

第1号様式

荒川区長

**適用開始 届出書  
適用終了**

届出	年月日	住所	荒川区 丁目番号一 （　　）				
世帯主	個人番号		電話				
				自宅・携帯・勤務先(　　)			
番号	(フリガナ) 氏名		個人番号	生年月日	性別	統柄	職業
				年月日	男・女		
1				通知書確認書 交・回・未	マイナ保険証利用登録 交付・回取	郵送 (受領)	
2				通知書確認書 交・回・未	有無		
3				通知書確認書 交・回・未	有無		
4				通知書確認書 交・回・未	有無		
5				通知書確認書 交・回・未	有無		

被保険者			退職者			〔備考〕			
他 保 険 確 認 欄	記号番号			退職 前勤務先 (担当者) 欄					
	発行機関 (担当者)								
	電話	( )							
	資格得喪 年月日	取得喪失 年月日							

添付書類 資格取得喪失証明書・離職票・退職証明書・他の資格確認書等・在学証明書・その他( )

住所	個人番号
届出氏名	電話
世帯主との関係 同一世帯人(続柄)・その他( )	

※届出入が世帯主本人の場合、届出人欄の記入は不要

受付	国保・南千住・町屋・尾久・日暮里
記号番号	18—
世帯区分	普通・擬制
	全部・一部
適用区分	適用開始 適用終了
異動年月日	・・・・
異動事由	

異動事由			
適用開始	適用終了	世帯関係	その他
01転入	11転出	21世帯分離	51異動届正取消
02社会離脱	12社会加入	22世帯合併	53統柄変更
03生保廢止	13生保開始	23住所地特例分離	
04出生	14死亡	24転居	
05職権回復	15職権抹消	25住所地特例変更	
06国組離脱	16国組加入	26その他	
07転居取得	17転居喪失	27その他	
08住所地特例取得	18住所地特例喪失	28その他	
09後期離脱	19障害認定	29その他	
10その他取得	20その他喪失	30その他	
	31世帯変更	32世帯主変更	
	(一部→全部)		
	(全部→一部)		

受領者確認欄(資格確認書等窓口交付)			
1.個人番号カード 2.運転免許証等			
3.パスポート 4.在留カード等			
5.その他( )			

受付	入力
----	----

第1号様式

荒川区長

**適用開始 届 記入例**  
適用終了

届出	年月日	住所	荒川区 荒川2丁目 2番 一 3号				
世帯主	荒川太郎						
	個人番号 <b>記入不要</b>	電話	03(3802)3111 自宅・携帯・勤務先( )				
番号	(フリガナ) 氏名	個人番号	生年月日	性別	続柄	職業	
1	アラカワ タロウ	記入不要	S50年 1月 1日	男	本人	会社員	
2	荒川 太郎	記入不要	S52年 4月 1日	女	妻	パート	
3	アラカワ ハナコ	記入不要	H20年 9月 1日	男	子	学生	
4	荒川 花子	記入不要	年月日	女			
5	アラカワ イチロー	記入不要	年月日	男・女			
	荒川 一郎		年月日	男・女			
			年月日	男・女			
			年月日	男・女			

住所	個人番号
届出人	電話
世帯主との関係 同一世帯人(続柄) · その他( )	

※届出入が世帯主本人の場合、届出人欄の記入は不要

受付	国保・南千住・町屋・尾久・日暮里
記号番号	18 — —
世帯区分	普通・擬制
適用区分	全部 · 一部
適用開始	適用終了
異動年月日	・ · ·
異動事由	

適用開始	適用終了	世帯関係	その他
01 転入	11 転出	21 世帯分離	51 異動届正直取消
02 社保離脱	12 社保加入	12 (一部→全部)	52 統柄変更
03 生保離脱	13 生保開始	22 世帯合併	
04 出生	14 死亡	14 (全部→一部)	
05 命誕	15 職権抹消	23 在留登録公印	

内は、  
資格異動者(国保をやめる方)

