

Nakano — 国民健康保険異動届出書 — National Health Insurance Application

Deadline: Must be submitted within 14 days of the qualifying event (losing employer insurance, moving in, birth, etc.) | Cost: Free | Penalty: Late enrollment means you still owe premiums from the eligibility date, and medical costs in

WHAT TO BRING

>> Enrolling after leaving employer insurance

- | | |
|---|-------------|
| * Certificate of Health Insurance Loss (from former employer) | 健康保険資格喪失証明書 |
| * Residence Card | 在留カード |
| * My Number Card (or My Number notification) | マイナンバーカード |
| Bank passbook & registered seal (for auto-debit setup) | 通帳・届出印 |

>> Enrolling after moving to a new ward

- | | |
|--|-----------|
| * Residence Card | 在留カード |
| * My Number Card | マイナンバーカード |
| Moving-Out Certificate (from previous ward) (If also doing residence registration) | 転出証明書 |

>> Leaving NHI (got employer insurance)

- | | |
|---|-------------|
| * New health insurance card (from employer) | 新しい健康保険証 |
| * NHI qualification confirmation document | 国民健康保険資格確認書 |
| * My Number Card | マイナンバーカード |

COMMON MISTAKES

- X Not enrolling within 14 days
- > You owe premiums retroactively from the eligibility date, but medical expenses during the gap are not covered.
- X Forgetting to disenroll from NHI after getting employer insurance
- > You will be double-billed for premiums. NHI does not automatically cancel.
- X Not bringing the Certificate of Health Insurance Loss
- > The ward office cannot process your enrollment. Ask your former employer to issue this document.

AFTER YOU SUBMIT

1. You receive a qualification confirmation document (資格確認書) — keep this as proof of insurance
2. Monthly premium notices arrive by mail. Pay at convenience stores, banks, or set up auto-debit
3. Dependents can be enrolled on the same form — list all household members
4. Premiums are calculated based on your previous year's income

タイトル・届出日 — Header & Dates (Part 1/2)

The image shows a sample form for National Health Insurance Application. It includes fields for filing date, applicant information, and application details. Numbered callouts (1-14) point to specific parts of the form: 1. Qualification, 2. Application start date, 3. Staff use - processing status, 4. Form No., 5. To the Mayor of Nakano Ward, 6. National Health Insurance, 7. Work/Employment, 8. Entry Example, 9. Qualification, 10. End of application/Coverage termination, 11. Date of filing, 12. Moving in, 13. Reason, 14. Please fill in the areas within the thick lines.

- 1 **資格取得** Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 2 **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)
- 3 ※この届出のうち、事務処理に必要な事項は、電子計算組織に記録し処理します。 Processing / .
Staff use - processing status. Do not fill in.
- 4 **様式第1号、第1号の2、第2号、第2号の2** Form No. 1, Form No. 1-2, Form No. 2, Form No. 2-2
This indicates which specific form variant you are using - check the form number printed on your document and ensure it matches one of these options (Form No. 1, 1-2, 2, or 2-2).
- 5 **中野区長 宛て** To the Mayor of Nakano Ward
This shows the form is addressed to the Mayor of Nakano Ward - you don't need to write anything here as it's pre-printed, but it confirms this form is specifically for Nakano Ward residents.
- 6 **国民健康保険被保険者** National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 7 **仕事** Work/Employment
Enter your occupation or type of work (e.g., "company employee," "student," "self-employed")
- 8 **記載一例** Entry Example
This is just a label indicating 'Entry Example' - it marks a section that shows you how to properly fill out the form fields, so refer to it for formatting guidance.
- 9 **資格喪失** Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 10 **適用終了** End of application/Coverage termination
This section is for when services or benefits (like health insurance) end due to your move - leave blank if not applicable to your situation
- 11 **届出日** 〇〇 年 〇〇 月 〇〇 日 Date of filing
Today's date. Use Japanese calendar or Western calendar.
- 12 ☐ **中一部野喪失に転入して引き続き国保に加入番する場合** Moving in (from another municipality or abroad) / To do/perform / Partial
This is typically part of a longer phrase on forms - look for the complete text before filling Used when making changes to only some family members or partial updates to registration
- 13 **理由** Reason
Select or write the reason for your address change (e.g., moving, marriage, job transfer, etc.)
- 14 ※太線の中を記入してください。 ※Please fill in the areas within the thick lines.
Only write information inside the bold-bordered sections of the form.

This image shows a detailed view of the National Health Insurance Application form. It includes fields for filing date, applicant information, and application details. The form is divided into sections for different types of applications, such as moving in, changing status, or terminating coverage. The form is numbered 1 through 14, corresponding to the callouts in the main text.

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

- 15
- コクホ ケンシン National Health Insurance Medical Checkup

Check if you want to receive information about free annual health checkups provided through the national health insurance system.

