

受付者	種 別
	1 出 産
	2 死 産

国民健康保険出産育児一時金支給申請書

(あて先)八尾市長

被保険者	記号	八国	番号
支 給 金 額	4 8 8 , 0 0 0 円		
(加算金額)	1 2 , 0 0 0 円		
※上記加算金額については、産科医療補償制度対象分娩の証明印が押印された書類をご添付ください。			
支 給 対 象 者 (出生児の母親)	氏名	世帯主との 続柄	
	生年 月 日	昭和・平成 年 月 日	個人 番号
出生児 <small>※死産・流産・人工妊娠中絶の場合は、 この欄への記載は不要です</small>	氏名	世帯主との 続柄	
	生 年 月 日		令和 年 月 日 生
死 (流) 産	死 (流) 産 年 月 日		令和 年 月 日 妊娠第 週
上記のとおり申請します。支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。			
令和 年 月 日 千			
世 帯 主 住 所 八尾市			
世 帯 主 氏 名			
個 人 番 号			
電 話 番 号 (— —)			
振込希望金融機関		銀行 ・ 信用金庫 農協 ・ 信用組合	
本店	支店 ・ その他 ()		
普通 ・ 当座	口座番号		
口座名義人(世帯主) ※カタカナで記入		金融機関コード	
		店 番 号	

出 産 一 時 金 支 給 承 認 事 項 (健 康 保 険 課 記 入 欄)				受付印
社会保険本人期間(出産時前6ヶ月以内) … 有 ・ 無				
加 算	有 ・ 無	助 産	有 ・ 無	
備 考				

Yao — 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

セクション 1 — Section 1

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受付者	種 別
	1 出 産
	2 死 産

国民健康保険出産育児一時金支給申請書

(あて先) 八尾市長

被保険者	記号	八 国	番 号
支 給 金 額	4 8 8 , 0 0 0 円		
(加算金額)	1 2 , 0 0 0 円		
※上記加算金額については、産科医療補償制度対象分娩の証明印が押印された書類をご添付ください。			
氏 名	世帯主との		

- 1種別 Type/Category
- Select the type of registration change you're making (e.g., moving in, moving out, address change within the city)
- 2受付者 Reception / Received
- Staff use - indicates form was received. Do not fill in.
- 3国民健康保険出産育児一時金支給申請書 National Health Insurance / National Health Insurance / Application
- Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Japan's public health insurance system for residents not covered by employer insurance
- 4(あて先)八尾市長 Yao City
- This is a pre-printed city name - typically not filled in by applicants
- 5番号 Number
- Enter your residence card number or other relevant identification number as specified in the form instructions.
- 6番号 Number
- Enter your residence card number or other relevant identification number as specified in the form instructions.
- 7被保険者 Insured person
- The person covered by the insurance policy (usually yourself when applying)
- 8記号 Symbol/Code
- Leave blank unless you have a specific identification symbol or code number assigned by the municipality
- 9支給金額 Payment Amount
- Enter the monetary amount you are receiving or entitled to receive from the municipality
- 10(加算金額) (Additional amount)
- Enter any additional fees or charges that apply to your residence registration change, or leave blank if none apply.
- 11※上記加算金額については、産科医療補償制度対象分娩の証明印が押印された書類をご添付ください。 Please / Please / Please
- This is part of a longer instruction - look for the complete phrase
- 12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.