全員の情報を記入してください。

3. パスポート	4. 在留カード等
5. その他( )	
受付	入力

被保険者	退職者	[備考]		
他保険確認欄	退職確認欄	前勤務先(担当者)		
発行機関(担当者)	電話	( )		
確認欄	電話	( )	番号確認	本人確認
電話	( )		個人番号カード	担当者
資格得喪年月日	取得喪失年月日	退職年月日	通知カード	免・住・バ
		・	住基礎認	在・資・年( )
		・		( )
添付書類 資格取得喪失証明書・離職票・退職証明書・他の資格確認書等・在学証明書・その他( )				

# Arakawa — 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

## タイトル・届出日 — Header &amp; Dates (Part 1/2)

The form shows five numbered fields:

- 1 第1号様式 (Form No. 1)
- 2 荒川区長 (Mayor of Arakawa Ward)
- 3 国民健康保険被保険者 (National Health Insurance Beneficiary)
- 4 適用開始 (Application start date)
- 5 適用終了 (Application end date)

## 1 第1号様式 Form No. 1

This indicates 'Form No. 1' and is pre-printed on the form - you don't need to write anything here as it's just identifying which type of government form this is.

## 2 住所 Address

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

## 3 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)

## 4 荒川区長 Mayor of Arakawa Ward

This shows 'Mayor of Arakawa Ward' as the recipient/authority - this is pre-printed and indicates who you're submitting this form to, so no action needed from you.

## 5 出氏名 Full name

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



Form p.1

## タイトル・届出日 — Header &amp; Dates (Part 2/2)

第1号様式	①. 適用開始届	住所	②個人登録
-------	-------------	----	-------

## 1 国民健康保険被保険者適用用開終始了届記入例 National Health Insurance

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

## 2 人番号 Person Number

Enter your My Number (マイナンバー) - the 12-digit individual identification number issued by the Japanese government



Form p.2

## 届出人情報 — Who Is Filing (Part 1/2)

適用終了										
届出	年月日	住所	荒川区	丁目	番	一	号			
世帯主				個人番号	電話	( )	自宅・携帯・勤務先( )			
① 氏名 ② 世帯主との関係 ③ 同一世帯人(続柄)・その他( ) ④ 受付 ⑤ 記号番号										
② 電話 ③ その他( ) ④ 国保・南千住・町屋・尾久・日暮里 ⑤ 18—										

## 1 出氏名 Full name

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

## 2 住荒川区 丁目 番 - 号 Address in Arakawa Ward, [district name] chome [block number] ban - gou

Fill in your address within Arakawa Ward using the Japanese address format:  
district name + chome number + ban number + gou number

## 3 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 年月日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, e.g.,  
2024年3月15日

## 5 同一世帯人(続柄)・その他( ) Other / Relationship to head of household

Use this section for any additional information not covered in other fields See relationship terms table.

## 6 個人番号 Individual Number

Enter your 12-digit My Number (マイナンバー) assigned by the Japanese government

## 7 ※届出人が世帯主人の場合、届出人欄の記入は不要 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 ( ) ( )

Write your phone number in the first parentheses and your occupation/workplace in the second parentheses. For foreign residents, you can write your occupation in katakana if needed, such as エンジニア (engineer) or 会社員 (company employee).

## 9 付国保・南千住・町屋・尾久・日暮里 Associated National Health Insurance - Minami-Senju, Machiya, Ogu, Nippori

These are district names in Tokyo's Arakawa ward; check the box for your district if you have National Health Insurance coverage.

## 10 自宅・携帯・勤務先( ) Place of employment / Employer / Mobile phone / Home address

Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number). Enter your mobile/cell phone number including area code

## 11 記号番号 18 -- Symbol Number 18 --

This appears to be a reference field for official form numbering - likely can be left blank unless specifically instructed by office staff.



