

第1号様式の2

国民健康保険に係る証明申請書(郵送用)

(宛先) 板橋区長 様

		申請日	年	月	日	
証 明 対 象 世 帯	フリガナ		生 年 月 日			
	世帯主氏名		昭和・平成・令和・西暦 年 月 日			
	住 所	板橋区 (町) 丁目 番 号 (方書)				
	被 保 険 者 等 記 号 ・ 番 号	1 9 — — —				

※板橋区外へ転出している場合は、 転出先の住所もご記入ください。	
-------------------------------------	--

申 請 者	続 柄	1 本人(世帯主) 2 同じ世帯の方【世帯主から見た続柄: 】	
	フリガナ		
	氏 名	※申請者が世帯主の場合、記入不要	
	電話番号	— —	

提出先に○をつ けてください。	出入国在留管理庁 ・ 金融機関 ・ その他 ()
--------------------	---------------------------

証 明 の 種 類 や 必 要 枚 数 に つ い て	1 保険料賦課(額)証明 〔 年度〕	通	1 —
	2 保険料納付(額)証明 ①〔 年度の賦課額・納付額・未納額の証明〕 ②〔 年分(1月~12月に納めた額)〕 ③〔 年度分(4月~翌年3月に納めた額)〕 ※ ②・③は保険料を納めた額のみ記載されます。	通	2 —
	3 適用開始・終了証明	通	3 —

- ※ 切手を貼った返信用封筒と、手数料1通につき400円分を定額小為替でお送りください。
- ※ 証明書は、種類ごと、年度ごと、被保険者等記号・番号ごとに1通となります。
不明な点がありましたら、申請前に電話でお問い合わせください。
- ※ 証明書は、申請者様宛にお送りします。
- ※ 送付先 〒173-8501(住所記入不要)
板橋区役所 国保年金課 管理係
電話番号 (03) 3579-2401

本 人 確 認 料	マイナンバーカード ・ 資格確認書 ・ 運転免許証 ・ 在留カード パスポート ・ その他 ()				
	証 明 手 数 料	@400円 × 通 = 円	取扱者	受付	照 合

Itabashi — 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

1

第 1 号様式の 2

- 1
- 第 1 号様式の 2 Form No. 1-2

This indicates the form type/number - 'Form No. 1-2' (第 1 号様式の 2). This is a pre-printed identifier on the form, so you don't need to write anything here as it's already filled in by the government office.



届出人情報 — Who Is Filing

1

2

国民健康保険に係る証明申請書(郵送用)

(宛先) 板橋区長 様

4

申請日

3

年 月 日

- 1

国民健康保険に係る証明申請書(郵送用) National Health Insurance

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 2

(宛先) 板橋区長 様 (Addressee) To the Mayor of Itabashi Ward
- 3

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.
- 4

申請日 Application Date

Write the date you are submitting this form (typically today's date in YYYY/MM/DD format)



住所 — Addresses

		申請日	年 月 日
証明対象 世帯	フリガナ	生 年 月 日	
	世帯主氏名	昭和・平成・令和・西暦 年 月 日	
	住 所	板橋区 (町) 丁目 番 号	
	(方書)		
	被保険者等		

- 1 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.
- 2 申請日 Application Date
Write the date you are submitting this form (typically today's date in YYYY/MM/DD format)
- 3 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 4 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.)
- 5 昭和・平成・令和・西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 6 世帯主氏名 Head of household name
If you live alone, YOU are the head of household — write your own name.
- 7 証明対象 Subject of certification
This indicates what or who the certificate/document is for - leave blank as it's typically filled by office staff, not the applicant
- 8 板橋区 (町) 丁目 番 号 Itabashi Ward ____ (Town) __ Chome __ Ban __ Go
Fill in your address within Itabashi Ward using the Japanese address format: neighborhood name, chome (district number), ban (block number), and go (building number).
- 9 (方書) Building name / room number
Apartment/mansion name and room number. e.g. ○○マンション 301号室
- 10 被保険者等 1 9 - - - Insured Person, etc. 19 - ____ - ____ - ____
Enter your health insurance number in the dashed spaces if you have Japanese health insurance coverage.