タイトル・届出日 — Header & Dates (Part 2/2)

Header section of the form showing fields for name, address, and dates. The form is in Japanese and English. The header section includes fields for the applicant's name (氏名), address (住所), and the date of application (届出日). There are also fields for the applicant's relationship to the head of household (世帯主との関係) and a section for the applicant's signature (署名). The form is divided into sections by red lines and contains various instructions and notes.

- 1 フリガナ Furigana (phonetic reading)
Write your name in katakana phonetic characters above or next to your name in kanji/hiragana
- 2 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.
- 3 記号 Symbol/Code
This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.
- 4 1 中証野明区書におけ得る喪国等保加入者が、
1. When a person enrolled in national health insurance, etc. obtains a residence certificate in a medium-proof field section,
This appears to be the beginning of an instructional text explaining when this form should be used, specifically when a national health insurance enrollee obtains a residence certificate. This is not a field to fill out, but rather explanatory text you should read to understand if this form applies to your situation.
- 5 届出人氏 名 Applicant / Person filing the form
The person physically submitting the form. Usually yourself.
- 6 ☐ 本人 ☐ Applicant/Person in question
Check this box if you are filling out the form for yourself (not on behalf of someone else)

Thumbnail image of the full form document, showing multiple pages and sections.

届出人情報 — Who Is Filing (Part 1/2)

- 1
- コクホ ケンシン National Health Insurance Medical Checkup
- Check if you want to receive information about free annual health checkups provided through the national health insurance system.
- 2
- フリガナ Furigana (phonetic reading)
- Write your name in katakana phonetic characters above or next to your name in kanji/hiragana
- 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
- 記号 Symbol/Code
- This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.
- 5
- 1 中証野明区書におけ得る喪国等保加入者が、
1. When a person enrolled in national health insurance, etc. obtains a residence certificate in a medium-proof field section,
- 6
- 届出人氏 名 Applicant / Person filing the form
- The person physically submitting the form. Usually yourself.
- 7
- ☐ 本人 ☐ Applicant/Person in question
- Check this box if you are filling out the form for yourself (not on behalf of someone else)
- 8
- 得 都 (N内WのS他) 区市年町月村日に転出する場合 Moving out / To do/perfor
- This is typically part of a longer phrase on forms - look for the complete text before filling
- 9
- 番号番号 Number Number
- 10
- 電話番号 Phone number
- Japanese mobile number preferred. Some forms accept overseas numbers.
- 11
- 000 (0000) 0000 000 (0000) 0000
- 12
- 「資格取得」 Qualification
- Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 13
- ☐会社☐協会☐健保☐国保☐共済 ☐Company ☐Association ☐Employee Health Insurance ☐National Health Insurance ☐Mutual Aid
- Check the box that matches your health insurance type - most employees check "Employee Health Insurance," while self-employed/unemployed typically check "National Health Insurance."
- 14
- 等 2 ①電職話場連の絡健康保険をやめて国保に加入する場合社保 To do/perfor
- This is typically part of a longer phrase on forms - look for the complete text before filling
- 15
- 中野区弥生町〇丁目 Nakano Ward, Yayoicho 〇-chome
- Fill in the specific chome (district number) where the circle (〇) appears - this indicates your neighborhood block within Yayoicho area of Nakano Ward

届出人情報 — Who Is Filing (Part 2/2)

Form fields and instructions for the National Health Insurance Application form, including sections for personal information, address, and insurance status.

- 1 氏名 届出人と同じ Applicant / Person filing the form
The person physically submitting the form. Usually yourself.
- 2 番 Number
Write the house number portion of your address (the number that comes after the chome/block number)
- 3 号 No.
Fill in your apartment or unit number if applicable, or leave blank if you live in a house without a unit number.
- 4 保険者名 Insurer Name
Write the name of your health insurance provider (e.g., your employer's name if you have employer-based insurance, or the municipality name for National Health Insurance)
- 5 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
- 6 ③ 都外から中野区への転入と同時に国保に加入する担当者
Moving in (from another municipality or abroad) / To [ward name] / To do/perfor
This indicates movement to a ward - the ward name should be written before へ
This is typically part of a longer phrase on forms - look for the complete text before filling
- 7 メゾン〇〇 〇〇号室 Maison 〇〇 Room 〇〇〇
Write your apartment/condo building name and room number (〇〇 represents placeholder text for actual building name and room number)
- 8 共済 Mutual aid/cooperative insurance
Check this if you have mutual aid insurance (like through a government employee mutual aid association or agricultural cooperative)
- 9 個人番号 〇〇〇〇〇〇〇〇〇〇 電話番号 Phone number / My Number (Individual Number)
Japanese mobile number preferred. Some forms accept overseas numbers. 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 10 ① 職場の健康保険に加入したことにより国保をやめる場合
① When leaving National Health Insurance due to enrollment in workplace health insurance
Check this if you got a job with health insurance benefits and need to cancel your National Health Insurance coverage
- 11 〇〇〇 (〇〇〇〇) 〇〇〇〇 〇〇〇 (〇〇〇〇) 〇〇〇〇
Enter your phone number in the format shown, with area code in parentheses if applicable. For mobile phones, you can omit the parentheses and write the number directly.
- 12 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)
- 13 帳票郵送 Form mailing
Check this box if you want official documents and correspondence related to this form to be mailed to your registered address instead of being available for pickup.