Form p.1

## 届出人情報 — Who Is Filing (Part 2/2)

世帯 →	① 荒川 太郎	個人番号	① 03 ( 3802 ) 3111
		電話 記入不要	内空, 挿此, 電路牛( )

※届出人が世帯主本人の場合、届出人欄の記入は不要

受付	国保・南千住・町屋・尾久・日暮里
支	支
口	口
部	部
口	口

1 03 ( 3802 ) 3111 03 (3802) 3111

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

2 荒川 太郎 Arakawa Taro

This appears to be an example name showing the format for writing your full name in kanji characters

3 記入不要 Do not fill in

Leave this section blank - it's for official use only



Form p.2

## 住所 — Addresses (Part 1/4)

世帯主 番号 1	個人番号		電話 自宅・携帯・勤務先( )			※届出入が世帯主本人の場合、届出入欄の記入は不要			
	(フリガナ) 氏名	個人番号		生年月日	性別 統柄	職業	マイナ保険証利用登録 交付・回収	郵送 (受領)	受付 記号番号 18 - -
			年月日	男 女		有無 通知書確認書 交・回・未		普通・擬制 全部・一部	
1								適用区分 適用開始 異動年月日	適用終了

**1** 付国保・南千住・町屋・尾久・日暮里 Associated National Health Insurance - Minami-Senju, Machiya, Ogu, Nippori

These are district names in Tokyo's Arakawa ward; check the box for your district if you have National Health Insurance coverage.

**2** 自宅・携帯・勤務先( ) Place of employment / Employer / Mobile phone / Home address

Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number). Enter your mobile/cell phone number including area code

**3** 記号番号 18 - - Symbol Number 18 --

This appears to be a reference field for official form numbering - likely can be left blank unless specifically instructed by office staff.

**4** (フリガナ) (FURIGANA)

Write the phonetic reading of your name in katakana characters above or next to where you write your name in kanji/hiragana

**5** マイナ保険証利用登録 郵送 Health insurance card

Japanese health insurance card. Can serve as secondary ID at some banks.

**6** 普通・擬制 Regular/Actual

Select "普通" (regular) for standard household registration - "擬制" (deemed/fictitious) is for special legal circumstances only

**7** 個人番号 Individual Number

Enter your 12-digit My Number (マイナンバー) assigned by the Japanese government

**8** 生年月日 性別 続柄 職業 Date of birth / Year Month Day / Gender

Write in format: Year/Month/Day (YYYY/MM/DD) using Western calendar Write dates in Japanese format: year/month/day (e.g., 2024/03/15)

**9** 世帯区分 Household Classification

Select your household status (head of household, family member, etc.) - usually "head of household" if you live alone

**10** 適用区分 Application Category

Select the appropriate category that describes your registration change (e.g., new resident, address change, household composition change, etc.)

**11** 適用開始 Application Start Date

Enter the date when the residence registration change should take effect (usually the actual moving date)

**12** 適用終了 End of Application/Coverage Termination

This section is for recording when certain benefits, services, or registrations end - typically filled by municipal staff, not residents

**13** 通知書確認書 Notification Form / Confirmation Form

Check the appropriate box to indicate whether you received a notification form (通知書) or confirmation form (確認書) from the relevant government office. If you're unsure which document you received, check the title at the top of any correspondence you got from the municipal office.

**14** 年月日 Year Month Day

Write dates in Japanese format: year/month/day (e.g., 2024/03/15)



## 住所 — Addresses (Part 1/4) (continued)

15

異動年月日 Date of Change

Enter the date you moved/changed residence in YYYY/MM/DD format

## 住所 — Addresses (Part 2/4)

1			年 月 日	・ 女		通知書 確認書	交・回・未		異動年月日	① ・ ・	② ・ ・
2			③ 年 月 日	男 ・ 女		通知書 確認書	有 無		異動事由		
						④ 通知書 確認書	交・回・未		異動事由		

1 . . . .

Enter the date in Japanese format (年/月/日 - year/month/day) when you plan to move or the effective date of your address change.

2 . . . .

Enter the date in Japanese format (年/月/日) for another relevant date related to your address change, such as when you submitted documentation or when the change was processed.

3 異動事由

Reason for change / Type of move

Why you are filing this notification (moving in, moving out, address change within municipality).

