

喪失届 記入例		民 健 康 保 険 異動届出書												
(宛)市長		令和 6年 12月 2日届出(受付)												
該当する届出 ビ国保		フリガナ オオタ タロウ		世帯員() 代理人		運転免許証 ハスポート								
届出を する方		大田 太郎		世帯主 03-5744-1210		在留カード等								
異動事由 □入る □やめる □その他		代理人の方はお書きください 本人との間柄()		世帯員の電話 000(0000)0000		マイナンバーカード(個人番号カード)								
住 所		住所 住 所		代理人の電話 ()		住民基本台帳カード()								
大田区蒲田五丁目13番14号														
世帯主		フリガナ オオタ タロウ		世帯主の マイナンバー		□個人番号発 1 2 3 4 5 6 7 8 9 0 1 2		資格確認書		前期証		資格情報のお知らせ		備 考
異動される方全員の氏名 生年月日 性別 統柄 職業														
1	フリガナ オオタ タロウ		昭平 30・1・1 男 本人		無し 個人事業主		回収 交付 有窓口郵送未交付		回収 交付 有窓口郵送未交付		回収 交付 有窓口郵送未交付			
	大田 太郎		令		・求職中 パート ・アルバイト ・会社員()		無 無		無 無		無 無			
2	フリガナ オオタ ハナコ		昭平 32・1・1 女 妻		無し 個人事業主		回収 交付 有窓口郵送未交付		回収 交付 有窓口郵送未交付		回収 交付 有窓口郵送未交付			
	大田 花子		令		・求職中 パート ・アルバイト ・会社員()		無 無		無 無		無 無			
3	フリガナ		昭平 男女		無し 個人事業主		回収 交付 有窓口郵送未交付		回収 交付 有窓口郵送未交付		回収 交付 有窓口郵送未交付			
			令		・求職中 パート ・アルバイト ・会社員()		無 無		無 無		無 無			
4	フリガナ		昭平 男女		無し 個人事業主		回収 交付 有窓口郵送未交付		回収 交付 有窓口郵送未交付		回収 交付 有窓口郵送未交付			
			令		・求職中 パート ・アルバイト ・会社員()		無 無		無 無		無 無			
記入しないで														
記入にあたっての注意														
①世帯主欄には住民票上の世帯主のお名前をご記入ください。														
②勤務先の保険 て、届出書の右 の原本を同封し														
のコピーと併せ 区の資格確認書等														
③異動される方全員の氏名の欄は、今回国保を喪失す る方全員のお名前(世帯主の方を含む)をご記入くだ さい。														
④記入欄内に記入して下さい。														
郵 送														

Ota — 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

タイトル・届出日 — Header & Dates

1 記入例 国民健康保険異動届出書

2 令和 6年 12月 2日届出(受付)

3 (宛先)大田区長

4 本人確認欄

5 A 運転免許証 パスポート

6 世帯主 世帯員()代理人

7 書レ< 国保

8 する方 大田 太郎 世帯主

記入例 国民健康保険異動届出書 Example of how to fill in

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

2 令和 6年 12月 2日届出(受付) Reception / Received

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

3 (宛先)大田区長 To: Mayor of Ota Ward

This is pre-printed - indicates the form is addressed to the mayor of Ota Ward

4 本人確認欄 Personal Identification Section

5 A 運転免許証 パスポート Driver's license / Passport

Bring your physical driver's license as identification Bring your passport as identification when submitting this form

6 世帯主 世帯員()代理人 Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.

7 書レ 国保 Document [checkbox] National Health Insurance

Check this box if you are enrolled in Japan's National Health Insurance (kokuhō) system.

8 する方 大田 太郎 世帯主 03-5744-1210 中 To do/perform / Person who

This is typically part of a longer phrase on forms - look for the complete text before filling This appears to be part of a longer phrase - look for the complete text starting with the preceding characters



Form p.1

届出人情報 — Who Is Filing (Part 1/2)

The form includes fields for filing information (如出する方, 国保登録有無), household head (世帯主), relationship to applicant (本人との間柄), address (住所), and identification documents (運転免許証, パスポート, マイナンバーカード, 資格確認書). A red box highlights the '郵送' (Mail) option.

1 A 運転免許証 パスポート Driver's license / Passport

Bring your physical driver's license as identification Bring your passport as identification when submitting this form

2 世帯主 世帯員 () 代理人 Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.

3 書レ□国保 Document [checkbox] National Health Insurance

Check this box if you are enrolled in Japan's National Health Insurance (kokuhō) system.