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

14

従前又は Previous or

This typically precedes fields where you enter your previous address or status information before the change being reported.

住所 — Addresses (Part 1/4)

Form header section showing fields for personal number, phone number, address, and mailing options. Includes a note: (住所異動を伴うものでない場合は、この欄の記入は不要)

1 個人番号 電話番号 Phone number / My Number (Individual Number)
Japanese mobile number preferred. Some forms accept overseas numbers. 12-digit number. Leave blank on first registration — it will be mailed to you after.

2 ①職場の健康保険に加入したことにより国保をやめる場合
①When leaving National Health Insurance due to enrollment in workplace health insurance
Check this if you got a job with health insurance benefits and need to cancel your National Health Insurance coverage

3 000 (0000) 0000 000 (0000) 0000
Write your phone number in the format shown with parentheses around the area code, such as 03(1234)5678 for Tokyo numbers or 06(7890)1234 for Osaka numbers.

4 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)

5 帳票郵送 Form mailing
Check this box if you want official documents and correspondence related to this form to be mailed to your registered address rather than picked up in person.

6 従前又は Previous or
This typically precedes fields where you enter your previous address or status information before the change being reported.

7 ③中野区から都外へ転出する場合 Moving out / To do/perform / From
This is typically part of a longer phrase on forms - look for the complete text before filling Used to indicate the starting point (previous address, etc.)

8 (住所異動を伴うものでない場合は、この欄の記入は不要) Address
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

9 月 日 Month Day
Fill in the month and day using Arabic numerals (e.g., 12 25 for December 25th)

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

11 普通 Ordinary/Regular
Check this box if you're registering a standard residence change (most common option for typical moves)

12 マイナンバー My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.

13 特定同一世帯在留資格・活動目的 Residence status / Visa type / Qualification
e.g. 技術・人文知識・国際業務, 日本人の配偶者等, 留学, 永住者 Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

14 性別カードの保険証 Health insurance card
Japanese health insurance card. Can serve as secondary ID at some banks.



住所 — Addresses (Part 1/4) (continued)

15

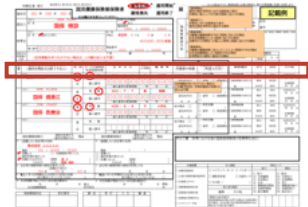
生 年 月 日 Date of Birth

Enter your birth date in the Japanese format: year/month/day (often using the Japanese calendar era system like Reiwa, Heisei, etc.)

住所 — Addresses (Part 2/4)

枝番	資格を取得又は喪失する人 (適用を開始又は終了する人)	性別	マイナンバー カードの保険証 利用登録有無	生年月日	世帯主 との続柄	職業等	特定同一世帯 所属者の有無	在留資格・活動目的 (外国人の方)	帳票種別	交付	回収	その他
7	7	8	9	10	11	12	13	14	15	16	17	18
	届出人と同じ	男	有	S63・3・3	主	自営業	有の場合 <input type="checkbox"/>	<input type="checkbox"/> 特定活動	<input type="checkbox"/> 資格確認書	窓口	回収	区民年月日 年 月 日

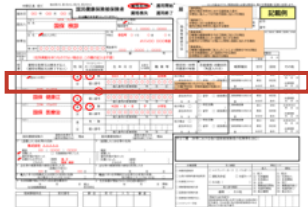
- 1 職業等 Occupation, etc.
Write your job title or profession (e.g., "Teacher," "Engineer," "Student," "Unemployed")
- 2 帳票種別 Document Type
This field will typically be pre-filled or selected by city hall staff based on your registration situation (new registration, address change, etc.)
- 3 交付 Issuance/Issue
This section is typically filled out by government office staff, not by you as the applicant.
- 4 回収 Collection/Recovery
Leave this field blank - it's for administrative use by government staff to track document collection or processing status.
- 5 その他 Other
Use this section for any additional information not covered in other fields
- 6 (外国人の方) (For foreign nationals)
This section or the following fields are specifically for foreign residents to complete
- 7 との続柄 Relationship to head of household
See relationship terms table.
- 8 (適用を開始又は終了する人) To do/perfrom
This is typically part of a longer phrase on forms - look for the complete text before filling
- 9 利用登録有無 Registration Usage Status
Check "yes" if you've previously registered for municipal services, "no" if this is your first registration in this municipality
- 10 ☐ (特 定 活 動) ☐ 資格確認書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 11 7がナ届出人と同じ Applicant / Person filing the form
The person physically submitting the form. Usually yourself.
- 12 窓口 Window/Counter
Leave this field blank - it's for the government office to stamp or mark which counter/window processed your application.
- 13 回収 区年民 年 月 月 日 日 Collection District/Year Resident Year Month Month Day Day
N/A - this appears to be a form layout template or header section, not a field to be filled out
- 14 有 ・ 無 Yes / No
Circle or check the appropriate option based on whether the condition applies to your situation
- 15 S63 ・ 3 ・ 3 S63・ 3・ 3 (Showa 63, March 3rd - equivalent to March 3, 1988)
This is a date format example showing year/month/day using the Japanese era system (Showa 63 = 1988).



