

別記第9号様式（第3条第1項関係）

届出日 年月日 豊島区長

## 国民健康保険適用終了・資格喪失届（変更届兼用）

※ 太 線 の 枠 内 だ け ご 記 入 く だ さ い	住所		丁目		番		一		号		方		
	(建物名)												
	適用終了（喪失）する人の氏名				性別		生年月日				続柄		
	フリガナ				男・女		昭・平・令 西暦 年 月 日				世帯主 他 ( )		
	1	個人番号											
		適用終了（喪失）する人の氏名				性別		生年月日				続柄	
		フリガナ				男・女		昭・平・令 西暦 年 月 日				世帯主 他 ( )	
	2	個人番号											
		適用終了（喪失）する人の氏名				性別		生年月日				続柄	
		フリガナ				男・女		昭・平・令 西暦 年 月 日				世帯主 他 ( )	
3	個人番号												
	適用終了（喪失）する人の氏名				性別		生年月日				続柄		
	フリガナ				男・女		昭・平・令 西暦 年 月 日				世帯主 他 ( )		
4	個人番号												
	世帯主氏名		届出人氏名		<input type="checkbox"/> 左記世帯主と同じ		届出人電話番号（自宅・携帯）						
	（上欄で記入済みの場合は不要）		届出人と世帯主の関係		本人・同一世帯員・代理人		( )				代理人委任状の持参 有・無		
※電話番号は他の豊島区業務でも使わせていただくことがあります。													

全部喪失 一部喪失 適用終了年月日変更

適用終了（喪失）日 年月日

記号番号

—

事由該当日 年月日

既存口座情報 有・無

□ライセンス確認済

—

収納状況

—

—

—

由

○完納 □未到来

7. 職権消除

○本日完納

8. その他( )

○未納あり □賦課変有

9. 職権

⇒収納担当への引継

10. 適用終了日変更

済・不要

主宛名番号

確認済

—

本人確認書類

《A…いずれか1点》

□運送 □在宅

□マイナンバー □住基

□他( )

《B…いずれか2点》

□保険証(R2.12.1まで、それ以前に有効期限が切れる場合は有効期限まで)

□確認書 □介護保険

□年金手帳

□他( )

□3点確認済み

—

□不当説明済

受診(有・無・不明)

□口座引継

(窓口⇒職員⇒委託)

□乳・⑦案内済

□世帯構成変更(有・無)

□世帯主変更(有・無)

□予定転出

# Toshima — 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 別記第9号様式 (第3条第1項関係) 届出日 年 月 日	② 豊島区長	③ 国民健康保険適用終了・資格喪失届 (変更届兼用)	④ 全部喪失 <input type="checkbox"/> 一部喪失 <input type="checkbox"/> 適用終了年月日変更 <input type="checkbox"/>	⑤ 適用終了(喪失)日 年 月 日	⑥ 記号番号
入力用 住 所	豊島区	丁目 番 一 号			

1 別記第9号様式 ( 第3条第1項関係 ) Separate Record Form No. 9 (Related to Article 3, Paragraph 1)

This is a form identifier that should already be pre-printed on the form - you don't need to fill this in. It indicates this is the official Form No. 9 for National Health Insurance termination procedures.

2 国民健康保険適用終了・資格喪失届 ( 変更届兼用 ) National Health Insurance / Change / Qualification

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Check this box if you are making changes to existing information

3 豊島区長 Mayor of Toshima Ward

This is a pre-printed title - do not fill in

4 □全部喪失  一部喪失  適用終了年月日変更 Change / All / Partial

Check this box if you are making changes to existing information Select this option when requesting all records or information available

5 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, typically the date you're submitting the form.

6 記号番号 Symbol Number

Leave blank unless specifically assigned a symbol number by the municipal office for your case.

7 適用終了(喪失)日 Coverage End (Loss) Date

Enter the date when your coverage/eligibility ends (e.g., health insurance, pension, etc.)

8 豊島区 Toshima Ward

This indicates the municipal jurisdiction - if you're registering in Toshima Ward, this confirms you're using the correct form for your area.

