 無              | ※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 |            |                |       |             |

- 1 前住地 ☐有 ☐無 社保等 ☐マイナンバーカードとお知らせ ☐資格確認書 ☐証明書  
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
- 2 確認方法 ☐電話 ☐情報連携 ☐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
- 3 所属者の当否 Validity/Appropriateness of Affiliated Person  
This section is for officials to verify if the listed household member's registration status is correct - typically left blank by applicants.
- 4 ☐資格情報のお知らせ ☐資格確認書 Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 5 ☐新規 又は ☐書替 (窓 下) ☐添付 ( ) ☐紛失 ☐返送封筒 ☐後日持参  
☐New issuance or ☐Reissuance (Window 下 ) ☐Attachment ( ) ☐Lost ☐Return envelope ☐Bring later  
Check "新規" for new residence card, "書替" for replacement/renewal, and "紛失" if your previous card was lost.
- 6 生年 Year of birth  
Enter the year you were born (usually in Japanese calendar format like 平成〇年 or 令和〇年)
- 7 世帯主 ☐本人 ☐妻 ☐夫 ☐子 Head of household  
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 8 フリガナ Phonetic reading (katakana)  
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 9 性別 ☐男 ☐女 月 日 Gender  
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 10 日との続柄 ☐その他 ( ) Other ( / Other / Relationship to head of household  
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
- 11 変更歴 ☐有 ☐無 ( 変更時期 : Change / None/Not applicable  
Check this box if you are making changes to existing information Check this box if the item does not apply to you or if you have none to report
- 12 月 ) Month  
Write the month when you changed or updated your individual number (MyNumber).  
This field is only filled if you previously had a different individual number that was changed - most people can leave this blank as individual numbers are typically assigned once and remain the same.



異動者 — Person Table (Part 2/4) (continued)

- 13

個人番号

My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.
- 14

※マイナンバーカードは、有効期限内かつ電子証明書 ( 5 年毎

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
- 15

マイナンバーカード ( ※ ) の健康保険証利用登録の有無 ( 資格喪失時は ☒ 不要 )

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

異動者 — Person Table (Part 3/4)

|   |                                      |   |   |  |         |   |   |   |  |   |       |   |  |   |  |   |       |
|---|--------------------------------------|---|---|--|---------|---|---|---|--|---|-------|---|--|---|--|---|-------|
| ① | マイナンバーカード（※）の健康保険証利用登録の有無（資格喪失時は☑不要） | ① | <input type="checkbox"/> 有 <input type="checkbox"/> 無 | ※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、<br>特定活動（外国人）<br><input type="checkbox"/> 該当 <input type="checkbox"/> 非該当（該当事由： <input type="checkbox"/> 医療 <input type="checkbox"/> 観光 <input type="checkbox"/> その他） |         |   |   |   |  |   |       |   |  |   |  |   |       |
| ② | 職業                                   | ② | 被保険者の資格   | ③  | 記号番号    | ④ | 資格取得等の理由<br><input type="checkbox"/> 社保離脱 <input type="checkbox"/> 国組離脱 <input type="checkbox"/> 出生 <input type="checkbox"/> 資格取得等年月日 | ⑤ | 資格喪失等の理由<br><input type="checkbox"/> 社保加入 <input type="checkbox"/> 国組加入 <input type="checkbox"/> 後期加入 <input type="checkbox"/> 生保開始 <input type="checkbox"/> 他喪失等年月日 | ⑥ | 年 月 日 | ⑦ | 資格取得等の理由<br><input type="checkbox"/> 社保加入 <input type="checkbox"/> 国組加入 <input type="checkbox"/> 後期加入 <input type="checkbox"/> 生保開始 <input type="checkbox"/> 他喪失等年月日 | ⑧ | 資格喪失等の理由<br><input type="checkbox"/> 社保加入 <input type="checkbox"/> 国組加入 <input type="checkbox"/> 後期加入 <input type="checkbox"/> 生保開始 <input type="checkbox"/> 他喪失等年月日 | ⑨ | 年 月 日 |
| ⑩ | 変更前の住所                               | ⑪ | 転入前後の住所   | ⑫  | 転入前後の住所 | ⑬ | 前住地   | ⑭ | 前住地  | ⑮ | 前住地   | ⑯ | 前住地  | ⑰ | 前住地  | ⑱ | 前住地   |
| ⑲ | 特定同一世帯                               | ⑳ | 転入前後の住所   | ㉑  | 転入前後の住所 | ㉒ | 前住地   | ㉓ | 前住地  | ㉔ | 前住地   | ㉕ | 前住地  | ㉖ | 前住地  | ㉗ | 前住地   |