住所 — Addresses (Part 3/4)

フリガナ フリガナ フリガナ	性別 男 女	有無 有 無	個人番号 S63・3・3	主 主	自営業 自営業	有の場合 有の場合	特定活動 特定活動	資格確認書 資格確認書	窓口 窓口	回収 回収	区民年月日 区民年月日
フリガナ フリガナ フリガナ	性別 男 女	有無 有 無	個人番号 S63・7・7	妻 妻	無職 無職	有の場合 有の場合	特定活動 特定活動	資格確認書 資格確認書	窓口 窓口	回収 回収	区民年月日 区民年月日

- 1 自営業 Self-employed/Self-employment
Check this option if you run your own business or work as a freelancer rather than being employed by a company
- 2 有の場合 If yes
Check this box if the condition mentioned in the preceding question applies to you
- 3 留学 家族滞在 資格情報のお知らせ郵送 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 4 未回収 Not collected/Uncollected
This field indicates whether documents or items have been collected or not. If you have uncollected mail, packages, or official documents from government offices, mark this field accordingly - it helps track delivery status for administrative purposes.
- 5 在留期限 Period of stay expiration date
Enter the expiration date shown on your residence card (在留カード)
- 6 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 7 この欄年 (特 定月同 一 日世帯 所 属者の有無) の Presence/absence of
This is typically part of a longer phrase asking whether something exists or not - look for the full context
- 8 未交付 Not issued
Check this box if you haven't received certain documents (like residence card or previous certificates) that the form is asking about
- 9 個人番号の変更時期 年 月 日 My Number (Individual Number) / Change
12-digit number. Leave blank on first registration — it will be mailed to you after. Check this box if you are making changes to existing information
- 10 割 Division / Ward / Section
Leave blank or write dashes - this appears to be a formatting placeholder for administrative divisions that may not apply to your situation.
- 11 特定活動 資格確認書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 12 コクホ ケンコウエ National Health Insurance
Check this box if you need to enroll in or make changes to Japan's National Health Insurance (kokuho) when moving residences.
- 13 フリガナ Furigana (phonetic reading)
Write your name in katakana phonetic characters above or next to your name in kanji/hiragana
- 14 回収 区年民 年 月 月 日 日 Collection District/Year Resident Year Month Month Day Day
N/A - this appears to be a form layout template or header section, not a field to be filled out



住所 — Addresses (Part 3/4) (continued)

15

有 ・ 無 Yes / No

Circle or check the appropriate option based on whether the condition applies to your situation

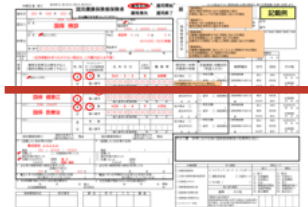
住所 — Addresses (Part 4/4)

フリガナ	コタホ ケンコウエ	男	有	無	個人番号の家更時期	年	月	日	この欄(特定同一世帯所属者の有無)の記入は不要	割 . . .	未交付	紛失	年月日
					S63・7・7	妻		無職		資格確認書	窓口	回収	区民年月日 年 月 日

1

無職 Unemployed

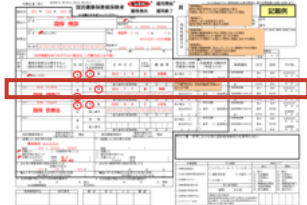
Select this if you are currently not working or employed



異動者 — Person Table (Part 1/7)

フリガナ コクホ ケンコウエ 国保 健康江	女	個人番号 有 無 S63・7・7 妻 無職	住所異動を伴うものでない場合は、この欄(特定同一世帯所属者の有無)の記入は不要	該当年月日 □ 留学 □ 家族滞在 □ 資格情報のお知らせ	郵送 未交付	未回収 紛失	在留期限 年 月 日
	男	個人番号 有 無		該当年月日 □ 留学 □ 家族滞在 □ 資格情報のお知らせ	郵送 未交付	未回収 紛失	在留期限 年 月 日

