

国民健康保険資格喪失年月日等申立書兼同意書

私()は、_____年_____月_____日に

組合 の被保険者資格を取得したことを申し立てます。

もし、申し立てた内容が、後日書類等により証明できた内容と相違した場合は、豊島区が国民健康保険の内容を修正することを了承いたします。

また、申し立てた内容について、豊島区が保険者等に対して、内容を情報照会することについて、同意いたします。

_____年_____月_____日

職員確認欄

情報連携				電話確認		
保険者名				確認先		
記号番号				電話番号		
確認	<input type="checkbox"/> エラー	<input type="checkbox"/> 未反映		記号番号		
異動日		担当		異動日	扶養	<input type="checkbox"/> 担当

Toshima — 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

国民健康保険資格喪失年月日等申立書兼同意書

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_____年_____月_____日

情報連携		電話確認	
① 保険者名	② 確認先	③ 電話番号	④ 担当
記号番号	電話番号		
⑤ 確認	□ エラー	□ 未反映	記号番号
⑥ 异動日	担当	異動日	扶養 <input type="checkbox"/> 担当

1 国民健康保険資格喪失年月日等申立書兼同意書 National Health Insurance / Qualification

Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

2 職員確認欄 Staff Confirmation Section

N/A - this is for municipal office staff use only, do not fill out

3 情報連携 Information Coordination

This is a header for the information coordination section of the form - no action needed from you as it's just a label for the administrative processing area below.

4 電話確認 Telephone confirmation

Provide a phone number where you can be reached for verification purposes if needed

5 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)

6 確認先 Confirmation contact

Provide contact information where the municipality can reach you to verify details if needed

7 記号番号 Symbol Number

Enter your health insurance symbol and number from your insurance card if applicable, or leave blank if not enrolled in Japanese health insurance.

8 電話番号 Phone number

Japanese mobile number preferred. Some forms accept overseas numbers.

9 確認 Confirmation

Check one of the boxes to indicate the confirmation status: エラー (Error) if there were issues with verification, or 未反映 (Not Reflected) if the information hasn't been processed yet - this is typically filled by the office staff, not the applicant.

10 記号番号 Symbol Number

Enter your health insurance symbol and number from your insurance card if applicable, or leave blank if not enrolled in Japanese health insurance.



セクション 1 — Section 1 (continued)

11 異動日 Date of move / change

The date you actually moved into your new address — NOT your arrival date in Japan if different.

12 異動日 Date of move / change

The date you actually moved into your new address — NOT your arrival date in Japan if different.

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