

国民健康保険被保険者 資格喪失届出書

記入例

郵送用

【次の1~3をお送りください。】

- 1 職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるもののいずれかのコピー（国保をやめる方、全員分）

- 2 資格喪失届出書（左の項目を記入したこの用紙）

※資格喪失届出書を印刷できない場合は、①届出人の氏名②住所③電話番号

④国民健康保険をやめるという文言を記入した任意の用紙でも代用できます。

（職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるもののいずれかのコピーの余白に①~④を記入していただいても構いません。）

- 3 葛飾区の国民健康保険被保険者証・資格確認書・資格情報のお知らせ・高齢受給者証のうち使用していたもの

※いずれも原本且つ国保をやめる方、全員分

○葛飾区の国民健康保険被保険者証・資格確認書・高齢受給者証は、公印部分にボールペンで×印をするか、ハサミで切り込みを入れてお送りください。

○国民健康保険被保険者証・資格確認書・資格情報のお知らせ・高齢受給者証がないときは、その理由

□紛失 □その他（ ）

※職員記入欄

記号番号	22- -
異動年月日	令和 年 月 日
適用終了年月日	令和 年 月 日
異動事由	社保加入・国組加入・他()
備考欄	
担当者	受付日 入力 確認 審査

届出年月日	令和 ○年 ○○月 ○○日	
届出人の氏名	葛飾 太郎	
電話番号	03-3695-1111	自宅・携帯・他()
住所	葛飾区 立石 5 丁目 13 番 1 号	

國民健康保険をやめる人		性別	統柄	確情	証	高		
1	フリガナ	カツシカ タロウ	男	世帯主	回	回	回	回
	氏名	葛飾 太郎	・女	妻・夫子	・	・	・	・
	生年月日	昭和○○年○○月○○日		[]	未	未	未	未
2	フリガナ	カツシカ ハナコ	男	妻夫子	回	回	回	回
	氏名	葛飾 花子	・女	[]	未	未	未	未
	生年月日	昭和○○年○○月○○日						
3	フリガナ	カツシカ サクラ	男	子	回	回	回	回
	氏名	葛飾 さくら	・女	[]	未	未	未	未
	生年月日	平成○○年○○月○○日						
4	フリガナ		男	子	回	回	回	回
	氏名		・女	[]	未	未	未	未
	生年月日	年 月 日						
5	フリガナ		男	子	回	回	回	回
	氏名		・女	[]	未	未	未	未
	生年月日	年 月 日						

Katsushika — 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 & Dates

① 国民健康保険被保険者 資格喪失届出書

記入例 【次の1～3をお送りください。】 郵送用

② 届出年月日 令和〇〇年〇〇月〇〇日

③ 1 職場の健康保険資格確認書・資格取得証明書などの加入日が確認

1 記入例 Example of how to fill out

This is an example section showing how to fill out the form - you don't need to write anything here, just use it as a reference for proper completion.

2 国民健康保険被保険者 資格喪失届出書 Qualification

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

3 郵送用 For mailing

This indicates the form is for mailing purposes - ensure you have the correct postal address and sufficient postage when submitting.

4 【次の1～3をお送りください。】 Please send the following items 1-3.

This is an instruction telling you to prepare and send items 1-3 along with this form - gather all required documents mentioned in the checklist before mailing.

5 ○年○○月○○日 ○ year ○ month ○ day

Fill in the date using Japanese era year (e.g., Reiwa 6) or Western year format as specified on the form

6 届出年月日 Date of notification

Write the date you are submitting this form to the municipal office (format: year/month/day)

7 1職場の健康保険資格確認書・資格取得証明書などの加入日が確認 Qualification

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

8 令和 Reiwa

This refers to the current Japanese era name (started May 1, 2019) - leave blank as it's typically pre-printed on forms or will be filled by office staff



Form p.1

届出人情報 — Who Is Filing (Part 1/2)

③届出年月日	④令和 ○○ 年 ○○ 月 ○○ 日	①職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいづれかのコピー（国保をやめる方、全員分）
⑤届出人の氏名	葛飾 太郎	②資格喪失届出書（左の項目を記入したこの用紙）
⑥電話番号	03-3695-1111	※資格喪失届出書を印刷できない場合は、①届出人の氏名②住所③電話番号④国民健康保険をやめるという文言を記入した任意の用紙でも代用できます。 (職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいづれかのコピー)
⑦	自宅・携帯・他 ()	
⑧	葛飾区 立石 5 丁目 13 番 1 号	