- 1この欄年 (特 定月同 一 日世帯□所 属者の有無) の Presence/absence of
This is typically part of a longer phrase asking whether something exists or not
- look for the full context
- 2未交付 Not issued
Check this box if you haven't received certain documents (like residence card or previous certificates) that the form is asking about
- 3個人番号の変更時期 年 月 日 My Number (Individual Number) / Change
12-digit number. Leave blank on first registration — it will be mailed to you after. Check this box if you are making changes to existing information
- 4割 . . Division / Ward / Section
Leave blank or write dashes - this appears to be a formatting placeholder for administrative divisions that may not apply to your situation.
- 5□ (特 定 活 動) □ 資格確認書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 6コクホ ケンコウエ National Health Insurance
Check this box if you need to enroll in or make changes to Japan's National Health Insurance (kokuho) when moving residences.
- 7フリガナ Furigana (phonetic reading)
Write your name in katakana phonetic characters above or next to your name in kanji/hiragana
- 8回収 区年民 年 月 月 日 日 Collection District/Year Resident Year Month Month Day Day
N/A - this appears to be a form layout template or header section, not a field to be filled out
- 9有 . 無 Yes / No
Circle or check the appropriate option based on whether the condition applies to your situation
- 10無職 Unemployed
Select this if you are currently not working or employed
- 11□ 留学□ 家族滞在□ 資格情報のお知らせ郵送 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 12未回収 Not collected/Uncollected
Check this box if you have not yet collected your health insurance card from the municipal office. Leave blank if you have already received your card or if this doesn't apply to your situation.
- 13国保 健康江 National Health Insurance Health Card
Enter your National Health Insurance card number if you have Japanese health insurance coverage
- 14在留期限 Period of stay expiration date
Enter the expiration date shown on your residence card (在留カード)



異動者 — Person Table (Part 1/7) (continued)

- 15
- 個人番号

My Number (Individual Number)

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

異動者 — Person Table (Part 2/7)

	国保 健康江	女	個人番号	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	該当年月日	<input type="checkbox"/> 留学	<input type="checkbox"/> 家族滞在	<input type="checkbox"/> 資格情報のお知らせ	郵送	未回収	在留期限
7月9日	コクホ イロウシ		個人番号の変更時期											年 月 日	<input type="checkbox"/> 特定活動	<input type="checkbox"/> 割 . .	未交付	紛失	年月日	
		男	無	H28・8・8	子	小学生								有の場合 年 月 日	()	<input type="checkbox"/> 資格確認書	窓口	回収	区民年月日	
	国保 医療治	女	個人番号	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	該当年月日	<input type="checkbox"/> 留学	<input type="checkbox"/> 家族滞在	<input type="checkbox"/> 資格情報のお知らせ	郵送	未回収	在留期限
														該 口 口	<input type="checkbox"/>		未交付	紛失	年月日	

- 1 年 月 日 □ Year __ Month __ Day □
Fill in the date using the Japanese calendar year format (e.g., Reiwa 6 for 2024), or ask staff if Western calendar is acceptable
 - 2 未交付 Not issued
Check this box if you haven't received certain documents (like residence card or previous certificates) that the form is asking about
 - 3 個人番号の変更時期 年 月 日 My Number (Individual Number) / Change
12-digit number. Leave blank at first registration — it will be mailed to you after. Check this box if you are making changes to existing information
 - 4 割 . . Division / Ward / Section
Leave blank or write dashes - this appears to be a formatting placeholder for administrative divisions that may not apply to your situation.
 - 5 □ (特 定 活 動) □ 資格確認書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
 - 6 コクホ イリヨウジ National Health Insurance Medical Care
Enter your National Health Insurance number and medical care details if applicable, or leave blank if you have other insurance coverage
 - 7 フリガナ Furigana (phonetic reading)
Write your name in katakana phonetic characters above or next to your name in kanji/hiragana
 - 8 回収 区年民 年 月 日 日 Collection District/Year Resident Year Month Month Day Day
N/A - this appears to be a form layout template or header section, not a field to be filled out
 - 9 有 . 無 Yes / No
Circle or check the appropriate option based on whether the condition applies to your situation
 - 10 小学生 Elementary school student
Check this box if the person being registered is currently enrolled in elementary school (ages 6-12)
 - 11 有の場合 □ If yes □
Check this box if the condition mentioned in the preceding question applies to you
 - 12 □ 留学 □ 家族滞在 □ 資格情報のお知らせ郵送 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
 - 13 未回収 Not collected/Uncollected
 - 14 国保 医療治 National Health Insurance Medical Treatment
Check this box if you need to register for or update your National Health Insurance (kokuho) coverage due to your residence change.
 - 15 在留期限 Period of stay expiration date
Enter the expiration date shown on your residence card (在留カード)

Figure 1 shows a sample of a Chinese medical record form. The form is divided into several sections, including patient information, medical history, and examination results. Red circles and a red rectangle highlight specific areas of interest, likely related to the research findings mentioned in the text.