9 丁目 番 一 号 Chome \_\_\_\_\_ Ban \_\_\_\_\_ - \_\_\_\_\_ Go

Fill in the neighborhood district number, block number, and building/unit number from your Japanese address (e.g., "3-chome 15-ban 7-go" would be written as 3, 15, 7)

10 年 月 日 Year Month Day

Fill in the date using the Japanese calendar year (e.g., Reiwa 6 for 2024) or Western calendar year as accepted by your municipality



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## 届出人情報 — Who Is Filing (Part 1/2)

住所 ※ ※	豊島区 (建物名) ⑩ 適用終了(喪失)する人の氏名 フリガナ	丁目	番	一	号	適用終了(喪失)日 事由該当日	記号番号 —
					号	③ 年 月 日 ⑦ 年 月 日	
					方	⑧ 既存口座情報 有・無 ⑬ □ イライヘン確認済 1. 転出(都内・都外・国外翌日喪失) 2. 社会保険等加入(翌日喪失)メモ	—
					続柄		
					母基士		

1 豊島区 Toshima Ward

This indicates the municipal jurisdiction - if you're registering in Toshima Ward, this confirms you're using the correct form for your area.

2 丁目 番 - 号 Chome \_\_\_\_ Ban \_\_\_\_ - \_\_\_\_ Go

Fill in the neighborhood district number, block number, and building/unit number from your Japanese address (e.g., "3-chome 15-ban 7-go" would be written as 3, 15, 7)

3 年 月 日 Year Month Day

Fill in the date using the Japanese calendar year (e.g., Reiwa 6 for 2024) or Western calendar year as accepted by your municipality

4 事由該当日 Date when reason applies

Enter the specific date when the reason for your residence change occurred (e.g., actual moving date, marriage date, etc.)

5 (建物名) (Building name)

Enter the name of your apartment building, condominium, or mansion if applicable; leave blank if living in a standalone house

6 号 方 Number \_\_\_\_\_ Direction/Side

Enter your house/apartment number and direction indicator (e.g., "101 East" or "205 South") if your address includes directional information.

7 年 月 日 Year Month Day

Fill in the date using the Japanese calendar year (e.g., Reiwa 6 for 2024) or Western calendar year as accepted by your municipality

8 既存口座情報 有・無 Existing Account Information - Yes/No

Check "Yes" if you already have a bank account registered with the municipality for tax refunds or other payments, "No" if you don't.

9 適用終了(喪失)する人の氏名 Full name / To do/perform

Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling

10 性別 Gender

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

11 生年月日 Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.

12 続柄 Relationship to head of household

See relationship terms table.

13 □ イライヘン確認済 Immigration status change confirmation completed

This is typically checked by municipal office staff after verifying your visa/residence status changes - you don't need to fill this box yourself.

14 フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.



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

15 23. 社会保険組合等加入入(同(日翌喪失)失)メモ入力状  
Social insurance enrollment/withdrawal (same day withdrawal/next day withdrawal) memo input status

Check the appropriate box if you're enrolled in social insurance (health insurance, pension, etc.) and indicate whether withdrawal occurs on the same day or next day as your address change.

## 届出人情報 — Who Is Filing (Part 2/2)

1. 太	フリガナ 1	男・女 西平暦	昭・平・令 西暦 年	月 日	世帯主	2. 社会保険等加入 (翌日喪失) <input type="checkbox"/> メモ 3. 国保組合加入 (同日喪失) <input type="checkbox"/> 入力	納 状
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1 男・女 昭・平・令 Male· Female

Circle or check the appropriate gender

2 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

3 太1 Spouse 1

Write the name of your first spouse if you have multiple spouses recognized under your home country's law, otherwise leave blank as Japan only recognizes monogamous marriage

4 年 月 日 Year \_\_\_ Month \_\_\_ Day

Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)



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## 住所 — Addresses (Part 1/3)