○年○○月○○日 ○ year ○ month ○○ day

Fill in the date using Japanese era year (e.g., Reiwa 6) or Western year format as specified on the form

届出年月日 Date of notification

Write the date you are submitting this form to the municipal office (format: year/month/day)

1職場の健康保険資格確認書・資格取得証明書などの加入日が確認 Qualification

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

令和 Reiwa

This refers to the current Japanese era name (started May 1, 2019) - leave blank as it's typically pre-printed on forms or will be filled by office staff

できるものいづれかのコピー（国保をやめる方、全員分） Person who

This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

葛飾 太郎 Katsushika Taro

This appears to be a sample name showing the format (surname first, then given name in kanji characters)

届出人の氏名 Applicant / Person filing the form / Full name

The person physically submitting the form. Usually yourself. Write in katakana for foreign names. Some forms accept romaji.

2資格喪失届出書（左の項目を記入したこの用紙） Qualification

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

03 - 3695 - 1111 03-3695-1111

Enter your phone number in the standard Japanese format with hyphens (03-1234-5678). Use your main contact number where you can be reached during business hours.

電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

自宅・携帯・他 () Mobile phone / Home address

Enter your mobile/cell phone number including area code Enter your residential address where you actually live

13番 No. 13

Write the building/apartment number if you live in a numbered building or apartment complex. If you live in a house without a building number, you may leave this blank.

立石 5 丁目 Tateishi 5-chome

This appears to be a pre-filled address section showing the district name and block number - verify this matches your actual address or fill in your correct district and block number.



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

1号 No. 1

Enter your apartment/unit number if applicable. For single-family homes or if you don't have a unit number, you can leave this field blank.

15 葛飾区 Katsushika Ward

This indicates which ward/municipality the form is for - ensure you're using the correct form for your area of residence.

届出人情報 — Who Is Filing (Part 2/2)

① 住 所	葛飾区 立石 5 丁目 13 番 1 号	② 職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいずれ
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1 (職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるものいずれ Qualification

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

2 住 所 Address

Write your complete current address including apartment/room number if applicable



Form p.1

住所 — Addresses (Part 1/2)

13番 No. 13

Write the building or block number for your address. This is typically a number that comes after the district (chome) designation in Japanese addresses.

立石 5 丁目 Tateishi 5-chome

This appears to be a pre-filled address section showing the district name and block number - verify this matches your actual address or fill in your correct district and block number.

1号 No. 1

Write the specific unit, apartment, or house number within the building or block. This is the final identifying number in your Japanese address.

葛飾区 Katsushika Ward

This indicates which ward/municipality the form is for - ensure you're using the correct form for your area of residence.

(職場の健康保険資格確認書・資格取得証明書などの加入日が確認できるもの)いずれか

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

住 所 Address

Write your complete current address including apartment/room number if applicable.

3. 著飾区の国口健康保険被保険者証・資格確認書・資格情報のお知らせ Qualification

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

付：高齢受給者証のうち使用していたもの

If you're 70+ and had a medical insurance elderly recipient certificate, bring the one you were using to surrender it with your moving registration.

國 口 健 康 保 險 を や め る 人 Person leaving National Health Insurance

Fill in details for anyone in your household who is leaving Japan's National Health Insurance system (e.g., switching to employer insurance or moving abroad).

性別統 柄確情証高 Gender
男 (stoku) = Male, 女 (onna) = Female. Circle the appropriate one.

男 (otoko) – Male, 女 (onna) – Female. Circle the appropriate one.

カツシカ タロウ KATSUSHIKA TAROU

This is a name written in Katakana - write your full name in Katakana characters as it appears on your residence card or other official documents.

フリガナ (phonetic reading)

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

※いすれも原本且つ国保をやめる方、全員分 Person who

This appears to be part of a longer phrase - look for the complete text starting with the preceding characters



住所 — Addresses (Part 1/2) (continued)

14 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

15 回回回回 [This appears to be placeholder text or formatting marks, not actual form content]

These circles are for official use only - leave blank. They appear to be
processing marks that will be filled in by government staff.

住所 — Addresses (Part 2/2)

1 氏 名 葛飾 太郎 男 妻 夫 子 ○葛飾区の国民健康保険被保険者証・資格確認書・高齢受給者証は、公印部分に
ボールペンで×印をすきか ハサミで切り込みを入れてお送りください

- ## 妻・夫 Wife/Husband

Check the appropriate box to indicate your relationship to the primary applicant if you are their spouse.

