

別紙

年 月 日

## 第三者行為による死亡に関する届出書

市川市長 様

届出人 住 所 \_\_\_\_\_  
 氏 名 \_\_\_\_\_  
 連絡先 \_\_\_\_\_  
 続 柄 \_\_\_\_\_

被害区分	交通事故		暴力行為		その他 ( )		
届出内容	被保険者番号	市	世帯主氏名				
	住所	市川市					
	被保険者氏名	( 年 月 日生 )					
	発生日時	平成 年 月 日 ( )	午前・午後	時頃			
	被保険者	車(運転)	(概要)				
		車(同乗)					
		バイク					
		自転車					
		歩行者					
		その他					
相手方	車	任意保険		有・無			
	バイク	示談成立		有・無			
	自転車	警察届出		有・無			
	その他						
相手方について	住所	氏名 連絡先					
※担当者使用欄							

※太枠内をできるだけ詳細にご記入ください。

※届出の内容によっては追加書類の提出をお願いする場合があります。

# Ichikawa — 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 incurred during the gap are not covered.

## 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 (Part 1/2)

1. 別紙

2. 年 月 日

3. 第三者行為による死亡に関する届出書

4. 市川市長様

5. 届出人 住所 \_\_\_\_\_  
氏名 \_\_\_\_\_  
連絡先 \_\_\_\_\_  
続柄 \_\_\_\_\_

6. 被害区分	7. 交通事故	暴力行為	その他 ( )
	8. 被保険者番号	市	9. 世帯主氏名
	10. 住所	市川市	

**1. 別紙 Separate sheet/Attachment**

Write '別紙' (separate sheet) if this is an attachment to a main document, or leave blank if this is the main form itself.

**2. 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

**3. 第三者行為による死亡に関する届出書 To do/perform**

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

**4. 市川市長様 To the Mayor of Ichikawa City**

This is pre-printed addressing the form 'To the Mayor of Ichikawa City' - no action needed, this indicates where the form will be submitted.

**5. 届出人 住所 Applicant / Person filing the form / Address**

The person physically submitting the form. Usually yourself. Write your complete residential address including postal code, prefecture, city, and building details

**6. 氏名 Full name**

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

**7. 連絡先 Phone number**

Japanese mobile number preferred. Some forms accept overseas numbers.

**8. 続柄 Relationship to head of household**

Write your relationship to the head of household (e.g., 本人 for self, 妻 for wife, 子 for child)

**9. 被害 Damage/Harm**

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

**10. 交通事故 暴力行為 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

**11. 区分 Category**

Select the type of registration change (e.g., moving in, moving out, address change)



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

① 別紙	② 年 月 日	
③ 第三者行為による死亡に関する届出書		
④ 市川市長様	⑤ 届出人 ⑥ 住所 _____ ⑦ 氏名 _____ ⑧ 連絡先 _____ ⑨ 続柄 _____	
⑩ 被害区分 ⑪ 交通事故 ⑫ 被保険者番号 ⑬ 住所	⑭ 暴力行為 ⑮ 市 ⑯ 市川市	⑰ その他 ( ) ⑱ 世帯主氏名

**12 被保険者番号 市** Insurer number / Insured person / Number

8-digit number on your health insurance card identifying your insurance provider  
The person covered by the insurance policy (usually yourself when applying)

**13 世帯主氏名** Head of household name

If you live alone, YOU are the head of household — write your own name.

**14 市川市** Ichikawa City

This is the name of the municipality - leave as is if you're registering in Ichikawa City, Chiba Prefecture

**15 住所** Address

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

## セクション 1 — Section 1 (Part 2/2)

	① 被保険者氏名	( 年 月 日生 )			
	② 発生日時	③ 平成	年	月	日 ( ) 午前・午後 時頃

**1** 被保険者氏名 ( 年 月 日生 ) Full name

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

**2** 発生日時 Date and time of occurrence

Enter the exact date when the event happened (e.g., moving date, birth date, etc.) that triggers this registration change

**3** 平成 年 月 日 ( ) 午前・午後 時頃 Heisei era

Japanese era name (1989-2019). Often followed by year number for dates.



Form p.1

## セクション 2 — Section 2

届 出 内 容	① 発生日時		② 平成 年 月 日 ( ) 午前・午後 時頃
	被 保 險 者	車(運転)	(概要)
		車(同乗)	
		バイク	
		自転車	
		歩行者	
		その他	
			車

## ① 発生日時 Date and time of occurrence

Enter the exact date when the event happened (e.g., moving date, birth date, etc.) that triggers this registration change

## ② 平成 年 月 日 ( ) 午前・午後 時頃 Heisei era

Japanese era name (1989-2019). Often followed by year number for dates.

## ③ 車(運転) (概要) Vehicle (Driving) (Overview)

List any vehicles you own or regularly drive, including license plate numbers and basic vehicle information.

## ④ 車(同乗) Vehicle (passenger)

Check this box if you are a passenger in a vehicle rather than the driver/owner when moving to your new address.

## ⑤ 自転車 Bicycle

Check this box or fill in details if you own a bicycle that needs to be registered with the municipality.

## ⑥ 歩行者 Pedestrian

Check this box if the person involved in the incident was a pedestrian (walking on foot). This would be selected for someone who was walking and involved in a traffic accident, as opposed to being in a vehicle, on a bicycle, or on a motorcycle.

## ⑦ その他 Other

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



## セクション3 — Section 3

		<b>相手方</b> バイク ③ 自転車 ⑤ その他 ⑥ 相手方について ⑧ ※担当者使用欄 ⑨ ※太枠内をできるだけ詳細にご記入ください。 ⑩ ※届出の内容によっては追加書類の提出をお願いする場合があります。	① 任意保険 ② 示談成立 ④ 警察届出 ⑤ 氏名 ⑦ 連絡先
--	--	--	---

1 任意保険 有・無 Yes/No

Circle or check the appropriate option

2 示談成立 有・無 Yes/No

Circle or check the appropriate option

3 自転車 Bicycle

Check this box or fill in details if you own a bicycle that needs to be registered with the municipality.

4 警察届出 有・無 Yes/No

Circle or check the appropriate option

5 その他 Other

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

6 相手方について 住所 氏名 Full name / Address

Write in katakana for foreign names. Some forms accept romaji. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

7 連絡先 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

8 ※担当者使用欄 Staff in charge

Staff use only - do not fill in

9 ※太枠内をできるだけ詳細にご記入ください。 Please fill in / Please / Please

This is part of a longer instruction - look for the complete phrase

10 ※届出の内容によっては追加書類の提出をお願いする場合があります。 Yes/There is / . / To do/perform

This indicates affirmative response - check if applicable to your situation This

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



## 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, kokuhō ni kirikae tai desu

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