異動者 — Person Table

	被保険者等 記号・番号	19 — — —
※板橋区外へ転出している場合は、 転出先の住所もご記入ください。		
申請者	続柄	1 本人（世帯主） 2 同じ世帯の方【世帯主から見た続柄： 】
	フリガナ	
	氏名	※申請者が世帯主の場合、記入不要
	電話番号	— —
提出先に○をつ けてください。		出入国在留管理庁 ・ 金融機関 ・ その他（ ）
1 保険料賦課（額）証明		通 1 —

- 1 被保険者等 19 - - - Insured Person, etc. 19 - - - -
Enter your health insurance number in the dashed spaces if you have Japanese health insurance coverage.
- 2 ※板橋区外へ転出している場合は、 Moving out
If you have moved outside of Itabashi ward, write your new address here. Leave blank if you still live in Itabashi ward.
- 3 続 柄 1 本人（世帯主） 2 同じ世帯の方【世帯主から見た続柄： 】
Head of household / Relationship to head of household / From
The primary person in a household for registration purposes. If you live alone, you are the head of household. See relationship terms table.
- 4 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 5 申請者 Applicant
Write your name here as the person submitting this residence registration form
- 6 氏 名 Name
Write your full name as it appears on your residence card or passport
- 7 ※申請者が世帯主の場合、記入不要 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 8 電話番号 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 9 - - - (dash/line placeholder)
This is a placeholder line for phone number - write your phone number including area code, using hyphens to separate the sections (e.g., 03-1234-5678).
- 10 提出先に○をつ Circle the submission destination
Circle the appropriate office or department where you're submitting this residence change notification form
- 11 出入国在留管理庁 ・ 金融機関 ・ 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



異動者 — Person Table (continued)

- 12

区処理欄

Processing

Staff use - processing status. Do not fill in.
- 13

1 保険料賦課 (額) 証明

1. Insurance Premium Assessment (Amount) Certificate

This appears to be a checkbox or selection for insurance premium assessment certificate. Mark '1' if you need this type of certificate.
- 14

1 - 1-

This seems to be a continuation or subcategory field related to the insurance certificate above. Fill in additional details or leave as '1-' if it's the first/only item.

本人確認書類 — ID & Documents (Part 1/2)

証明の種類や必要枚数について	1 保険料賦課（額）証明 〔 年度〕	通	1 -
	2 保険料納付（額）証明 ①〔 年度の賦課額・納付額・未納額の証明〕 ②〔 年分（1月～12月に納めた額）〕 ③〔 年度分（4月～翌年3月に納めた額）〕 ※ ②・③は保険料を納めた額のみ記載されます。	通	2 -
	3 適用開始・終了証明	通	3 -

- 1 1 保険料賦課（額）証明 1. Insurance Premium Assessment (Amount) Certificate
- This is a checkbox to select if you need a certificate showing your insurance premium assessment amount. Check this if you need proof of how much you were assessed for insurance premiums.
- 2 1 - 1-
- Write '1' or check this box if you're selecting the first option (insurance premium assessment certificate). This corresponds to option 1 above.
- 3 〔 年度〕 [Fiscal Year ____]
- Write the Japanese fiscal year (April to March) when submitting the form, e.g., "令和6年度" for 2024-2025
- 4 証明の Certification/Proof
- N/A (this is a section header - complete fields will follow)
- 5 2 保険料納付（額）証明 2. Insurance Premium Payment (Amount) Certificate
- Attach certificates showing insurance premiums paid (health insurance, pension, etc.) if claiming deductions
- 6 種類や Type/Category
- Select the type of residence change you're making (e.g., moving in, moving out, address change within the city)
- 7 ①〔 年度の賦課額・納付額・未納額の証明〕
- ①[Certificate of assessed amount, paid amount, and unpaid amount for fiscal year ____]
- Fill in the fiscal year (e.g., '2023' or 'R5' for Reiwa 5) for which you need the certificate showing assessed, paid, and unpaid premium amounts.
- 8 2 - 2-
- Write '2' or check this box if you're selecting the second option (insurance premium payment certificate). This corresponds to option 2 above.
- 9 必要枚数 Number of copies required
- Enter how many copies of the form you need - typically 1 for personal records, but you may need additional copies for employer or other administrative purposes.
- 10 ②〔 年分（1月～12月に納めた額）〕 ② [____ year amount (amount paid from January to December)]
- Enter the tax year and total amount of taxes paid during that calendar year period.
- 11 ③〔 年度分（4月～翌年3月に納めた額）〕
- ③ [____ fiscal year amount (amount paid from April to March of the following year)]
- Enter the fiscal year and total amount of taxes/fees paid during that April-March period