セクション 1 — Section 1 (continued)

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セクション 2 — Section 2

3 支給対象者 (出生児の母親)	2 氏名	4 世帯主との 続柄	
	5 生年月日 昭和・平成 年 月 日	個人 番号	
8 出生児 ※死産・流産・人工妊娠中絶の場合は、 この欄への記載は不要です	7 氏名	6 世帯主との 続柄	
	10 生 年 月 日	令和 年 月 日 生	
12 死(流)産	11 死(流)産 年 月 日 令和 年 月 日 妊娠第 週		
13 上記のとおり申請します。支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。 令和 年 月 日 丁			

- 1 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.
- 2 氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.
- 3 (出生児の母親) Birth
Select if this form is for registering a birth
- 4 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 5 生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 6 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.
- 7 氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.
- 8 出生児 Birth
Select if this form is for registering a birth
- 9 氏名 Full name
Write in katakana for foreign names. Some forms accept romaji.
- 10 生年月日 Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 11 死(流)産年月日 Date
Write in YYYY/MM/DD format (e.g., 2024/03/15)
- 12 死(流)産 Death (stillbirth)
Check this box if reporting a death or stillbirth - you may need additional documentation like death certificate or medical records
- 13 申請日 Application date
Write the date you are submitting this form



セクション 3 — Section 3

2 世帯主住所	1 八尾市
3 世帯主氏名	
4 個人番号	
5 電話番号	(— —)
7 振込希望金融機関	9 銀行・信用金庫 農協・信用組合
11 本店	10 支店・その他 ()
12 普通	13 当座
14 口座番号	

- 1 八尾市 Yao City
This is a pre-printed city name - typically not filled in by applicants
- 2 世帯主住所 Head of household / Address / Household
The primary person in a household for registration purposes. If you live alone, you are the head of household. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 3 世帯主氏名 Head of household name
If you live alone, YOU are the head of household — write your own name.
- 4 世帯主氏名 Head of household name
If you live alone, YOU are the head of household — write your own name.
- 5 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 6 信用金庫 Credit union
Select if your bank account is with a credit union (shinkin bank)
- 7 電話番号 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 8 振込希望金融機関 Financial institution
Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal
- 9 その他 Other
Use this section for any additional information not covered in other fields
- 10 支店 Branch
For bank branch name when providing financial information
- 11 本店 Head office
Enter the main office address of your company or organization
- 12 普通 Regular
This typically refers to regular/standard processing or service type
- 13 当座 Temporary/Interim
Staff use only - do not fill in
- 14 口座番号 Account number
Your bank account number (usually 7 digits).



セクション 4 — Section 4

1 普通

2 当座

3 口座番号

4 金融機関コード

5 口座名義人(世帯主)

6 店番号

7 ※カタカナで記入

8 出産一時金支給承認事項(健康保険課記入欄)

9 受付印

10 社会保険本人期間(出産時前6ヶ月以内)

11 助産

12 加算

13 備考

- 1

普通 Regular

This typically refers to regular/standard processing or service type
- 2

当座 Temporary/Interim

Staff use only - do not fill in
- 3

口座番号 Account number

Your bank account number (usually 7 digits).
- 4

金融機関コード Financial institution

Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal
- 5

口座名義人(世帯主) Account holder name / Head of household / Household

Must match the name on the account exactly — usually in katakana. The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 6

店番号 Store number

Enter the identification number assigned to your store or business establishment
- 7

※カタカナで記入 Write in katakana / Fill in

Use katakana characters only (not hiragana or kanji)
- 8

出産一時金支給承認事項(健康保険課記入欄) Entry field / Fill in

This indicates where you should write your information
- 9

受付印 Reception / Received / Seal (inkan / hanko)

Staff use - indicates form was received. Do not fill in. Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
- 10

社会保険本人期間(出産時前6ヶ月以内) Social insurance personal coverage period (within 6 months before childbirth)

Enter the period you were enrolled in social insurance as the primary insured person within 6 months before giving birth - needed for certain maternity benefits eligibility.
- 11

助産 Midwifery/Midwife

Circle '有' (yes) if you used a midwife for delivery, circle '無' (no) if you delivered at a hospital with doctors.
- 12

加算 Addition/Supplement

This likely refers to additional family members or supplementary information to be added to your registration - fill in any extra details requested in this section.
- 13

備考 Remarks / Notes

Space for additional information or special circumstances. Usually optional.



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