

※長期該当見込み

受付者	受付印

受付者	受付印

## 国民健康保険生活療養標準負担額差額支給申請書

(あて先) 八尾市長

該当年月

令和 年 月 分

被保険者	記号	八国	番号			続柄			
減額対象者	氏名			生年月日	年 月 日				
				個人番号					
療養を受けた 保険医療機関	名称	1 別紙のとおり	2						
	所在地	1 別紙のとおり	2						
入院期間	令和 年 月 日		～	令和 年 月 日		まで	日間		
入院期間に受けた生活療養に対し支払った額(標準負担額) 円									
減額認定証の交付申請又は提出ができなかった理由									

上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。

令和 年 月 日

世帯主住所 八尾市

世帯主氏名

個人番号

電話番号 ( ) - - - )

振込希望金融機関

銀行 ・ 信用金庫  
農協 ・ 信用組合

支店 ・ その他 ( )

普通 ・ 当座 口座番号

口座名義人(世帯主)

金融機関コード

カタカナで記入

店番号

健 康 保 險 課 記 入 欄							
長期該当日			レセ処理年月		バッチーレセ		
令和 年 月 日			令和 年 月		-		
差額 償還	1	( - ) × ( ) 回 = ( ) 円					
	2	( - ) × ( ) 回 = ( ) 円					
	3	( - ) × ( ) 回 = ( ) 円					
	4	( - ) × ( ) 回 = ( ) 円					
	5	却下 理由 ( )					
	備考						

# Yao — 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 (Part 1/2)

1. ※長期該当見込み

受付者	2. 受付印

3. 受付者	4. 受付印

## 国民健康保険生活療養標準負担額差額支給申請書

8. (あて先) 八尾市長

8. 該当年月	7. 令和 年 月分
9. 被保険者 記号	10. 八国 番号

11. 生年月日 12. 続柄

1. ※長期該当見込み ※Expected to qualify for long-term status

Check this if you plan to stay in Japan for an extended period (typically over 1 year) as it may affect your residence registration status.

2. 受付印 Reception / Received / Seal (inkan / hanko)

Staff use - indicates form was received. Do not fill in. Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

3. 受付者 Reception / Received

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

4. 受付印 Reception / Received / Seal (inkan / hanko)

Staff use - indicates form was received. Do not fill in. Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

5. 国民健康保険生活療養標準負担額差額支給申請書 National Health Insurance / National Health Insurance / Application

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

6. 該当年月 Applicable year and month

Enter the year and month when the change in residence status occurred (e.g., move-in date, move-out date)

7. 令和 年 月分 Reiwa era

Current Japanese era that began May 1, 2019. Used in official dates.

8. (あて先) 八尾市長 Addressee

The person or office this form is being sent to

9. 被保険者 Insured person

The person covered by the insurance policy (usually yourself when applying)

10. 記号 Symbol/Code

Leave blank unless you have a specific identification symbol or code number assigned by the municipality

11. 八国 Hachikoku (place name)

This appears to be a location name - fill in if this is your address area, otherwise leave blank



## セクション 1 — Section 1 (Part 1/2) (continued)

① ※長期該当見込み  
② 受付者 ③ 受付印

受付者	② 受付印

③ 受付者	④ 受付印

## 国民健康保険生活療養標準負担額差額支給申請書

⑤ (あて先) 八尾市長

⑥ 該当年月	⑦ 令和 年 月分				
⑧ 被保険者	⑨ 記号	⑩ 八国	⑪ 番号	⑫ 生年月日	⑬ 続柄

番号 Number

⑫ Enter your residence card number or other relevant identification number as specified in the form instructions.

続柄 Relationship to head of household

⑬ See relationship terms table.

生年月日 Date of birth

⑭ Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.

年 月 日 Year Month Day

⑮ Fill in the date using the Japanese calendar year (Reiwa era) - you can ask city hall staff for the current year if unsure

## セクション 1 — Section 1 (Part 2/2)

① 減額対象者	② 氏名	生年月日			年	月	日
④ 療養を受けた	⑤ 名称	1 ⑧ 別紙のとおり	2	③ 個人番号			

**1** 減額対象者 Person eligible for reduction

Check if you qualify for fee reductions based on income, age, or other criteria

**2** 氏名 Full name

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

**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** 療養を受けた Received medical treatment

Check this if you received medical care or treatment during the relevant period

**5** 名称 Name/Designation

Write the full name of the person being registered or the organization name if applicable

**6** 別紙のとおり As per attached sheet

Refers to additional documents or details provided separately with your application



