

国保

様式第3号（第8条関係）

国民健康保険人間ドック及び脳ドック健康診査補助金交付決定通知書再交付申請書

被保険者 記号・番号	2ヒ							
被保険者氏名								
生年月日	年 月 日							
受診年月日								
受診健診機関名								
再交付申請の理由	1. 紛失 2. 破損汚損 3. その他 ()							
上記のとおり申請します。 令和 年 月 日 申請者 住 所 氏 名 電話番号								
本人確認							受付者	
保険証 マイナンバーカード 運転免許証 その他 () 確認済								

Hitachi — 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

セクション 1 — Section 1



① 様式第3号 (第8条関係)

② 国民健康保険人間ドック及び脳ドック健康診査補助金交付決定通知書再交付申請書

③ 被保険者 被保険者番号	2ヒ						
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1 国保 National Health Insurance

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

2 様式第3号 (第8条関係) [様式第3号 (第8条関係)]

3 国民健康保険人間ドック及び脳ドック健康診査補助金交付決定通知書再交付申請書 National Health Insurance

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

4 被保険者 [被保険者]

5 記号・番号 [記号・番号]



Form p.1

セクション 2 — Section 2

記号・番号	2 ヒ					
被保険者氏名						
生年月日	年 月 日					
受診年月日						
受診健診機関名						
再交付申請の理由	1. 紛失 2. 破損汚損 3. その他 ()					
上記のとおり申請します。						
令和 年 月 日						
申請者 住 所						
氏 名						
電話番号 Phone number						

1 被保険者 [被保険者]

2 記号・番号 [記号・番号]

3 被保険者氏名 Full name

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

4 生年月日 Date of birth

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

5 年 月 日 [年 月 日]

6 受診年月日 [受診年月日]

7 受診健診機関名 [受診健診機関名]

8 再交付申請の理由 [再交付申請の理由]

9 1.紛失 2.破損汚損 3.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

10 上記のとおり申請します。

11 令和 年 月 日 [令和 年 月 日]

12 申請者 住 所 [申請者 住 所]

13 氏 名 [氏 名]

14 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.



Form p.1

セクション3 — Section 3

① 電話番号	
② 本人確認	③ 受付者
④ 保険証 マイナンバーカード 運転免許証 その他 () 確認済	

1 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

2 本人確認 [本人確認]

3 受付者 Reception / Received

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

4 保険証 マイナンバーカード 運転免許証 その他 () 確認済 My Number Card / My Number Card / Driver's license

Plastic IC card with your 12-digit Individual Number. Can be used as primary ID.

Apply at your ward office after receiving the notification letter. Japan's national ID card with IC chip - bring original if you have one



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