

## 国民健康保険被保険者 資格喪失届出書

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	22-1			
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

# 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 &amp; Dates

**① 国民健康保険被保険者 資格喪失届出書**

④ 届出年月日 ⑤ 令和 年 月 日

③ ⑥ 【次の1～3をお送りください。】  
② 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

**郵送用**

**1 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)

**2 郵送用 For mailing**

This is a checkbox to mark if you are submitting this form by mail. Check this box if you are mailing the form rather than submitting it in person.

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

This is an instruction section telling you to send items 1-3 along with your form. You don't need to write anything here - just ensure you include the required documents listed.

**4 届出年月日 Date of notification**

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

**5 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)

**6 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

①届出年月日	②令和 年 月 日	③1 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のコピー（国保をやめる方、全員分）
④届出人の氏名		⑤2 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	⑦自宅・携帯・他（ ）	※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。 ⑩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のコピー
⑧ ⑨ ⑩ ⑪ ⑫	⑪ ⑫ 葛飾区 丁目 番 号	

## 1 届出年月日 Date of notification

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

## 2 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)

## 3 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

## 4 できるものいずれかのコピー（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

## 5 届出人の氏名 Full name

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

## 6 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)

## 7 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

## 8 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

## 9 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.

## 10 丁目 Block/District Number

Enter the numbered district section of your address (e.g., if your address is "1-2-3 Shibuya", enter "1" for 1-chome)

## 11 (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のコピー） Qualification

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

## 12 住 所 Address

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



## 住所 — Addresses (Part 1/2)

① 住 所	② 葛飾区	③ 丁目	番 号
④ 国民健康保険をやめる人		性別	続柄 確情証高
⑤ フリガナ		男 ⑥ 世帯主	回 回 回
1 ⑦ 氏 名		女 ⑧ 妻・夫	回 回 回
※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・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 ●ボーラベンアメ印をすかハサミで切り込みを入れてお送りください			

**1 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.

**2 丁目 Block/District Number**

Enter the numbered district section of your address (e.g., if your address is "1-2-3 Shibuya", enter "1" for 1-chome)

**3 (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)

**4 住 所 Address**

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

**5 3葛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)

**6 せ・高齢受給者証のうち使用していたもの Elderly recipient certificate that was being used**

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

**7 国 口 健 康 保 险 を や め る □ Person leaving National Health Insurance**

Check this if you're canceling your National Health Insurance enrollment (e.g., switching to employer insurance or leaving Japan)

**8 性別続 柄確情証高 Gender**

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

**9 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

**10 ※いず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

**11 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

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

These are placeholder boxes for entering numerical information, likely digits for dates, ID numbers, or other numerical data required by the form. Fill in the appropriate numbers based on the specific field context - they may be for birth year, insurance number digits, or other required numerical information.

**13 妻・夫 Wife/Husband**

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



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## 住所 — Addresses (Part 1/2) (continued)

14 ○ 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.

15 氏名 Name

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

## 住所 — Addresses (Part 2/2)

1	氏名	.	妻・夫	.	.	.	.
---	----	---	-----	---	---	---	---

○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×印をすすか、ハサミで切り込みを入れておぼりこなさい。

1

.... (dotted line for writing)

Write your full name in katakana characters. Foreign residents should write their name as it appears on their residence card or other official documents, using the katakana phonetic spelling of their name.



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## 異動者 — Person Table (Part 1/3)

1	氏名	男	妻・夫	回	回	回	回	回	① ○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。
	生年月日	女	子	[ ]	未	未	未	未	② ○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	フリガナ	男	妻・夫	回	回	回	回	回	③ がないときは、その理由 ④ □紛失 □その他 ( )
	氏名	女	子	[ ]	未	未	未	未	※職員記入欄
	生年月日								

## 1 妻・夫 Wife/Husband

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

## 2 ○葛飾区の国□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.

## 3 氏名 Name

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

## 4 ..... .... (dotted line for writing)

Write the number of times you've received the specific benefit or service mentioned in this section. If this is your first time applying, write '1'.