Form p.1

## セクション 2 — Section 2 (Part 1/2)

① 療養を受けた	② 名 称	1 ③ 別紙のとおり	2
④ 保険医療機関	⑤ 所在地	1 ⑥ 別紙のとおり	2
⑦ 入院期間	⑨ 令和 年 月 日 ~ ⑩ 令和 年 月 日 ⑧ まで 日間		
⑪ 入院期間に受けた生活療養に対し支払った額(標準負担額)	円		
⑫ 減額認定証の交付申請又は提出ができた理由			
⑬ 上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。			
⑭ 令和 年 月 日			
⑮ 世帯主住所 八尾市			

1 療養を受けた Received medical treatment

Check this if you received medical care or treatment during the relevant period

2 名 称 Name/Designation

Write the full name of the person being registered or the organization name if applicable

3 別紙のとおり As per attached sheet

Refers to additional documents or details provided separately with your application

4 保険医療機関 Medical institution

Enter the name of your doctor's office, clinic, or hospital

5 所在地 Location

Used for business/organization address or property location rather than personal residence

6 別紙のとおり As per attached sheet

Refers to additional documents or details provided separately with your application

7 入院期間 Hospitalization period

Enter the start and end dates of any hospital stay if applicable, or leave blank if not hospitalized

8 まで 日間 days

Usually follows a number to indicate duration in days

9 令和 年 月 日 Reiwa era

Current Japanese era that began May 1, 2019. Used in official dates.

10 令和 年 月 日 Reiwa era

Current Japanese era that began May 1, 2019. Used in official dates.

11 入院期間に受けた生活療養に対し支払った額(標準負担額)

Amount paid for daily life medical care received during hospitalization (standard copayment amount)

Enter the total amount you paid out-of-pocket for meals and accommodation during any hospital stays, not the full hospital bill amount.

12 減額認定証の交付申請又は提出ができた理由 Certificate / Issuance / Reason

Refers to official certificates like income certificate, tax exemption certificate, etc. Staff use only - do not fill in



## セクション 2 — Section 2 (Part 1/2) (continued)

①・療養を受けた ④・保険医療機関	②・名 称 ⑤・所在地	1 ③・別紙のとおり 1 ⑥・別紙のとおり	2
⑦・入院期間	⑨・令和 年 月 日 ~ ⑩・令和 年 月 日 ⑧・まで 日間		
⑪・入院期間に受けた生活療養に対し支払った額(標準負担額) ⑫・減額認定証の交付申請又は提出ができなかった理由	円		
⑬・上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。 ⑭・令和 年 月 日 ⑮・世帯主住所 八尾市			

**13** 上記のとおり申請し、支給金額については支給決定後、下記の金融機関口座に支払われるよう申請します。

Financial institution / . / Application

Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal This indicates the form is an application that requires submission

**14** 令和 年 月 日 Reiwa era

Current Japanese era that began May 1, 2019. Used in official dates.

**15** 世帯主住所 Head of household / Address / Household

The primary person in a household for registration purposes. If you live alone, you are the head of household. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

## セクション 2 — Section 2 (Part 2/2)

世帯主住所 

1 八尾市 Yao City

This is a pre-printed city name - typically not filled in by applicants



Form p.1

## セクション3 — Section 3 (Part 1/2)

1. 世帯主住所	2. 八尾市
3. 世帯主氏名	
4. 個人番号	
5. 電話番号 (	)
6. 振込希望金融機関	
7. 支店 • その他 ( )	
8. 普通 • 9. 当座	10. 口座番号
11. 口座名義人 (世帯主) カタカナで記入	12. 金融機関コード
	13. 店番号

1 世帯主住所 Head of household / Address / Household

The primary person in a household for registration purposes. If you live alone, you are the head of household. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

2 八尾市 Yao City

This is a pre-printed city name - typically not filled in by applicants

3 世帯主氏名 Head of household name

If you live alone, YOU are the head of household — write your own name.

4 個人番号 My Number (Individual Number)

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

5 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

6 銀行 • 信用金庫 Credit union / Bank

Select if your bank account is with a credit union (shinkin bank) Enter the name of your bank for direct deposit or payment purposes

7 振込希望金融機関 Financial institution

Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal

8 支店 Branch

For bank branch name when providing financial information

9 その他 ( Other (

Use this field for any information that doesn't fit in the standard categories above

10 普通 Regular

This typically refers to regular/standard processing or service type

11 当座 Temporary/Interim

Staff use only - do not fill in

12 口座番号 Account number

Your bank account number (usually 7 digits).