異動者 — Person Table (Part 3/7)

国保 医療治	女	個人番号	個人番号の変更時期	年	月	日	該当年月日	<input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在	<input type="checkbox"/> 資格情報のお知らせ	郵送	未回収	在留期限
フリガナ	男	有・無					有の場合 <input type="checkbox"/> ()	<input type="checkbox"/> 特定活動	<input type="checkbox"/> 資格確認書	窓口	紛失	年月日
	女	個人番号					該当年月日	<input type="checkbox"/> 留学 <input type="checkbox"/> 家族滞在	<input type="checkbox"/> 資格情報のお知らせ	郵送	未回収	年月日
										未交付	紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
											未回収	年月日
											紛失	年月日
			</									

異動者 — Person Table (Part 3/7) (continued)

- 15

個人番号

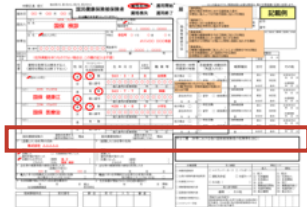
My Number (Individual Number)

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

異動者 — Person Table (Part 4/7)

Form showing fields for personal information, including date of birth, gender, and insurance status. The form is divided into sections for 'National Health Insurance' and 'Other Insurance'.

- 1 年 月 日 □ Year __ Month __ Day □
Fill in the date using the Japanese calendar year format (e.g., Reiwa 6 for 2024), or ask staff if Western calendar is acceptable
- 2 未交付 Not issued
Check this box if you haven't received certain documents (like residence card or previous certificates) that the form is asking about
- 3 紛失 年 月 日 Lost (date) __ year __ month __ day
Fill in the date when your residence card or important document was lost, if applicable to your situation.
- 4 個人番号の変更時期 年 月 日 My Number (Individual Number) / Change
12-digit number. Leave blank on first registration — it will be mailed to you after. Check this box if you are making changes to existing information
- 5 割 . . Division / Ward / Section
Leave blank or write dashes - this appears to be a formatting placeholder for administrative divisions that may not apply to your situation.
- 6 資格を取得する理由 Qualification / To do/perfor
Refers to your legal status or eligibility (e.g., resident status, insurance qualification) This is typically part of a longer phrase on forms - look for the complete text before filling
- 7 資格を喪失する理由 Qualification / To do/perfor
Refers to your legal status or eligibility (e.g., resident status, insurance qualification) This is typically part of a longer phrase on forms - look for the complete text before filling
- 8 国民健康保険の National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 9 国民健康保険の National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 10 申立て欄 (世帯における他の国保被保険者の有無等を含む) Presence/absence of
This is typically part of a longer phrase asking whether something exists or not - look for the full context
- 11 ア (退職した)会社等の名称 A. Name of company, etc. (that you left/retired from)
Write the full official name of your previous employer if you recently quit or retired from a job.
- 12 ア (就職した)会社等の名称 A. Name of company, etc. (where you got employed)
Write the full official name of your new employer/company
- 13 株式会社 △△△△△ [Company Name] Co., Ltd. △△△△△
If employed by a corporation, write your company's full name including "Co., Ltd." or equivalent corporate designation
- 14 () (blank space for writing)
Write the name of your company or employer here in Japanese characters. If you're self-employed, write your business name or just indicate your occupation.



異動者 — Person Table (Part 4/7) (continued)

15

○○ (○○○○) ○○○○ ○○ (○○○○) ○○○○

Write your company's phone number in the format shown, with area code in parentheses followed by the main number. Use Japanese number formatting conventions (hyphens between number groups).

電話 () 退職した () 雇用形態が変わった () 扶養からははずれた () 妻の氏名 () 貴社の健康保険の資格を喪失した日 (退職日の翌日)	電話 () 就職した () 雇用形態が変わった () 扶養になった () 妻の氏名 () 貴社の健康保険の資格を取得した日	氏名確認欄 本人確認欄 事由コード 加 喪失
---	---	------------------------------------

-
- Figure 1 shows a sample Chinese invoice (发票) from HONGYUAN. The invoice includes the following key information:
- Invoice Number (发票号码):** 011310123456789
 - Invoice Date (开票日期):** 2023-10-27
 - Amount (金额):** ¥1,234,567.89
 - Items:** The invoice lists several items with their respective quantities and prices. For example, Item 1 has a quantity of 100 and a price of ¥12,345.67.
 - QR Code:** A QR code is provided for verification of the invoice's authenticity.