- 葛飾区の国口健康保険被保険者証・資格確認書：高齢受給者証は、公印部分に Qualification / Seal (inkan / hanko)

Refers to your legal status or eligibility (e.g., resident status, insurance qualification) Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

- 葛飾 太郎 Katsushika Taro

This appears to be a sample name showing the format (surname first, then given name in kanji characters)

- 氏名 Name

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

- • • • (dotted line for writing)



Form n. 1

異動者 — Person Table (Part 1/4)

1	① 氏名	④ 葛飾 太郎	男	○	回	回	回	回	② ○葛飾区の国民健康保険被保険者証・資格確認書・高齢受給者証は、公印部分にボールペンで×印をするか、ハサミで切り込みを入れてお送りください。
	② 生年月日	⑤ 昭和〇〇年〇〇月〇〇日	女	○	○	○	未	未	③ ○国民健康保険被保険者証、資格確認書、資格情報のお知らせ、高齢受給者証
2	⑥ フリガナ	⑦ カツシカ ハナコ	男	○	回	回	回	回	⑧ がないときは、その理由
	氏名	⑨ 葛飾 花子	女	○	○	○	○	○	⑩ □紛失 □その他()

妻・夫 Wife/Husband

Check the appropriate box to indicate your relationship to the primary applicant if you are their spouse.

○ 舊飾区の国口健康保険被保険者証・資格確認書・高齢受給者証は、公印部分に Qualification / Seal (inkan / hanko)

Refers to your legal status or eligibility (e.g., resident status, insurance qualification) Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

葛飾 太郎 Katsushika Taro

This appears to be a sample name showing the format (surname first, then given name in kanji characters).

氏名 Name

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

..... (dotted line for writing)

Write your address using dots as separators between different parts (prefecture, city, district, etc.). For foreign residents, write your registered address exactly as it appears on your residence card.

未未未未 Not yet filled/Pending/Undetermined

This appears to be placeholder text indicating fields that haven't been completed yet - fill in the actual required information in these sections.

生 年 月 日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using Japanese era year).

昭和〇〇年〇〇月〇〇日 Showa year month day

Fill in your birth date using the Showa era format (Showa 1 = 1926, add 25 to get Western year).

○国口健康保険被保険者証、資格確認書、資格情報のお知らせ、高齢受給者証 Qualification

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

カツシカ ハナコ KATSUSHIKA HANAKO

Write your name in katakana characters. Foreign residents should use the katakana spelling that matches their residence card or other official Japanese documents.

フ リ ガ ナ Furihana (phonetic reading)

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

がないときは、その理由 If not available, state the reason

If you don't have a required document, write the specific reason why in this field.

妻：夫回回回回 Wife/Husband 8888

Write the name of your spouse in the circles provided, or leave blank if not applicable.



Form n. 1

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

14 紛失 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

15 葛飾 花子 Katsushika Hanako

This appears to be a sample name - write your full name in katakana or kanji if you have official registered characters

異動者 — Person Table (Part 2/4)

- 1 氏名** Name
Write your full legal name as it appears on your passport or residence card

2 (dotted line for writing)

3 未未未未 Not yet filled/Pending/Undetermined
This appears to be placeholder text indicating fields that haven't been completed yet - fill in the actual required information in these sections.

4 生年月日 Date of Birth
Enter your birth date in the Japanese format: year/month/day (often using Japanese era year)

5 昭和〇〇年〇〇月〇〇日 Showa __ year __ month __ day
Fill in your birth date using the Showa era format (Showa 1 = 1926, add 25 to get Western year)

6 ※職員記入欄 Staff use only / Office use only
Section for ward office staff. Do not write anything here.

7 カツシカ サクラ KATSUSHIKA SAKURA
This appears to be an example name written in katakana - replace with your own name in katakana characters.

8 フリガナ Furigana (phonetic reading)
Write the phonetic reading of your name in katakana characters above or next to where you write your name in kanji/hiragana

9 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.

10 22- - 22- -
This appears to be a pre-printed postal code format field - write your 7-digit postal code with the first 3 digits before the first dash and last 4 digits after the second dash.