4 する方 大田 太郎 世帯主 03- 5744 -12 10 中 To do/perform / Person who

This is typically part of a longer phrase on forms - look for the complete text before filling This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

5 世帯員 の 電話 000 (0000) 0000 Household member's telephone number 000 (0000) 0000

Enter your phone number in the format shown - area code in parentheses, then the rest of the number

6 マイナンバーカード (個人番号カード) My Number Card / My Number Card / My Number (Individual Number)

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

7 代理人の方はお書きください 本人との間柄 () If you are a representative, please fill this out. Relationship to the applicant ()

Write your relationship to the person you're representing (e.g., "spouse," "parent," "child," "friend")

8 届□入る □レや める Submit □ Moving in □ Moving out

Check the appropriate box - "入る" (moving in) when registering your residence, "やめる" (moving out) when deregistering

9 () 郵 送 () Mail/Postal delivery

Check this box if you want documents mailed to you, or leave blank if picking up in person

10 住 所 Address

Write your complete residential address including postal code, prefecture, city, and building details

11 代理人の電話 () Representative's Phone Number ()

Enter the phone number of the person filling out the form on your behalf, if applicable. Leave blank if you're filling it out yourself.

12 B 資格確認書 (健康保険証) Health insurance card / Qualification

Japanese health insurance card. Can serve as secondary ID at some banks. Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

13 大田区蒲田五丁目13番14号 5-13-14 Kamata, Ota-ku

This is an example address format - write your address using the Japanese system: district name + chome (丁目) + ban (番) + go (号)



届出人情報 — Who Is Filing (Part 1/2) (continued)

14 年金手帳 () Pension

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

15 帯住 Accompanying residence

Check this box if you are moving together with family members or registering as part of a household unit rather than moving alone.

届出人情報 — Who Is Filing (Part 2/2)

世帯主	住	天田区浦田五丁目13番14号 〒222-0005 フリガナ オオタ タロウ	年金手帳 () だいきんてしょ () <input type="checkbox"/> 個人番号欄 □ その他要綱で定めるもの
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1 C その他要綱で定めるもの Other

Use this section for any additional information not covered in other fields



Form p.1

住所 — Addresses (Part 1/3)

① 世帯主 及び被 保	② 大田区蒲田五丁目13番14号										③ 各種医療証 年金手帳 ()			
	④ フリガナ オオタ タロウ ⑤ 世帯主の マイナンバー 1 2 3 4 5 6 7 8 9 0 1 2 ⑥ 異動される方全員の氏名 ⑦ 生年月日 性別 続柄 ⑧ 職業										⑨ 個人番号確 きくだ さい。	⑩ その他要綱で定めるもの ()		
⑪ 同取 交付付		⑫ 同取 交付付		⑬ 同取 交付付		⑭ 同取 交付付		⑮ 同取 交付付						
資格認証書 前期証 資格情報のお知らせ 備考														

1 大田区蒲田五丁目13番14号 5-13-14 Kamata, Ota-ku

This is an example address format - write your address using the Japanese system: district name + chome (丁目) + ban (番) + go (号)

2 年金手帳 () Pension

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

3 帯住 Accompanying residence

Check this box if you are moving together with family members or registering as part of a household unit rather than moving alone.

4 C その他要綱で定めるもの Other

Use this section for any additional information not covered in other fields

5 □ 個人番号確 My Number (Individual Number)

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

6 フリガナ オオタ タロウ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.

7 () (blank field for filling in information)

8 マイナンバー 1 2 3 4 5 6 7 8 9 0 1 2 My Number

Enter your 12-digit Individual Number from your My Number card or notification

9 世帯主 大田 太郎 Head of household

The primary person in a household for registration purposes. If you live alone, you are the head of household.

10 前期証 Previous period certificate

If you had health insurance or pension coverage in your previous residence, attach the relevant certificates or documentation here.

11 資格情報のお知らせ Qualification

Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

12 職業 Occupation

Write your job title or profession (e.g., "Teacher," "Engineer," "Student," "Unemployed")

13 異動される方全員の氏名 Full name / Person who

Write in katakana for foreign names. Some forms accept romaji. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

14 備考 Remarks

Use this section for any additional notes or special circumstances related to your residence change that don't fit in other fields.

15 生年月日 性別 続柄 Date of birth / Year Month Day / Relationship to head of household

Write in format: Year/Month/Day (YYYY/MM/DD) using Western calendar Write dates in Japanese format: year/month/day (e.g., 2024/03/15)



住所 — Addresses (Part 2/3)

被 保 險 者 の 個 人 1	異動される方全員の氏名 大田 太郎	生年月日 令 30・1・1	性別 男	続柄 本人	職業 個人事業主 パート	資格認証書		前期証		資格情報のお知らせ		備考 には
						回収	交付	回収	交付	回収	交付	

(This form shows sample data for a household head named Ota Taro, born 30/1/1, male, household member, self-employed/part-time worker.)