異動者 — Person Table (Part 5/7) (continued)

- 15 加入 Enrollment/Joining
- Check this box or fill this section if you're enrolling in municipal services like health insurance or pension upon moving in

異動者 — Person Table (Part 6/7) (continued)

- 14

工 生活保護が廃止された (決定通知書添付)

E. Public assistance (welfare) was discontinued (attach decision notification document)

Check this box if your welfare benefits were terminated and attach the official discontinuation notice from the welfare office.
- 15

工 生活保護が開始された (決定通知書添付)

E. Public assistance (welfare) benefits have been started (attach decision notification document)

Check this box if you've started receiving welfare benefits and attach the official notification letter from the welfare office

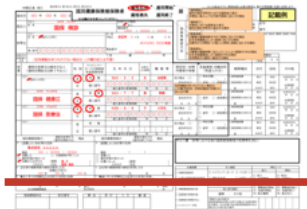
異動者 — Person Table (Part 7/7)

<div>有の場合(チェックをつける)</div> <div><input type="checkbox"/></div>		<div>有の場合(チェックをつける)</div> <div><input type="checkbox"/></div>		<div>生活保護受給者(要介護状態)</div> <div><input checked="" type="checkbox"/> 社保拡大チラシ</div>		<div>生活保護受給者(要介護状態)</div> <div><input type="checkbox"/> その他 ()</div>		<div>生活保護受給者(要介護状態)</div> <div><input type="checkbox"/> 生活保護受給者(要介護状態)</div>		<div>生活保護受給者(要介護状態)</div> <div><input type="checkbox"/> 生活保護受給者(要介護状態)</div>	
<div>エ 生活保護が廃止された(決定通知書添付)</div> <div>年 月 日 廃止</div>		<div>エ 生活保護が開始された(決定通知書添付)</div> <div>年 月 日 開始</div>						<div>生活保護受給者(要介護状態)</div> <div>13 生保廃止</div>		<div>生活保護受給者(要介護状態)</div> <div>33 生保開始</div>	
								<div>生活保護受給者(要介護状態)</div> <div>14 出生</div>		<div>生活保護受給者(要介護状態)</div> <div>34 死亡</div>	

1

☐ 社保拡大チラシ ☐ Social insurance expansion flyer

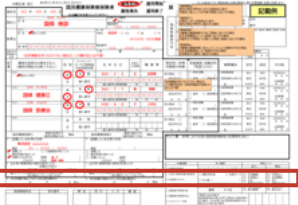
Check this box if you want to receive informational materials about the expansion of social insurance coverage. This is optional and relates to getting flyers about changes to Japan's social insurance system that may affect your eligibility or benefits.



本人確認書類 — ID & Documents (Part 1/2)

Form header section with fields for date (年, 月, 日), checkboxes for insurance status (e.g., 主宛の保険料請求説明済, 運転免許証, 在留カード), and a table of administrative codes (e.g., 11 転入, 12 転出, 13 生保廃止, 14 出生, 15 職権適用開始, 16 他適用開始, 31 転入, 32 転出, 33 生保開始, 34 死亡, 35 職権適用終了, 36 他適用終了).

- 1 主宛の保険料請求説明済 運転免許証 在留カード 1 2 社保離脱 Residence Card / Driver's license
ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times. Bring your physical driver's license as identification
- 2 3 2 社保加入 32 Social Insurance Enrollment
Check this box if you are enrolled in social insurance (health insurance and pension through your employer)
- 3 有の場合 (□チェックをつける) If applicable (put a check mark)
Check this box only if the condition described in the preceding section applies to your situation
- 4 有の場合 (□チェックをつける) If applicable (put a check mark)
Check this box only if the condition described in the preceding section applies to your situation
- 5 1 3 生保廃止 13 Termination of Public Assistance
Check this box if you are ending receipt of welfare/public assistance benefits due to your move
- 6 E 生活保護が廃止された (決定通知書添付) E. Public assistance (welfare) was discontinued (attach decision notification document)
Check this box if your welfare benefits were terminated and attach the official discontinuation notice from the welfare office.
- 7 E 生活保護が開始された (決定通知書添付) E. Public assistance (welfare) benefits have been started (attach decision notification document)
Check this box if you've started receiving welfare benefits and attach the official notification letter from the welfare office
- 8 □ 社保拡大チラシ □ Social insurance expansion flyer
Check this box if you received or need the social insurance expansion informational flyer that explains coverage changes for part-time workers and employees at smaller companies.
- 9 □ その他 () 1 4 出生 Other
Use this section for any additional information not covered in other fields
- 10 3 4 死亡 34 Death
This is a pre-printed code '34' indicating 'death' as a reason for status change - you would only encounter this section when processing paperwork for a deceased family member's insurance termination.
- 11 日開始 Start date
Enter the date when your residence change takes effect (usually your move-in date)
- 12 日廃止 Date of abolition
Enter the date when your previous residence registration was cancelled/abolished (usually the day you moved out)
- 13 1 5 職権適用開始 3 5 職権適用終了 15 Authority Application Start 35 Authority Application End
N/A (these are administrative codes filled by municipal office staff, not by residents)



