

Hadano — 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

セクション 1 — Section 1

記入例

窓口で申請する場合は、申請者の免許証など身分確認できるものと、被保険者本人の個人番号確認できる書類をご持参ください。

第 5 号様式（省令第 27 条、第 28 条の 2、第 83 条の 6 関係）
介護保険 被保険者証等再交付申請書

〇〇年〇〇月〇〇日

(宛先)
秦野市長

申請者 住 氏 所 秦野市〇〇町〇-〇
本人との関係 介護 花子
電 介護支援専門員
話 〇〇〇〇 (〇〇) 〇〇〇〇

〇〇年〇〇月〇〇日

- 1

窓口で申請する場合は、申請者の免許証など身分確認できるものと、被保険者本人の個人番号確認できる書類をご持参ください。

To do/perfor

This is typically part of a longer phrase on forms - look for the complete text before filling
- 2

記入例

Example of how to fill in

Sample form showing how to complete each field. Study this before filling your own form.
- 3

第 5 号様式（省令第 27 条、第 28 条の 2、第 83 条の 6 関係）

My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.
- 4

介護保険 被保険者証等再交付申請書

Long-term Care Insurance

Insurance for elderly care services. Mandatory for residents 40+. Premiums deducted with health insurance.
- 5

〇〇年〇〇月〇〇日

〇〇 year 〇〇 month 〇〇 day

Fill in the date using Japanese calendar format (year/month/day with numbers)
- 6

(宛先)

Addressee

The person or office the form/document should be sent to
- 7

秦野市長

Mayor of Hadano City

Pre-printed title - indicates the form is addressed to/processed by the mayor's office
- 8

所 秦野市〇〇町〇-〇

Address: Hadano City 〇〇 Town 〇-〇

Fill in your complete address replacing the 〇 symbols with your actual district name and house/apartment numbers
- 9

名 介護 花子

Name Care Hanako

N/A - this appears to be example text showing a sample name entry format
- 10

申請者

Applicant

Write the name of the person submitting this form
- 11

本人との関係 介護支援専門員

Relationship to applicant

Write your relationship to the main person on this form (e.g., spouse, child, parent, self)



セクション 1 — Section 1 (continued)

記入例

窓口で申請する場合は、申請者の免許証など身分確認できるものと、被保険者本人の個人番号確認できる書類をご持参ください。

第5号様式（省令第27条、第28条の2、第83条の6関係）
介護保険 被保険者証等再交付申請書

〇〇年〇〇月〇〇日

(宛先)
秦野市長

住所 秦野市〇〇町〇ー〇
氏名 介護 花子
本人との関係 介護支援専門員
電話 〇〇〇〇 (〇〇) 〇〇〇〇

申請者

次のとおり申請します。

14 話 〇〇〇 (〇〇) 〇〇〇 Phone 〇〇〇 (〇〇) 〇〇〇
Enter your phone number with area code in parentheses

15 次のとおり申請します。

- 1 **話** ○○○○ (○○) ○○○○ **Phone** ○○○○ (○○) ○○○○
Enter your phone number with area code in parentheses
- 2 **次のとおり申請します。**
This is a standard declaration phrase meaning 'I hereby apply as follows.' No action needed - this is just introductory text on the form.
- 3 **被保険者番号** Insured Person Number
Enter your health insurance member number found on your insurance card (国民健康保険証 or employee insurance card)
- 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 **ふりがな はだの たろう** Phonetic reading (hiragana)
Write your name pronunciation in hiragana characters above the corresponding kanji in your name
- 6 **性別** Gender
男 (otoko) = Male, 女 (onna) = Female. Circle the appropriate one.
- 7 **生年月日** Date of birth
Format: 年(year) 月(month) 日(day). Use Japanese calendar (令和/平成) or Western year.
- 8 **被保険者氏名 秦 野 太 郎** Full name
Write in katakana for foreign names. Some forms accept romaji.
- 9 **男・ 女** Male・ Female
Circle or check the appropriate gender
- 10 **昭和 5 年 1 月 1 日** Showa era
Used for birth dates from 1926-1989. Showa 64 = 1989, Showa 1 = 1926
- 11 **秦野市桜町 1 - 3 - 2** 1-3-2 Sakura-cho, Hadano City
This is an example address format - replace with your actual address using the Japanese format: [city][district/town][block-building-unit numbers]
- 12 **住 所** Address
Write your current residential address in Japan exactly as it appears on official documents

Figure 1 shows a sample Japanese business card. It includes fields for company name (in Japanese, English, and Chinese), address, phone number, fax number, and email address. The card is divided into sections by lines and color-coded areas (red and blue boxes). The text is arranged in a structured, grid-like format typical of Japanese business cards.