4 通知書 確認書

Notification Form / Confirmation Form

Check the appropriate box to indicate whether you are submitting a notification form (通知書) or confirmation form (確認書) - this depends on the specific type of address change procedure you are completing.

5 年 月 日 · Year Month Day

Write dates in Japanese format: year/month/day (e.g., 2024/03/15)

6 交・回・未

Issued/Returned/Not yet

Check the appropriate box to indicate the status of your residence card (交=issued, 回=returned to authorities, 未=not yet received)



Form p.1

## 住所 — Addresses (Part 3/4)

世帯主	① 荒川 太郎	個人番号 記入不要	電話 03 ( 3802 ) 3111	03 ( 3802 ) 3111 自宅・携帯・勤務先( )	※届出入が世帯主本人の場合、届出入欄の記入は不要			
番号	1	個人番号 記入不要	生年月日 S50年 1月 1日	性別 男	続柄 本人	職業 会社員	郵送 (受領) 交付・回収 有無 通知書 確認書 交・回・未 有無 通知書 確認書	
	2	個人番号 記入不要	S52年 4月 1日	性別 男	続柄 妻	職業 パート		

1 荒川 太郎 Arakawa Taro

This appears to be an example name showing the format for writing your full name in kanji characters

2 記入不要 Do not fill in

Leave this section blank - it's for official use only

3 交付・回収 (受領) Issuance/Collection (Receipt)

N/A - this is an administrative section header for office use to track document distribution and collection

4 氏名 Name

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

5 全部・一部 All / Partial

Select this option when requesting all records or information available Used when making changes to only some family members or partial updates to registration

6 アラカワ ARAKAWA

This appears to be a district/ward name (likely Arakawa Ward in Tokyo) - fill in the katakana name of your municipal district as it appears on official documents.

7 夕口ウ TARO

This is an example name shown in katakana - replace with your own name written in katakana characters.

8 S50年 1月 1日・本人 会社員 通知書 確認書

1975 January 1st· Self/Applicant Company Employee Notification Document Confirmation Document

This appears to be example text showing date format (using Japanese era year S50=Showa 50=1975), person type, and document types - fill with your actual information accordingly.

9 記入不要 Do not fill in

Leave this section blank - it's for official use only

10 荒川 Arakawa

This is likely a ward/district name - write the name of your ward or district if you live in Arakawa ward or another area with this name

11 太郎 Taro

Write your given name (first name) in katakana characters. For foreign residents, this should match the katakana spelling used in your residence card or other official Japanese documents.

12 交・回・未 Issued/Returned/Not yet

Check the appropriate box to indicate the status of your residence card (交=issued, 回=returned to authorities, 未=not yet received)



## 住所 — Addresses (Part 3/4) (continued)

13 アラカワ ARAKAWA

This appears to be a district/ward name (likely Arakawa Ward in Tokyo) - fill in the katakana name of your municipal district as it appears on official documents.

14 ハナコ Hanako

This appears to be an example name - replace with your actual name written in katakana

15 記入不要 Do not fill in

Leave this section blank - it's for official use only

## 住所 — Addresses (Part 4/4)

2	荒川	花子	記入不要	S52年 4月 1日	男	妻	パート	通知書 確認書	異動事由	
---	----	----	------	------------	---	---	-----	---------	------	--

1 S52年 4月 1日・妻 April 1, 1977 • Wife

This appears to be a sample entry showing date format (Japanese era year) and relationship status - you would fill in your actual date and relationship.