本人確認書類 — ID & Documents (Part 1/2) (continued)

- 14

担当者名

Person in charge name

Write the full name of the government office staff member or insurance representative who is handling your case - ask them directly for their name if it's not already filled in.
- 15

☐ 滞納整理係案内済

☐ Guided by Delinquent Payment Collection Department

N/A - this is an administrative checkbox for municipal staff to track if you've been notified about unpaid taxes/fees

本人確認書類 — ID & Documents (Part 2/2)

生活支援課確認

年 月 日

廃止
担当者名

年 月 日

開始
印

地域事務所名

受付番号

郵 送

受 付

入 力

審 査

☐ 滞納整理係案内済

☐ 国保給付係案内済

☐ 国保給付係案内なし

☐ マイナンバー不明

個人番号確認

書類 ・ その他

(関連する記号番号)
国保被保険者世帯と合併する場合の当該世帯の
記号番号、又は世帯に他の国保被保険者がある
場合はその者の記号番号

14 出生

15 職権適用開始

16 他適用開始

18 組合離脱

34 死亡

35 職権適用終了

36 他適用終了

38 組合加入

- 1

生活支援課確認 Life Support Division Confirmation

N/A (this is an administrative confirmation section filled by municipal staff, not residents)
- 2

1 8 組合離脱 18 Withdrawal from Association

Check this box if you're leaving a neighborhood association, cooperative, or similar community organization due to your move
- 3

3 8 組合加入 38 Association Membership

Check this box if you belong to any local community association (neighborhood association, residents' association, etc.)
- 4

書類 ・ その他 Other

Use this section for any additional information not covered in other fields
- 5

☐ 国保給付係案内済 ☐ National Health Insurance Benefits Section guidance completed

N/A - this is a checkbox for office staff to indicate they've provided guidance about health insurance benefits
- 6

地域事務所名 Regional Office Name

Write the name of the local regional office or branch office where you're submitting this form
- 7

受付番号 Reception Number

This field is for the reception number assigned by the government office when you submit your application. Leave this blank as it will be filled in by the office staff when they receive your documents.
- 8

郵 送 Mail/Postal Service

N/A (this is a section header indicating the form can be submitted by mail)
- 9

受 付 Reception/Received

N/A - this is an office use only section where municipal staff will stamp or write when they receive your form
- 10

入 力 Input/Entry

This appears to be an administrative processing field for data entry by office staff. As an applicant, you should leave this section blank as it's used internally by the government office for processing your application.
- 11

審 査 Review/Examination

N/A - this is a section header for municipal office use only
- 12

☐ 国保給付係案内なし ☐ No guidance from National Health Insurance Benefits Section

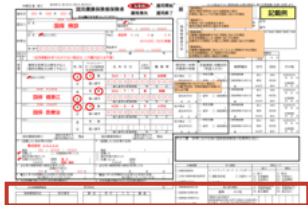
Check this box if you don't need information/guidance about National Health Insurance benefits during your residence change process
- 13

国保被保険者世帯と合併する場合の当該世帯の To do/perform

This is typically part of a longer phrase on forms - look for the complete text before filling
- 14

☐ マイナンバー不明 My Number

Enter your 12-digit Individual Number from your My Number card or notification



本人確認書類 — ID & Documents (Part 2/2) (continued)

15

場合はその者の記号番号 in that case, that person's symbol number
If applicable, enter the identification symbol and number for the relevant person (likely refers to insurance or pension number)

COUNTER PHRASES

Point and show these to ward office staff

FINDING THE COUNTER

すみません、国民健康保険の窓口はどこですか？

Sumimasen, kokumin kenkō hoken no madoguchi wa doko desu ka?

Excuse me, where is the National Health Insurance counter?

ENROLLING

国民健康保険に加入したいのですが

Kokumin kenkō hoken ni kanyū shitai no desu ga

I would like to enroll in National Health Insurance

CANCELLING

国民健康保険をやめたいのですが

Kokumin kenkō hoken wo yametai no desu ga

I would like to cancel my National Health Insurance

SHOWING PROOF

資格喪失証明書を持っています

Shikaku sōshitsu shōmeisho wo motteimasu

I have my Certificate of Health Insurance Loss

ASKING ABOUT PREMIUMS

保険料はいくらですか

Hokenryō wa ikura desu ka?

How much is the insurance premium?

LEFT PREVIOUS JOB

会社を辞めたので、国保に切り替えたいです

Kaisha wo yameta node, kokuho ni kirikae tai desu

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