セクション 2 — Section 2 (Part 2/2)

医療保険者名	第 2 号被保険者のみ記入	1 医療保険証記号番号	
5 再交付する 証明書	1 被保険者証 2 資格者証 3 受給資格証明書	6 申請理由 1 紛失・焼失 2 破損・汚損	

- 1 医療保険証記号番号 Health insurance card
Japanese health insurance card. Can serve as secondary ID at some banks.
- 2 1 被保険者証 1. Insured person's certificate
This refers to your health insurance card - bring the physical card or be prepared to provide the certificate number
- 3 2 資格者証 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 4 1 紛失・焼失 1. Lost/Destroyed by fire
Select this option if your document was lost or destroyed in a fire
- 5 再交付する To do/perform
This is typically part of a longer phrase on forms - look for the complete text before filling
- 6 申請 Application
This indicates the form is an application that requires submission
- 7 3 受給資格証明書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 8 2 破損・汚損 Damage/deterioration
Check this if your document is damaged or deteriorated



セクション 3 — Section 3 (Part 1/2)

再交付する
証明書

1
2
3
4
5

被保険者証
資格者証
受給資格証明書
負担割合証
負担限度額認定証

申請
理由

1
2
3

紛失・焼失
破損・汚損
その他()

再交付申請について上記申請者に委任します。

委任者 住所 秦野市桜町 1 - 3 - 1

氏 名 秦 野 太 郎 (署名又は記名押印)

※ 処理欄

介護支援専門員や代理の方が申請する場合は、

- 1 2 資格者証 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 2 1 紛失・焼失 1. Lost/Destroyed by fire
Select this option if your document was lost or destroyed in a fire
- 3 再交付する To do/perform
This is typically part of a longer phrase on forms - look for the complete text before filling
- 4 申請 Application
This indicates the form is an application that requires submission
- 5 3 受給資格証明書 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 6 2 破損・汚損 Damage/deterioration
Check this if your document is damaged or deteriorated
- 7 証明書 Certificate
This refers to official documents like residence certificates or income certificates that may need to be attached
- 8 理由 Reason
Select or write the reason for your request (e.g., moving, marriage, job change)
- 9 4 負担割合証 Copayment ratio certificate
Certificate showing your healthcare copayment percentage (typically 10%, 20%, or 30%)
- 10 3 その他() Other
Use this section for any additional information not covered in other fields
- 11 5 負担限度額認定証 Certificate
Refers to official certificates like income certificate, tax exemption certificate, etc.
- 12 再交付申請について上記申請者に委任します。
- 13 委任者 住所 秦野市桜町 1 - 3 - 1 Address
Write your complete residential address including postal code, prefecture, city, and building details



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

<div>再交付する 証明書</div>	<div>1 2 3 4 5</div>	<div>被保険者証 資格者証 受給資格証明書 負担割合証 負担限度額認定証</div>	<div>申請理由</div>	<div>1 2 3</div>	<div>紛失・焼失 破損・汚損 その他()</div>
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再交付申請について上記申請者に委任します。

委任者 住 所 秦野市桜町 1 − 3 − 1

氏 名 秦 野 太 郎 (署名又は記名押印)

※ 処理欄		介護支援専門員や代理の方が申請する場合は、
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14 氏 名 秦野太郎 (署名又は記名押印) Full name / Signature / Seal (inkan / hanko)

Write your full legal name as it appears on your residence card or passport Sign your name. Foreigners can use a written signature instead of a seal (inkan).

15 ※ 処理欄 Processing

Staff use - processing status. Do not fill in.