2 パート Part-time

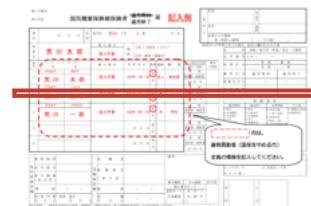
Check this if you work part-time (as opposed to full-time employment)

3 荒川 Arakawa

This is likely a ward/district name - write the name of your ward or district if you live in Arakawa ward or another area with this name

4 花子 Hanako

This appears to be a sample name - replace with your actual given name in katakana or kanji as it appears on your residence card



Form p.2

## 異動者 — Person Table (Part 1/5)

2			年 月 日	男・女		<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無 <small>通知書 確認書</small>		異動事由		
3			年 月 日	男・女		<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無 <small>通知書 確認書</small>		異動事由		
4			年 月 日	男・女		<input checked="" type="checkbox"/> 有 <input type="checkbox"/> 無 <small>通知書 確認書</small>				

異動事由			
異動事由			
適用開始	適用終了	世帯関係	その他
01 転入	① 11 転出	② 21 世帯分離 (一部→全部)	51 異動訂正、取消
02 社保離脱	12 社保加入	13 生保開始	53 続柄変更
03 生保廢止	14 死亡	22 世帯合併	
04 出生	15 職権回復	16 国組加入	
05 職権抹消	17 転居喪失	23 住所地特例分離 (一部→全部)	
06 国組離脱			
07 転居取得			

## 1 通知書 確認書 Notification Form / Confirmation Form

Check the appropriate box to indicate whether you have received a notification form (通知書) or confirmation form (確認書) from the government office, or leave blank if neither applies.

## 2 年月日 · Year Month Day

Write dates in Japanese format: year/month/day (e.g., 2024/03/15)

## 3 交・回・未 Issued/Returned/Not yet

Check the appropriate box to indicate the status of your residence card (交=issued, 回=returned to authorities, 未=not yet received)

## 4 異動事由 Reason for change / Type of move

Why you are filing this notification (moving in, moving out, address change within municipality).

## 5 51 異動訂正、取消 Change correction, cancellation

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

## 6 通知書 確認書 Notification Form / Confirmation Form

Same as field 1 - indicate whether you have received a notification or confirmation form related to this person's registration. This is typically for family members being added to your registration.

## 7 年月日・女 Year Month Day

Write dates in Japanese format: year/month/day (e.g., 2024/03/15)

## 8 02 社保離脱 02 Social Insurance Withdrawal

Check this if you're withdrawing from Japanese social insurance (health insurance/pension) due to moving abroad or other qualifying circumstances

## 9 12 社保加入 12 Social Insurance Enrollment

Check this box if you're enrolled in social insurance (health insurance through your employer)

## 10 (一部→全部) 53 続柄変更 Relationship to head of household / Change / All

See relationship terms table. Check this box if you are making changes to existing information

## 11 交・回・未 Issued/Returned/Not yet

Check the appropriate box to indicate the status of your residence card (交=issued, 回=returned to authorities, 未=not yet received)

## 12 05 職権回復 05 Official Restoration

N/A - this is a form category code for cases where residence registration is restored by municipal authority (not something you would select yourself)

## 13 15 職権抹消 Official Erasure by Authority

N/A - this is an administrative action code that the municipal office uses, not something residents fill out



## 異動者 — Person Table (Part 1/5) (continued)

**14 23 住所地特例分離 Address / Special provision**

Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address. Check this box if special circumstances apply to your registration.

**15 通知書 確認書 Notification Form / Confirmation Form**

Same as fields 1 and 6 - check the appropriate box for notification/confirmation form receipt. Keep all official correspondence from city hall as you may need to reference document numbers or dates.

## 異動者 — Person Table (Part 2/5)

4			① 年月日 年月日	男・女 男・女		有無 通知書確認書 交・回・未		105 種種回復 06 國組離脱 07 転居取得 08 住所地特例取得 09 後期離脱 10 その他取得	15 種種休済 16 國組加入 17 転居喪失 18 住所地特例喪失 19 障害認定 20 その他喪失	23 住所地特例分離 (一部→全部) 24 転居 (全部→全部) 31 世帯変更 (一部→一部) 32 世帯主変更
5			② 年月日 年月日	男・女 男・女		有無 通知書確認書 交・回・未				
						[備考]	③ 受領者確認欄(資格確認書等窓口交付) 1.個人番号カード 2.運転免許証等 3.パスポート 4.在留カード等 5.その他の			
④ 被保険者 他記号番号 登行機関			⑤ 退職者 退勤務先 職							

## 1 年月日 · Year Month Day

Write dates in Japanese format: year/month/day (e.g., 2024/03/15)

## 2 19 障害認定 Disability Recognition

Check this box if you have an officially recognized disability status that should be recorded in your residence registration.