1 回収交付回収交付回収交付 Collection Issue Collection Issue Collection Issue

N/A - this is header text for administrative processing sections that office staff will fill out

2 窓口 Window/Counter

3 保險者 Insured person
Enter the name of the person who holds the health insurance policy (usually the household head or primary earner)

4 昭平 30・1・1 男 本人 無求し職中 個人一事ト業主

Showa 30/1/1 Male Head of household Unemployed Individual business owner/part-time worker

This appears to be sample/example data showing format for birth date (era/year/month/day), gender, relationship to head of household, and occupation fields.

5 フリガナ オオタ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.

6 夕口ウ TARO

This is an example name shown in katakana - replace with your own name written in katakana characters.

7 大田 Ota

This is likely referring to Ota ward/city - write the name of your municipal district or city here

8 太郎 Taro

9 郵送 Mail/Postal delivery

10 郵送 Mail/Postal delivery

11 郵送 Mail/Postal delivery

12 アルバイト Part-time job/Side job

List any part-time work or side jobs you have in addition to your main employment

13 個人 Individual

This is likely a section header - fill in your personal information in the fields that follow

14 無未交付 無未交付 無未交付

None - Not Issued / Not Delivered - None - Not Issued / Not Delivered - None - Not Issued / Not Delivered

These are checkbox options indicating you don't have or haven't received certain documents (likely residence cards, certificates, etc.). Check the appropriate box if the document wasn't issued to you or you haven't received it yet.

15 マイナンバー 123456789012 会社員 () My Number

Enter your 12-digit Individual Number from your My Number card or notification



Form p.1

住所 — Addresses (Part 3/3)

① 人番号	フリガナ	姓	名	マイナンバー	1 2 3 4 5 6 7 8 9 0 1 2	会社員 ()	不就労	個人事業主	有 窓口	有 窓口	有 窓口
	フリガナ オオタ	姓 ハナコ	名	32 · 1 · 1	男 妻	無	・求職中	・パート	有 窓口	有 窓口	有 窓口

番号の Number

1 This is likely part of a longer field label for an ID number - fill in the requested identification number (often My Number or residence card number)

妻 無求アし職ル 中バイト 個バ人一事ト業主

2 Wife Unemployed/Part-time job Sole proprietor/Individual business owner

Select your employment status - unemployed, part-time worker, or individual business owner/self-employed

窓郵 口送 Window Mail Delivery

3 Check this if you want to receive mail at the municipal office window rather than home delivery



Form p.1

異動者 — Person Table (Part 1/4)

業主) 記入下さいで
未交付 無 未交付 無 未交付
窓 口 窓 口 窓 口

- 1** マイナンバー 1 2 3 4 5 6 7 8 9 0 1 2 · 会社員 () My Number
Enter your 12-digit Individual Number from your My Number card or notification
 - 2** 番号の Number
This is likely part of a longer field label for an ID number - fill in the requested identification number (often My Number or residence card number)
 - 3** 妻 · · · 無求アシ職ル 中バ イト · · 個バ人一事ト業 主
Wife · · · Unemployed/Part-time job · · Sole proprietor/Individual business owner
Select your employment status - unemployed, part-time worker, or individual business owner/self-employed
 - 4** 2 フリガナ大 才田オタ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
 - 5** 花ハナ子コ 昭平令 32· 1· 1 男女
Hana Hanako [name field with furigana] Showa/Heisei/Reiwa [era] 32· 1· 1 [date] Male/Female [gender]
Write your name in kanji (if applicable) with furigana above, circle the appropriate era for your birthdate, write your birthdate in Japanese format (year· month· day), and circle your gender.
 - 6** 窓郵 口送 Window Mail Delivery
Check this if you want to receive mail at the municipal office window rather than home delivery
 - 7** 有 窓郵 口送 有 窓郵 口送 有 Available counter mail delivery Available counter mail delivery Available N/A (this appears to be form layout text indicating delivery method options)
 - 8** 記載 Entry/Description
 - 9** マイナンバー 9 8 7 6 5 4 3 2 1 0 9 8 · 会社員 () 記無 未交入 付 無し 未交 付 な無 未交 い付 My Number
Enter your 12-digit Individual Number from your My Number card or notification
 - 10** をお wo o
 - 11** フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
 - 12** · · 無求し職 中 · · 個バ人ト事業 主 Unemployed/Job seeking ... Individual business owner/Part-time
Check the appropriate box for your employment status - left for unemployed/job seeking, right for self-employed or part-time work.
 - 13** 昭平 Showa/Heisei
This likely refers to era name abbreviations - write the first characters of the Japanese era (昭和 for Showa or 平成 for Heisei) corresponding to your birth date or relevant date on the form.
 - 14** 窓口 Window/Counter
 - 15** · · Bullet points