※ 太 線 の	フリガナ	昭・平・令	年	月	日	世帯主 他 事 統柄	1. 境内(都内・都外・国外翌日喪失) 2. 社会保険等加入(翌日喪失) <input type="checkbox"/> メモ 3. 国保組合加入(同日喪失) <input type="checkbox"/> 入力 4. 生活保護開始・停止解除(同日喪失) 5. 死亡(普主・被保翌日喪失) 6. 後期高齢加入(翌日喪失) 7. 職権消除	<input type="checkbox"/> ライセンス確認済 納 状 況 由 由
	1	男・女	西暦	生年月日	( )			
	適用終了(喪失)する人の氏名	性別					<input type="radio"/> 完納 <input type="checkbox"/> 未到來	
	フリガナ							

1 23 . . 社会会保保組險合等加加入入(同(日翌喪日喪失)失)メ入毛力狀

Social insurance enrollment/withdrawal (same day withdrawal/next day withdrawal) memo input status

Check the appropriate box if you're enrolled in social insurance (health insurance, pension, etc.) and indicate whether withdrawal occurs on the same day or next day as your address change.

2 男・女昭・西平暦・令 Male・Female

Circle or check the appropriate gender

3 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

4 太1 Spouse 1

Write the name of your first spouse if you have multiple spouses recognized under your home country's law, otherwise leave blank as Japan only recognizes monogamous marriage

5 年 月 日 Year \_\_\_ Month \_\_\_ Day

Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)

6 事4 . 生活保護開始・停止解除(同日喪失) Item 4. Welfare assistance start/stop/termination (same-day loss)

Check this section if you are starting, stopping, or losing welfare benefits on the same day as your address change

7 ( ) (blank space for filling in information)

This appears to be a blank space for additional information or notes related to your application. Leave blank unless you have specific circumstances that require explanation.

8 5 . 死亡(普主・被保翌日喪失) 5. Death (Insurance holder/dependent - loss of coverage the day after)

This is option 5 for reason of change - select this only if reporting a death of the insurance holder or dependent, which results in loss of coverage the day after death. Most foreign residents would not select this option unless filing on behalf of a deceased person's family.

9 個人番号 My Number (Individual Number)

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

10 適用終了(喪失)する人の氏名 Full name / To do/perform

Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling

11 性別 Gender

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

12 生年月日 Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.

13 統柄 Relationship to head of household

See relationship terms table.



## 住所 — Addresses (Part 1/3) (continued)

- 14  完納  未到来     Fully paid  Not yet due

Check the circle if all taxes/fees are paid, or the square if payment deadline hasn't arrived yet.

- 15 フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.

## 住所 — Addresses (Part 2/3)

The screenshot shows the Japanese Health Insurance Application form with the 'Addresses' section highlighted. Key fields include:

- 性別 (Gender):** Male (男) or Female (女) (Field 1)
- 西暦 (Western Calendar):** Year (昭), Month (平), Day (令) (Fields 2, 3, 4)
- 個人番号 (Individual Number):** (Field 11)
- 性別 (Gender):** Male (男) or Female (女) (Field 11)
- 生年月日 (Date of Birth):** (Field 11)
- 続柄 (Continuation):** (Field 11)
- 世帯主 (Household Head):** (Field 11)
- 職権 (Occupation):** (Field 11)
- 適用終了 (喪失) する人の氏名 (Name of Person Whose Right is Expired/Lost):** (Field 11)
- 7. 職権消除 (Occupation Cancellation):** (Field 11)
- 8. その他 (Other):** (Field 11)
- 9. 職権 (Occupation):** (Field 11)
- 10. 適用終了日変更 (Change of Application Expiry Date):** (Field 11)
- 11. 主宛名番号 (Primary Address Number):** (Field 11)
- 12. 収納担当への引継 (Handover to Revenue Collection Department):** (Field 11)
- 13. 未納あり (Unpaid taxes exist):** (Field 11)
- 14. 賦課変有 (Changes in tax assessment):** (Field 11)
- 15. 本日完納 (Paid in full today):** (Field 11)
- 16. 未納あり (Unpaid taxes exist):** (Field 11)
- 17. 賦課変有 (Changes in tax assessment):** (Field 11)
- 18. 収納担当への引継 (Handover to Revenue Collection Department):** (Field 11)

1 男・女昭・平・令 Male·Female

Circle or check the appropriate gender

2 本日完納 Paid in full today

This indicates fees have been completely paid as of today - typically pre-filled by office staff, not something you need to complete yourself.