## 3 10 その他取得 20 その他喪失 31 世帯変更 Change of household (head of household change, merge, split) / Other / Change

Use this section for any additional information not covered in other fields  
Check this box if you are making changes to existing information

## 4 年月日 · Year Month Day

Write dates in Japanese format: year/month/day (e.g., 2024/03/15)

## 5 32 世帯主変更 Head of household / Change

The primary person in a household for registration purposes. If you live alone, you are the head of household. Check this box if you are making changes to existing information

## 6 [備考] Remarks / Notes

Space for additional information or special circumstances. Usually optional.

## 7 受領者確認欄(資格確認書等窓口交付) Qualification

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

## 8 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)

## 9 1.個人番号カード My Number (Individual Number)

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

## 10 2.運転免許証等 Driver's license

Bring your physical driver's license as identification

## 11 他記号番号 Other symbol/number

Leave blank unless you have a special identification number or symbol assigned by the municipality that doesn't fit in other standard ID fields

## 12 3.パスポート Passport

Bring your passport as identification when submitting this form

## 13 4.在留カード等 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.

## 14 退前勤務先 Place of employment / Employer

Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number).



Form p.1

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

**15** 5. その他 ( ) 5. Other ( )

Use this section to write any additional information that doesn't fit in the other categories, such as special circumstances or requests.

## 異動者 — Person Table (Part 3/5)

④発行機関 (担当者)	⑤職種 (担当者)	⑥番号確認 個人番号カード	⑦本人確認 担当者	⑧その他( )
確認書 証	確認書 証			受 入
( )	( )			

- 確(担当者) Confirmation (Person in charge)

Write the name of the government office staff member or official who verified/confirmed your application or documents. This field is typically filled by the government worker, not by you as the applicant.

- (担当者) (Person in charge)

Write the name of the person in charge or responsible official handling your case. Like field 1, this is usually completed by the government staff member processing your application rather than by you.

- 番号確認 Number Confirmation

Provide your My Number (12-digit individual number) for verification - bring your My Number card or notification card

- 本人確認 担当者 Identity Verification Staff Member

N/A (this is for municipal office staff use only)

- 個人番号カード My Number (Individual Number)

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



Form p.1

## 異動者 — Person Table (Part 4/5)

2	荒川 花子	記入不要	S52年 4月 1日	男女	妻	パート	通知書 確認書 交・回・未	異動事由
3	アラカワ イチロウ	記入不要	H20年 9月 1日	男女	子	学生	通知書 確認書 交・回・未	異動事由
4			年 月 日	男・女			通知書 確認書 交・回・未	内は、

1 記入不要 Do not fill in

Leave this section blank - it's for official use only

2 S52年 4月 1日・妻 April 1, 1977 • Wife

This appears to be a sample entry showing date format (Japanese era year) and relationship status - you would fill in your actual date and relationship.

3 パート Part-time

Check this if you work part-time (as opposed to full-time employment)

4 荒川 Arakawa

This is likely a ward/district name - write the name of your ward or district if you live in Arakawa ward or another area with this name

5 花子 Hanako

This appears to be a sample name - replace with your actual given name in katakana or kanji as it appears on your residence card

6 アラカワ ARAKAWA

This appears to be a district/ward name (likely Arakawa Ward in Tokyo) - fill in the katakana name of your municipal district as it appears on official documents.

7 イチロウ Ichiro

This appears to be a sample name - replace with your actual given name in katakana

8 H20年 9月 1日・子 September 1, 2008 • Child

This appears to be a pre-filled example showing date format (Japanese era year H20 = 2008) and relationship status - replace with your actual move date and relationship to household head.