## 5 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.

## 6 生年月日 Date of Birth

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

## 7 ○国□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)

## 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 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

## 10 妻・夫回回回 Wife/Husband ○○○○

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

## 11 □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

## 12 氏名 Name

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

## 13 ..... .... (dotted line for writing)

Write the number of times you've received the specific benefit or service mentioned in this section. If this is your first time applying, write '1'.



## 異動者 — Person Table (Part 1/3) (continued)

14 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.

15 生年月日 Date of Birth

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

## 異動者 — Person Table (Part 2/3)

生年月日	年月日	女	[ ] 未 未 未 未	※職員記入欄
フリガナ		男	回 回 回 回	記号番号 22-
3 氏名		子	・ 未 未 未	異動年月日 令和 年 月 日
生年月日	年月日	女	未 未 未 未	適用終了年月日 令和 年 月 日
フリガナ		甲	未 未 未 未	異動事由 社保加入・国組加入・他( )

備考欄

- 1** ※職員記入欄 Staff use only / Office use only  
Section for ward office staff. Do not write anything here.
- 2** 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
- 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** 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.
- 5** 回回回回 [This appears to be placeholder text or formatting marks, not actual form content]  
This appears to be a placeholder or formatting element in the form template - you typically wouldn't need to write anything in sections that show repetitive characters like 回回回回.
- 6** 異動年月日 Date of Change  
Enter the date you moved/changed residence in YYYY/MM/DD format
- 7** 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
- 8** 氏名 Name  
Write your full legal name as it appears on your passport or residence card
- 9** . . . . .... (dotted line for writing)  
This is a dotted line section intended for additional written information or notes. Fill in any relevant details as instructed by the specific form's context, writing clearly in the space provided.
- 10** 適用終了年月日令和 End Date of Application (Reiwa Era)  
Enter the date when your status or registration period ends using the Japanese Reiwa era calendar format
- 11** 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.
- 12** 生年月日 Date of Birth  
Enter your birth date in the Japanese format: year/month/day (often using Japanese era year)
- 13** 異動事由 Reason for change / Type of move  
Why you are filing this notification (moving in, moving out, address change within municipality).



## 異動者 — Person Table (Part 2/3) (continued)

14 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.

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 3/3)

フリガナ		男	子	回	回	回	備考欄
4 氏名		・	〔〕	未	未	未	
生年月日	年月日	甲		申			
フリガナ		申		受付日	入力	確認	審査

## 1 備考欄 Remarks column

Leave blank unless you have special circumstances to note - municipal staff will fill this if needed

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

This appears to be a placeholder section with formatting marks - you likely don't need to fill anything here as it may be for official use only.

## 3 氏名 Name

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

## 4 ..... .... (dotted line for writing)

Write information on the dotted lines as indicated by the form's context - this could be for names, addresses, or other personal details depending on the specific row.

## 5 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.

## 6 生年月日 Date of Birth

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

## 7 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

## 8 受付日 Reception / Received

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

## 9 入力 Input/Entry

This is likely a checkbox or signature area for 'Input/Entry' - it may be used by office staff to confirm data has been entered into their system.

## 10 確認 Confirmation

This is likely a checkbox or signature area for 'Confirmation' - it may be used by office staff to verify that the information has been reviewed and confirmed.

## 11 審査 Review/Examination

This is likely a checkbox or signature area for 'Review/Examination' - it's typically used by office staff to indicate the application has been examined and processed.



Form p.1

## 本人確認書類 — ID &amp; Documents

フリガナ 5 氏名 6 生年月日	男 女	子	担当者	受付日	入力	確認	審査
		( )					
		回回回回 未未未未					
		.. .					

## 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

This is an administrative processing field for 'Input/Entry' - leave blank as it will be filled by government staff when they process your form.

## 4 確認 Confirmation

This is an administrative processing field for 'Confirmation' - leave blank as it will be completed by government officials during document verification.

## 5 審査 Review/Examination

This is an administrative processing field for 'Review/Examination' - leave blank as it will be used by government staff during the 审查 process.

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

These appear to be administrative tracking boxes (回 means 'times/occurrences') - leave blank as they are for internal government use to track processing steps.

## 7 氏名 Name

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

## 8 .. . .... (dotted line for writing)

This dotted line section is likely for additional notes or comments - you can leave it blank unless specifically instructed to write something here, or use it for any supplementary information if needed.

## 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)



## 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