セクション 3 — Section 3 (Part 2/2)

※ 処理欄		介護支援専門員や代理の方が申請する場合は、 被保険者本人の住所、氏名を記入してください。
上記申請について、交付し	丁	

- 1

課長介 護支課援長代専理 門員担や当代 理の受方付が 申起請案する 場・ 合 は・ 、

To do/perform

This field is only for care support specialists or their representatives who are applying on behalf of the insured person. If you are applying for yourself, leave this section blank. Only fill this out if you are a professional care worker or authorized representative submitting the application for someone else.
- 2

被保険者本人の住所、氏名を記決入裁し て く・ だ さ・ い 。

Full name / Address

Write in katakana for foreign names. Some forms accept romaji. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 3

上記申請について、交付し

Regarding the above application, issued

Staff use only - do not fill in



セクション 4 — Section 4 (Part 1/2)

介護支援専門員や代理の方が申請する場合は、
被保険者本人の住所、氏名を記入してください。
(被保険者本人の署名又は記名押印が必要です。)

2	上記申請について、交付してよろしいでしょうか。	丁	1	介護支援専門員や代理の方が申請する場合は、 被保険者本人の住所、氏名を記入してください。 (被保険者本人の署名又は記名押印が必要です。)	
7	本人	4	代理権確認	5	個人番号確認
12	代理人	11	通知カード	8	身元確認書類
	<input type="checkbox"/> 登記事項証明書 <input type="checkbox"/> 委任状 <input type="checkbox"/> 介護保険証 <input type="checkbox"/> その他 ()	13	個人番号カード	9	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> 介護支援専門員証 <input type="checkbox"/> 個人番号カード <input type="checkbox"/> その他 ()
		15	個人番号入り住民票等	10	1点 <input type="checkbox"/> 医療・介護保険証 <input type="checkbox"/> 年金手帳 <input type="checkbox"/> 預金通帳 <input type="checkbox"/> 官公署発行書類、通知書
				2点	

- 1 被保険者本人の住所、氏名を記入してください。 Full name / Address
Write in katakana for foreign names. Some forms accept romaji. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 2 上記申請について、交付し Regarding the above application, issued
Staff use only - do not fill in
- 3 (被保険者本人の署名又は記名交押付印が必・要・で・す。) Signature / Seal (inkan / hanko)
Sign your name. Foreigners can use a written signature instead of a seal (inkan). Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
- 4 代理権確認 Confirmation
Staff use only - do not fill in
- 5 個人番号確認 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 6 身元確認書類 Confirmation
Staff use only - do not fill in
- 7 本人 Self (head of household)
- 8 ☐ 運転免許証 Driver's license
Bring your physical driver's license as identification
- 9 ☐ 介護支援専門員証 ☐ Care Manager Certificate
Check this box if you hold a certified care manager license (for elderly care services)
- 10 ☐ 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
- 11 ☐ 通知カード Notification card
The individual number notification card sent to all residents - bring this document if you have it
- 12 代理人 ☐ 登記事項証明書 ☐ 個人番号カード
Certificate of Registered Matters (company registry extract) / My Number (Individual Number)
Issued by the Legal Affairs Bureau (法務局). Must be from the last 6 months.
¥480-600. 12-digit number. Leave blank on first registration — it will be mailed to you after.
- 13 ☐ 個人番号入り住民票等 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.



セクション 4 — Section 4 (Part 1/2) (continued)

2 上記申請について、交付してよろしいでしょうか。		丁	1 介護支援専門員や代理の方が申請する場合は、 被保険者本人の住所、氏名を記入してください。 (被保険者本人の署名又は記名押印が必要です。)	
7 本人	4 代理権確認	5 個人番号確認	8 運転免許証	
12 代理人		11 通知カード	9 1 点	
			10 点	
13 □登記事項証明書		14 □医療・介護保険証	15 2 点	
16 □委任状		17 □個人番号カード	18 □年金手帳	
19 □介護保険証		20 □個人番号入り住民票等	21 □預金通帳	
22 □その他 ()			23 □官公署発行書類、通知書	

- 14
□年金手帳 Pension
Select your pension type (National Pension, Employee Pension, etc.)
- 15
□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

セクション 4 — Section 4 (Part 2/2)

	<input type="checkbox"/> その他 ()		<input checked="" type="checkbox"/> 官公署発行書類、通知書 <input type="checkbox"/> その他 ()
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□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



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