13 金融機関コード Financial institution

Enter your bank, credit union, or other financial institution name for direct deposit/withdrawal



## セクション3 — Section 3 (Part 1/2) (continued)

①・世帯主住所	②・八尾市
③・世帯主氏名	
④・個人番号	
⑤・電話番号 ( )	
⑦・振込希望金融機関	⑥・銀行 · 信用金庫 農協 · 信用組合
⑨・普通 · ⑩・当座	⑪・口座番号
⑫・口座名義人(世帯主) カタカナで記入	⑬・金融機関コード ⑭・店番号

**14 口座名義人(世帯主)** Account holder name / Head of household / Household

Must match the name on the account exactly — usually in katakana. The primary person in a household for registration purposes. If you live alone, you are the head of household.

**15 店番号** Store number

Enter the identification number assigned to your store or business establishment

## セクション3 — Section 3 (Part 2/2)

① 姓 球義八(西市士) カタカナで記入	店番号
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- 1 カタカナで記入 Write in katakana  
Use katakana characters only (not hiragana or kanji)



Form p.1

## セクション 4 — Section 4

① ② 店番号 カタカナで記入	③ 健康保険課記入欄												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center; padding: 5px;">健 康 保 険 課 記 入 欄</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center; padding: 5px;">④ 長期該当日</td> <td style="text-align: center; padding: 5px;">⑤ レセ処理年月</td> </tr> <tr> <td style="text-align: center; padding: 5px;">⑦ 令和 年 月 日</td> <td style="text-align: center; padding: 5px;">⑧ 令和 年 月</td> <td style="text-align: center; padding: 5px;">⑨ バッチ - レセ</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">差額 1 ( ) × ( ) 回 = ( ) 円 2 ( ) × ( ) 回 = ( ) 円 3 ( ) × ( ) 回 = ( ) 円</td> <td style="text-align: center; padding: 5px;">—</td> </tr> </tbody> </table>		健 康 保 険 課 記 入 欄			④ 長期該当日		⑤ レセ処理年月	⑦ 令和 年 月 日	⑧ 令和 年 月	⑨ バッチ - レセ	差額 1 ( ) × ( ) 回 = ( ) 円 2 ( ) × ( ) 回 = ( ) 円 3 ( ) × ( ) 回 = ( ) 円		—
健 康 保 険 課 記 入 欄													
④ 長期該当日		⑤ レセ処理年月											
⑦ 令和 年 月 日	⑧ 令和 年 月	⑨ バッチ - レセ											
差額 1 ( ) × ( ) 回 = ( ) 円 2 ( ) × ( ) 回 = ( ) 円 3 ( ) × ( ) 回 = ( ) 円		—											

**1 口座名義人（世帯主）** Account holder name / Head of household / Household

Must match the name on the account exactly — usually in katakana. The primary person in a household for registration purposes. If you live alone, you are the head of household.

**2 店番号** Store number

Enter the identification number assigned to your store or business establishment

**3 カタカナで記入** Write in katakana

Use katakana characters only (not hiragana or kanji)

**4 長期該当日** Long-term eligibility date

Enter the date you became eligible for long-term resident status (typically when you received a residence card valid for 1+ years)

**5 レセ処理年月** Processing

Staff use - processing status. Do not fill in.

**6 バッチ - レセ** Batch Receipt

N/A - this is administrative processing text, not a field you need to fill out

**7 令和 年 月 日** Reiwa era

Current Japanese era that began May 1, 2019. Used in official dates.

**8 令和 年 月** Reiwa era

Current Japanese era that began May 1, 2019. Used in official dates.

**9 ( ) - ( ) × ( ) 回 = ( ) 円**  
 $(\text{rate}) \times (\text{copies}) = (\text{total}) \text{ yen}$

This appears to be a fee calculation formula - fill in the applicable rate, multiply by number of copies/services, to get the total fee amount.

**10 ( ) - ( ) × ( ) 回 = ( ) 円**  
 $(\text{rate}) \times (\text{copies}) = (\text{total}) \text{ yen}$

This appears to be a fee calculation formula - fill in the applicable rate, multiply by number of copies/services, to get the total fee amount.



Form p.1

## セクション 5 — Section 5

領 償 還	3 ① ( - ) × ( ) 回 = ( ) 円 4 ( - ) × ( ) 回 = ( ) 円 5 却下 理由 ( )
備 考	

1  $( - ) \times ( )$  回 = ( ) 円  
 $( - ) \times ( )$  times = ( ) yen

This appears to be a fee calculation formula - fill in the applicable rate, multiply by number of copies/services, to get the total fee amount.

2 5却下 理由 ( ) Reason  
 Select or write the reason for your request (e.g., moving, marriage, job change)

3 備考 Remarks / Notes

Space for additional information or special circumstances. Usually optional.



## 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