11 回回回回 [This appears to be placeholder text or formatting marks, not a question]

12 異動年月日 Date of Change
Enter the date you moved/changed residence in YYYY/MM/DD format

13 令和 Reiwa
This refers to the current Japanese era name (started May 1, 2019) - leave blank as it's typically pre-printed on forms or will be filled by office staff

14 葛飾 さくら Katsushika Sakura
This appears to be an example name showing the format (surname followed by given name in hiragana/katakana)

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



異動者 — Person Table (Part 3/4)

3	氏名	葛飾 さくら	・ 女	()	子 未 未 未 未 未 未	異動年月日	令和 年 月 日
	生年月日	平成〇〇年〇〇月〇〇日				適用終了年月日	令和 年 月 日
4	フリガナ		男 ・ 女	()	子 回 回 回 回 未 未 未 未	異動事由	社保加入・国組加入・他()
	氏名					備考欄	
	生年月日	年 月 日					
フリガナ		申	受付日	入力	確認	審査	

- 1 (dotted line for writing)

Write your furigana (phonetic reading) in katakana characters above your name.
If you're a foreign resident, write the phonetic pronunciation of your name as it would sound in Japanese.
 - 2 適口終了年月日令和 Application End Date (Reiwa Era)

Enter the date when your status/registration will end using the Japanese Reiwa era calendar format (e.g., R5.12.31 for December 31, 2023)
 - 3 未未未未 Not yet filled/Pending/Undetermined

This appears to be placeholder text indicating fields that haven't been completed yet - fill in the actual required information in these sections.
 - 4 生年月日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using Japanese era year)
 - 5 異動事由 Reason for change / Type of move

Why you are filing this notification (moving in, moving out, address change within municipality).
 - 6 社保加入・国組加入・他 () Social insurance enrollment· National health insurance enrollment· Other ()

Check the box that matches your health insurance type - social insurance if employed by a company, national health insurance if self-employed/unemployed, or specify other types in the blank space.
 - 7 平成〇〇年〇〇月〇〇日 Heisei 〇〇 year 〇〇 month 〇〇 day

Fill in the date using the Japanese Heisei era format (Heisei 1 = 1989, Heisei 31 = 2019), or you can usually use the Western calendar format instead.
 - 8 フリガナ Furigana (phonetic reading)

Write the phonetic reading of your name in katakana characters above or next to where you write your name in kanji/hiragana
 - 9 備考欄 Remarks column

Leave blank unless you have special circumstances to note - municipal staff will fill this if needed
 - 10 回回回回 [This appears to be placeholder text or formatting marks, not actual form content]

This appears to be a placeholder for writing numerical values or codes. Leave blank unless specifically instructed to fill in particular numbers or reference codes.
 - 11 氏名 Name

Write your full legal name as it appears on your passport or residence card
 - 12 (dotted line for writing)

Write the furigana (phonetic reading) in katakana for the name in the row below.
This provides the Japanese pronunciation guide for the corresponding name field.



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

13 未未未未 Not yet filled/Pending/Undetermined

This appears to be placeholder text indicating fields that haven't been completed yet - fill in the actual required information in these sections.

14 生年月日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using Japanese era year)

15 フリガナ Furigana (phonetic reading)

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

異動者 — Person Table (Part 4/4)

フリガナ	甲	ノ	受付日	入力	確認	審査
------	---	---	-----	----	----	----

1 受付日 Reception / Received

Staff use - indicates form was received. Do not fill in.

2 入力 Input/Entry

Write the date when you are filling out or submitting this form, typically in Japanese date format (year/month/day). Use the current date when you complete the application.

3 確認 Confirmation

This field is for official use - leave blank as it will be filled by the reviewing officer who confirms your application details are correct.

4 審査 Review/Examination

This is an official processing field for government staff only - do not write anything here as it will be completed during the formal review process.



Form p.1

本人確認書類 — ID & Documents

フリガナ 5 氏名	年月日	男 女	子	回回回回 未未未未	担当者	受付日	入力	確認	審査
--------------	-----	--------	---	--------------	-----	-----	----	----	----

1 フリガナ Furigana (phonetic reading)

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

2 受付日 Reception / Received

Staff use - indicates form was received. Do not fill in.

3 入力 Input/Entry

4 確認 Confirmation

5 審査 Review/Examination

6 回回回回 [This appears to be placeholder text or formatting marks, not actual form content]

7 氏名 Name

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

8 (dotted line for writing)

9 未未未未 Not yet filled/Pending/Undetermined

This appears to be placeholder text indicating fields that haven't been completed yet - fill in the actual required information in these sections.

10 生年月日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using Japanese era year)



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, kokuhō ni kirikae tai desu

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