- 1☐有 ☐無 None/Not applicable  
Check this box if the item does not apply to you or if you have none to report
- 2被保険者 Insured person  
Write the name of the person who holds the insurance policy (usually the head of household for national health insurance)
- 3☐医療 ☐観光 ☐Medical ☐Tourism  
Check the box that matches your visa status - medical visa or tourism visa.
- 4記号番号 Symbol Number  
Enter your health insurance symbol and number from your insurance card if applicable, or leave blank if not enrolled in Japanese health insurance.
- 5☐該当 ☐非該当 ( 該当事由 : ☐Applicable ☐Not applicable (Applicable reason:  
Check "Applicable" if this section applies to your situation and write the specific reason in the parentheses; check "Not applicable" if it doesn't apply to you.
- 6(外国人) (Foreign national)  
Check this box if you are not a Japanese citizen
- 7資格取得 Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 8資格喪失 Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 9等の理由 ☐後期離脱 ☐生保廃止 ☐他取得等年月日  
Reason such as ☐ Late withdrawal ☐ Welfare termination ☐ Other acquisition etc. date  
Check appropriate box and fill in date if applicable to your situation (most foreign residents can likely skip this section)
- 10等の理由 ☐後期加入 ☐生保開始 ☐他喪失 Reasons such as ☐ Late enrollment ☐ Starting welfare ☐ Loss of other coverage  
Check boxes that apply to your health insurance situation when moving - late enrollment in national health insurance, starting welfare benefits, or losing previous insurance coverage.
- 11等変更前 Change  
Check this box if you are making changes to existing information
- 12の住所 Address  
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 13の住所 Address  
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 14②特定同一世帯 ②Specific Same Household  
Check this if you're moving within the same household unit or registering as part of a specific existing household at the same address.



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

15

転入前後の Moving in (from another municipality or abroad)  
This field asks about your previous address before moving to the current municipality. Write the name of the city/town/village and prefecture (or country if from abroad) where you lived immediately before this move.

異動者 — Person Table (Part 4/4)

|    |   |   |  |   |   |  |   |
|----|---|---|--|---|---|--|---|
| ②  | の住所<br>特定同一世帯<br>所有者の当否   | 転入前後の<br>世帯変更   | 転入前後の<br>世帯主変更   | 前住地<br>国保   | <input type="checkbox"/> 有 <input type="checkbox"/> 無 | の住所<br>社保等<br>加入方法   | <input type="checkbox"/> マイナンバーカードとお知らせ <input type="checkbox"/> 資格確認書 <input type="checkbox"/> 証明書 |
|    | <input type="checkbox"/> 資格情報のお知らせ <input type="checkbox"/> 資格確認書   | <input type="checkbox"/> 新規又は <input type="checkbox"/> 書替 (窓 下 )  | <input type="checkbox"/> 添付 ( )                                | <input type="checkbox"/> 紛失 <input type="checkbox"/> 返送封筒 <input type="checkbox"/> 後日持参                                       |   | <input type="checkbox"/> 電話 <input type="checkbox"/> 情報連携 <input type="checkbox"/> その他 ( ) |   |
| 備考 | <input type="checkbox"/> リス減確認 <input type="checkbox"/> 滞り及賦課確認 <input type="checkbox"/> 負担区分判定確認 <input type="checkbox"/> 滞納確認 | <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 運転免許証 | <input type="checkbox"/> 通知カード <input type="checkbox"/> 住民票の写し | <input type="checkbox"/> 届出人 <input type="checkbox"/> 住民票記載事項証明書 <input type="checkbox"/> 住基台帳等 <input type="checkbox"/> 補記了承 |   |  |   |