9 記入不要 Do not fill in

Leave this section blank - it's for official use only

10 学生 Student

Check this box if you are currently enrolled as a student at a school, university, or other educational institution

11 荒川 Arakawa

This is likely a ward/district name - write the name of your ward or district if you live in Arakawa ward or another area with this name

12 一郎 Ichiro (a common Japanese male given name)

This appears to be a sample/example name - replace with your actual given name in katakana if you're a foreign resident

13 (一部→全部) All / Partial

Select this option when requesting all records or information available Used when making changes to only some family members or partial updates to registration



## 異動者 — Person Table (Part 4/5) (continued)

14 0078 転住居所取地得特例 取得 1178 転住居所内喪地失特は例 喪、失 24 転居

Moving within the same municipality / Special provision

Check this box if special circumstances apply to your registration

15 交・回・未 Issued/Returned/Not yet

Check the appropriate box to indicate the status of your residence card

(交=issued, 回=returned to authorities, 未=not yet received)

## 異動者 — Person Table (Part 5/5)

5	年 月 日	女 男 ・ 女	交・回・未 有 無 通知書 確認書 交・回・未	内は、 資格異動者（国保をやめる方） ①全員の情報を記入してください。	
5	日	月	年	[備考]	

1 (全部→全部) All

Select this option when requesting all records or information available

2 通知書 確認書 資格異動者 ( 国保をやめる(一部方→一 ) 部) Qualification / Partial

Refers to your legal status or eligibility (e.g., resident status, insurance qualification) Used when making changes to only some family members or partial updates to registration

3 交・回・未 Issued/Returned/Not yet

Check the appropriate box to indicate the status of your residence card  
(交=issued, 回=returned to authorities, 未=not yet received)

4 全員の情報受領を者記確入認欄して資格く確だ認さ書い等窓。口 交付) Qualification

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



Form p.2

## 本人確認書類 — ID & Documents

① 認 査	② ( )	③ 認 査	④ 檻	⑤ 電 話	⑥ ( )	⑦ 住 居	⑧ 半八郎心 個名番号カード	⑨ 半八郎心 坦三日	受 付	入 力	
資 格 得 療 日 年 月 日	取得喪失年月日	退 年 月 日	職 日	通知カード	免・住・バ 在・資・年	住基確認	( ) ( )				
添付書類 資格取得喪失証明書・離職票・退職証明書・他の資格確認書等・在学証明書・その他( )											

- 番号確認** Number Confirmation  
Provide your My Number (12-digit individual number) for verification - bring your My Number card or notification card
  - 本人確認 担当者** Identity Verification Staff Member  
N/A (this is for municipal office staff use only)
  - 個人番号カード** My Number (Individual Number)  
12-digit number. Leave blank on first registration — it will be mailed to you after.
  - 欄電** Phone number field  
Enter your current phone number where you can be contacted regarding this registration
  - 電話** Telephone  
Enter your phone number including area code (e.g., 03-1234-5678 for landline or 090-1234-5678 for mobile)
  - ( ) ( )**  
Write your phone number in the first parentheses. The second set of double parentheses is typically for an alternative contact number or mobile phone.
  - ( ) ( )**  
Enter your email address in the first parentheses. The second set of double parentheses may be for an alternative email or confirmation of the same email.
  - 通知カード 免・住・パス** Notification Card: Exemption/Residence/Passport  
Check the appropriate box - likely "/パス" (passport) if you're a foreign resident without a Japanese residence card or notification card.
  - 資格得喪取得喪失** Qualification  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
  - 年月日** Year Month Day  
Fill in a specific date using the format year·month·day. This appears to be for a qualification acquisition date or similar milestone date.
  - ( ) ( ) ( ) ( )**  
This section is for residence confirmation details. Fill in your address verification information in the first set of parentheses, and dates related to your residence status in the second set with year and month format.
  - 添付書類 資格取得喪失証明書・離職票・退職証明書・他の資格確認書等・在学証明書・その他** Other / Qualification  
Use this section for any additional information not covered in other fields  
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



## 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