3 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

4 8. 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

5 框2 Box 2

This appears to be a section header or box identifier - you typically don't need to write anything here as it's a form reference number.

6 年 月 日 Year \_\_\_ Month \_\_\_ Day

Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)

7 西暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

8 ○未納あり □賦課変有 ○Unpaid taxes exist □Changes in tax assessment

These are checkboxes for tax status - leave blank unless you have unpaid municipal taxes or recent tax assessment changes

9 ( ) (blank space for filling in information)

Fill in the specific details requested by the preceding text or category. Check the context around this field to determine what information is needed (could be address details, phone number, etc.).

10 10. 適用終了日変更 Change

Check this box if you are making changes to existing information

11 個人番号 My Number (Individual Number)

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

12 ⇒ 収納担当への引継 ⇒ Handover to Revenue Collection Department

This is an administrative note indicating the form will be transferred to the revenue/tax collection department - no action needed from you as the applicant.

13 主宛名番号 Primary Address Number

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

14 適用終了 (喪失) する人の氏名 Full name / To do/perform

Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling

15 性別 Gender

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



## 住所 — Addresses (Part 3/3)

適用終了(喪失)する人の氏名	性別	生年月日	統柄	主 宛 名 番 号	受取担当への引継 料 汎 本西
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1 生年月日 Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.

2 続柄 Relationship to head of household

See relationship terms table.



Form p.1

## 異動者 — Person Table (Part 1/5)

内 だ け	適用終了(喪失)する人の氏名 フリガナ 3	個人番号	性別 男・女	生年月日 昭・平・令 年 月 日 西暦	統柄 世帯主	他	9. 職権 10. 適用終了日変更 ⇒ 収納担当への引継 料 11. 濟・不要 12. 同一人 確認済
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1 ( ) (blank space for filling in information)

This appears to be a blank field for additional notes or remarks related to the person's information. Leave blank unless you have specific additional information that doesn't fit in other sections of the form.

2 10. 適用終了日変更 Change

Check this box if you are making changes to existing information

3 個人番号 My Number (Individual Number)

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

4 ⇒ 収納担当への引継 ⇒ Handover to Revenue Collection Department

This is an administrative section indicating transfer to the revenue collection department - this is typically filled out by government staff, not by applicants, so you should leave this blank.

5 主宛名番号 Primary Address Number

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

6 適用終了(喪失)する人の氏名 Full name / To do/perform

Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling

7 性別 Gender

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

8 生年月日 Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.

9 統柄 Relationship to head of household

See relationship terms table.

10 濟・不要 Completed / Not Required

Check the appropriate box - "済" if you've already completed this section/requirement, or "不要" if it doesn't apply to you.

11 フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.

12 昭・平・令 Showa/Heisei/Reiwa

Circle the appropriate era abbreviation that matches your birth date (Showa: 1926-1989, Heisei: 1989-2019, Reiwa: 2019-present)

13 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

14 年 月 日 Year \_\_\_ Month \_\_\_ Day

Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)

15 男・女 Male・Female

Circle or check the appropriate gender



Form p.1

## 異動者 — Person Table (Part 2/5)

け ご 記	3	個人番号	性別	昭・平・令 西暦 年　月　日	世帯主 他	旧番号		② <input type="checkbox"/> 同一人 <input type="checkbox"/> 同一人	③ <input type="checkbox"/> 確認済
						① <input type="checkbox"/> 適用終了(喪失)する人の氏名	④ <input type="checkbox"/> 事由		
⑨ フリガナ				生年月日	統柄	前　年　月　日		⑤ <input type="checkbox"/> 適用終了年月日変更 <input type="checkbox"/> 事由	⑥ <input type="checkbox"/> 《A…いずれか1点》
				昭・平・令 年　月　日	世帯主	後　年　月　日		⑦ <input type="checkbox"/> 運 <input type="checkbox"/> バ <input type="checkbox"/> 在	⑧ <input type="checkbox"/> マイナンバー <input type="checkbox"/> 住基

## け3 Section 3

This appears to be a section marker - follow the instructions in this section of the form

同一人  Same person

Check this box if you are the same person as mentioned in a previous section of the form

**確認済** Confirmed/Verified

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

( ) (blank space for filling in information)

Write the specific reason for the change or update you're making to your residence record, such as '転入' (moving in), '転出' (moving out), '転居' (change of address within same city), or '世帯変更' (household composition change). This field explains the purpose of your visit to the municipal office and what type of registration change you need processed.