- 1 転入前後の Moving in (from another municipality or abroad)
- 2 前住地 ☐有 ☐無 社保等 ☐マイナンバーカードとお知らせ ☐資格確認書 ☐証明書  
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 確認方法 ☐電話 ☐情報連携 ☐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
- 4 所属者の当否 Validity/Appropriateness of Affiliated Person  
This section is for officials to verify if the listed household member's registration status is correct - typically left blank by applicants.
- 5 ☐資格情報のお知らせ ☐資格確認書 Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 6 ☐新規 又は ☐書替 (窓 下 ) ☐添付 ( ) ☐紛失 ☐返送封筒 ☐後日持参  
☐New issuance or ☐Reissuance (Window 下 ) ☐Attachment ( ) ☐Lost ☐Return envelope ☐Bring later  
Check "新規" for new residence card, "書替" for replacement/renewal, and "紛失" if your previous card was lost.
- 7 ☐マイナンバーカード ☐通知カード ☐住民票の写し Copy  
Refers to certified copies of documents that may be required
- 8 届出人 ☐住民票記載事項証明書 ☐住基台帳等 ☐補記了承 Applicant / Person filing the form  
The person physically submitting the form. Usually yourself.
- 9 ☐マイナンバーカード ☐運転免許証 Driver's license  
Bring your physical driver's license as identification



- 1 ☐ マイナンバーカード ☐ 通知カード ☐ 住民票の写し Copy  
Refers to certified copies of documents that may be required
- 2 届出人 ☐ 住民票記載事項証明書 ☐ 住基台帳等 ☐ 補記了承 Applicant / Person filing the form  
The person physically submitting the form. Usually yourself.
- 3 ☐ マイナンバーカード ☐ 運転免許証 Driver's license  
Bring your physical driver's license as identification
- 4 ☐ リス減確認 ☐ 遡及賦課確認 ☐ 負担区分判定確認 ☐ 滞納確認  
☐ List reduction confirmation ☐ Retroactive taxation confirmation ☐ Burden classification determination confirmation ☐ Delinquency confirmation  
N/A - these are administrative checkboxes for municipal staff use only
- 5 ☐ マイナンバーカード ☐ 通知カード ☐ 住民票の写し Copy  
Refers to certified copies of documents that may be required
- 6 身元 ☐ 在留カード ☐ 特別永住者証明書 Residence Card  
ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.
- 7 確認被保等① ☐ 住民票記載事項証明書 ☐ 住基台帳等 ☐ 補記了承  
Confirmation of insurance coverage, etc. ① ☐ Certificate of resident record entries ☐ Basic resident register, etc. ☐ Supplementary entry acknowledgment  
Check the appropriate box to indicate what documents you're using to verify your insurance status or resident information.
- 8 頁目 Page \_\_\_\_ of \_\_\_\_  
Write the current page number followed by the total number of pages in the format 'X of Y' (e.g., '1 of 3'). This helps officials track that all pages of your multi-page application are present and in order.
- 9 ☐ 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
- 10 ☐ マイナンバーカード ☐ 通知カード ☐ 住民票の写し Copy  
Refers to certified copies of documents that may be required
- 11 被保等② ☐ 住民票記載事項証明書 ☐ 住基台帳等 ☐ 補記了承  
Insured Person, etc. ② ☐ Residence Certificate ☐ Basic Resident Register, etc. ☐ Supplementary Entry Acknowledgment  
Check the appropriate boxes based on which documents you need or are submitting related to your insurance status and residence verification.
- 12 № ( ) No. ( )  
This is typically a form number field that may be pre-printed or assigned by office staff - you usually don't need to fill this in yourself.
- 13 ☐ 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

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