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

- 12

について

regarding/concerning

This is explanatory text meaning 'regarding' - no action needed, it's just connecting the certificate types to the options below.
- 13

※ ②・③は保険料を納めた額のみ記載されます。

This is an informational note explaining that options 2 and 3 only show amounts actually paid. No action needed from you.
- 14

3 適用開始・終了証明

3. Coverage Start/End Certificate

Check this section if you need proof of when your insurance or pension coverage began or ended due to your address change.
- 15

3 - 3-

Write '3' or check this box if you're selecting the third option (application start/end certificate). This corresponds to option 3 above.

本人確認書類 — ID & Documents (Part 2/2)

※ 切手を貼った返信用封筒と、手数料 1 通につき 400 円分を定額小為替でお送りください。

- 1 ※ 切手を貼った返信用封筒と、手数料 1 通につき 400 円分を定額小為替でお送りください。 Postage stamp
- Staff use only - do not fill in



記入方法・注意事項 — Instructions

- 1

※

切手を貼った返信用封筒と、手数料 1 通につき 400 円分を定額小為替でお送りください。
- 2

※

証明書は、種類ごと、年度ごと、被保険者等記号・番号ごとに 1 通となります。
不明な点がありましたら、申請前に電話でお問い合わせください。
- 3

※

証明書は、申請者様宛にお送りします。
- 4

※

送付先 〒173-8501（住所記入不要）
板橋区役所 国保年金課 管理係
電話番号 (03) 3579-2401

- 1

※

切手を貼った返信用封筒と、手数料 1 通につき 400 円分を定額小為替でお送りください。

Postage stamp

Staff use only - do not fill in
- 2

※

証明書は、種類ごと、年度ごと、被保険者等記号・番号ごとに 1 通となります。

This is informational text explaining that you will receive one certificate per type, per year, and per insured person number/symbol combination. No action needed - just understand that if you're requesting multiple types or years, you'll get separate certificates for each.
- 3

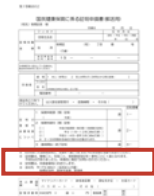
※

証明書は、申請者様宛にお送りします。

This is informational text stating that certificates will be sent to the applicant's address. No action needed - just confirm your address is correct elsewhere on the form since the certificate will be mailed to you.
- 4

板橋区役所 国保年金課 管理係 Pension

Select your pension type (National Pension, Employee Pension, etc.)



備考・その他 — Footer & Notes

電話番号 (03) 3579-2401

2 本人確認料 本資	1 マイナンバーカード ・ 資格確認書 ・ 運転免許証 ・ 在留カード
	3 パスポート ・ 4 その他 ()
5 証明手数料	@400円 × 通 = 円
	6 取扱者 受付 照合

- 1
マイナンバーカード・資格確認書・運転免許証・在留カード My Number Card / Residence Card / My Number Card
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. ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.
- 2
本人確認 Personal identification
This section is for verifying your identity - bring valid ID like passport, residence card, or driver's license
- 3
パスポート Passport
Bring your passport as identification when submitting this form
- 4
その他 (Other (
Use this field for any information that doesn't fit in the standard categories above
- 5
証明手数料@400円 × 通 = 円 Certificate fee @ 400 yen × ____ copies = ____ yen
Fill in the number of residence certificates you need and calculate the total fee (multiply by 400 yen per copy).
- 6
取扱者 Handler/Processing Officer



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