**適用終了年月日変更** Change

Check this box if you are making changes to existing information

**事由** Reason

Select the reason for your address change (e.g., moving in, moving out, change of address within the city)

**個人番号** My Number (Individual Number)

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

**<<A…いずれか1点>>** <<A…any one item>>

Choose and provide any one document from the "A" category list when submitting your form.

**年　月　日** Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals, typically the date you're submitting the form.

**適用終了(喪失)する人の氏名** Full name / To do/perform

Write in katakana for foreign names. Some forms accept romaji. This is typically part of a longer phrase on forms - look for the complete text before filling

**性別** Gender

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

**生年月日** Date of birth

Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.

**統柄** Relationship to head of household

See relationship terms table.

**フリガナ** Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.



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

15 年 月 日 Year Month Day

Write the date in Japanese format (year/month/day) using Arabic numerals,  
typically the date you're submitting the form.

## 異動者 — Person Table (Part 3/5)

- 1 昭・平・令 Showa/Heisei/Reiwa**  
Circle the appropriate era abbreviation that matches your birth date (Showa: 1926-1989, Heisei: 1989-2019, Reiwa: 2019-present)

**2 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

**3 年 月 日 Year \_\_\_ Month \_\_\_ Day**  
Fill in the date using Japanese calendar format (typically the current imperial era year, month, and day)

**4 男・女 Male・Female**  
Circle or check the appropriate gender

**5 入4 Entry 4**  
This appears to be a section number or field identifier - follow the instructions for the 4th entry-related section of the form.

**6 (資格確認書・保険証)回収 Health insurance card / Qualification**  
Japanese health insurance card. Can serve as secondary ID at some banks. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

**7 他( )  Other ( )**  
Check this box and write in the specific reason for your residence change if none of the other provided options apply to your situation.

**8 ( )済・未(紛失・封筒渡済)・旧証(期限切)**  
( ) Completed・Not completed (lost・envelope already given)・Old certificate (expired)  
Check the appropriate status of your residence card or certificate - whether processing is complete, if you lost it or already received the envelope, or if you have an expired old certificate.

**9 個人番号 My Number (Individual Number)**  
12-digit number. Leave blank on first registration — it will be mailed to you after.

**10 総窓で回収 Collection at general counter**  
Check this box if you want your documents to be collected at the general service counter rather than having them mailed to you. This is useful if you prefer to pick up important documents in person or have concerns about mail delivery to your address.

**11 保険証( R7.12.1まで。それ以前に有効期限が ) Health insurance card**  
Japanese health insurance card. Can serve as secondary ID at some banks.

**12 切れる場合は有効期限まで If it expires, up to the expiration date**  
Enter the expiration date of your residence card or visa if it expires during your planned stay at this address

**13 世帯主氏名 Head of household name**  
If you live alone, YOU are the head of household — write your own name.



## 異動者 — Person Table (Part 3/5) (continued)

14 届出人氏名□左記世帯主と同じ Applicant / Person filing the form / Head of household / Full name

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.

15 交・通知書 ( ) Issuance/Notification Document ( )

This section is typically filled out by municipal office staff to track which documents are issued to you, so you can usually leave the parentheses blank.

## 異動者 — Person Table (Part 4/5)

だ さ い	世帯主氏名	届出人氏名 <input type="checkbox"/> 左記世帯主と同じ	届出人電話番号（自宅・携帯）  ※電話番号は他の豊島区業務でも使わせていただくことがあります。	交付 ・通知書（ <input type="checkbox"/> 納付書（ <input type="checkbox"/> 他（ <input type="checkbox"/> ) ) 月 ) 受付 ・入力 検査 交付 □ 不当説明済 ■ 説明済 (右・無・不記) □ 3点確認済み □ 未採用 (切れる場合は有効期限まで) □ 確認書 □ 介護保険 □ 年金手帳 □ 他 ( <input type="checkbox"/> ) □ 世帯構成変更 (有・無) □ 世帯主亦変 (右・無)
	個人番号	(上欄で記入済みの場合は不要)	届出人と世帯主の関係 ・本人 ・同一世帯員 ・代理人	代理人委任状の持参 有・無

**1 届出人電話番号（自宅・携帯）** Phone number / Applicant / Person filing the form / Mobile phone

Japanese mobile number preferred. Some forms accept overseas numbers. The person physically submitting the form. Usually yourself.

**2 納付書（月）** Payment slip ( month)

Enter the month of the payment slip you're submitting or referencing with your application.

**3 ( )** (blank field for writing)

**4 他 ( )**  Other ( )

Check this box and write in the specific reason for your residence change if none of the other provided options apply to your situation.

**5 受付** Reception/Received

N/A (this is for office use only - staff will stamp/fill this section when they receive your form)

**6 入力** Input

**7 検査** Inspection/Review

N/A - this is typically a section for municipal office use only

**8 交付** Issuance/Issue

This section is typically filled out by government office staff, not by you as the applicant.

**9 (上欄で記入済みの場合は不要)** (Not required if already filled in the above field)

**10 届出人と世帯主** 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.

**11 個人番号** My Number (Individual Number)

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

**12 代理人委任状の持参 有・無** Letter of proxy / Power of attorney

Required if someone else is filing on your behalf.

**13 本人・同一世帯員・代理人** Applicant/Same Household Member/Representative

Check the box that describes your relationship to the person whose residence registration is being changed

**14 世帯構成変更 (有・無)** Change

Check this box if you are making changes to existing information

**15 ※電話番号は他の豊島区業務でも使わせていただくことがあります。** Yes/There is / Phone number / .

This indicates affirmative response - check if applicable to your situation  
Japanese mobile number preferred. Some forms accept overseas numbers.



## 異動者 — Person Table (Part 5/5)

		※電話番号は他の豊島区業務でも使わせていただくことがあります。		<input type="checkbox"/> 不当説明済	<input type="checkbox"/> 世帯構成変更(有・無)
				<input checked="" type="checkbox"/> 受診(有・無・不明)	<input type="checkbox"/> 世帯主変更(有・無)

1

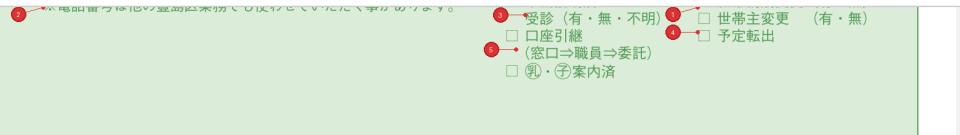
受診(有・無・不明) Medical examination (Yes/No/Unknown)

Circle "有" if you've had a medical examination, "無" if you haven't, or "不明" if you're unsure or it doesn't apply to you.



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## 本人確認書類 — ID &amp; Documents



① 受診 (有・無・不明)    ①  世帯主変更 (有・無)  
②  口座引継    ②  予定転出  
③ (窓口⇒職員⇒委託)    ③  案内済  
④  ④・⑦案内済

**1**  世帯構成変更 (有・無)    Change

Check this box if you are making changes to existing information

**2** ※電話番号は他の豊島区業務でも使わせていただく事があります。 Yes/There is / Phone number / .

This indicates affirmative response - check if applicable to your situation  
Japanese mobile number preferred. Some forms accept overseas numbers.

**3** 受診 (有・無・不明)    Medical examination (Yes/No/Unknown)

Circle "有" if you've had a medical examination, "無" if you haven't, or "不明" if you're unsure or it doesn't apply to you.

**4**  予定転出    Moving out

Check this box if you are planning to move out of your current address/municipality. This is typically used when you need to notify the government of an upcoming relocation before it happens.

**5** (窓口⇒職員⇒委託)    (Counter ⇒ Staff ⇒ Outsourced)

This indicates the processing method - leave blank as this section is for office use only. Government staff will mark whether the application was processed at the counter, by staff, or through an outsourced service.



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## 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