異動者 — Person Table (Part 2/4)

①お預けします。 個人番号	3	昭平令	男女	・	・	求職中 ・パート ・アルバイト ・会社員()	無	窓口未交付	ハ	無	窓口未交付	有	窓口未交付	無	窓口未交付	無	窓口未交付	無	窓口未交付	無
フリガナ	4	昭平令	男女	・	・	求職中 ・パート ・アルバイト ・会社員()	有	窓郵未交付	有	窓口未交付	有	窓郵未交付	有	窓郵未交付	無	窓郵未交付	無	窓郵未交付	無	

①届出書太枠内を記入してください。

1 願いし Request/Application

N/A (this is just a form header/label indicating the document is a request/application form)

2 無郵未交送付 無郵未交送付 無郵未交送付 Not delivered by mail / Not delivered by mail / Not delivered by mail

This appears to be administrative tracking fields that would be filled by city office staff, not by you as the applicant.

3 マ令イナンバー My Number

Enter your 12-digit My Number (individual number) from your My Number card or notification card

4 ・・ア会ル社バ員イ(ト) Company employee/part-time worker ()

Check this box if you work as a company employee or part-time worker, then write your company name in the parentheses.

5 ます -masu (verb ending/continuation mark)

6 ・・無求し職中 ・・個パ人一事ト業主く有 窓だ口 有さ窓口 い有

Unemployed/Job seeking... Individual business owner/Part-time... Please use the available window... Available window

7 フリガナ Phonetic reading (katakana)

Write the katakana reading of your name. For foreign names, this IS your name in katakana.

8 昭平 Showa/Heisei

This likely refers to era name abbreviations - write the first characters of the Japanese era (昭和 for Showa or 平成 for Heisei) corresponding to your birth date or relevant date on the form.

9 窓口 Window/Counter

10 ・・ Bullet points

11 。個人 Individual

12 無郵未交送付 無郵未交送付 無郵未交送付 Not delivered by mail / Not delivered by mail / Not delivered by mail

This appears to be administrative tracking fields that would be filled by city office staff, not by you as the applicant.

13 マ令イナンバー My Number

Enter your 12-digit My Number (individual number) from your My Number card or notification card

14 ・・ア会ル社バ員イ(ト) Company employee/part-time worker ()

Check this box if you work as a company employee or part-time worker, then write your company name in the parentheses.

15 開始 Start



異動者 — Person Table (Part 3/4)

The screenshot shows the NHIA Person Table (Part 3/4) with several checkboxes highlighted in red circles:

- ①届出書太枠内を記入してください。 (Please fill in the thick-bordered sections of the notification form.)
- ②勤務先の保険ご記入にあたっての注意 (Instructions for entering employment information)
- 区の資格確認書等 (Local qualification confirmation documents)
- ①世帯主欄には住民票上の世帯主のお名前をご記入ください (Please enter the name of the household head from the resident card in the household head column.)
- 開始 (Start) - 転入 (Moving In)
- 終了 (End) - 転出 (Moving Out)
- その他 (Others) - その他 (Others)
- 適用開始 (Application Start Date) - 終了年月日 (End Year Month Day)

1 終了 Completed/Finished

This indicates the end date or completion date of something (like insurance coverage or employment). Write the date in Japanese format (year/month/day) when the status or coverage ended.

2 その他 Others

Use this section for any additional information or circumstances not covered by the main form fields

3 号 ①届出書太枠内を記入してください。 No. ① Please fill in the thick-bordered sections of the notification form.

This is an instruction telling you to fill in all sections within the thick black borders of the form. Make sure to complete every field that has a bold outline around it.

4 適用開始・終了年月日 Application Start/End Date

Enter the dates when your insurance or benefit coverage begins and ends (format: year/month/day)

5 転入 Moving In

Check this box if you are registering your address after moving into this municipality from another city/ward

6 転出 Moving out

Check this box if you're moving out of the current municipality to a different city/town

7 世帯主変更 Head of household / Change

The primary person in a household for registration purposes. If you live alone, you are the head of household. Check this box if you are making changes to existing information

8 番②勤務先の保険のご情記報入がに分あかたるつもてのの (注資意格 確認書や資格情報のお知らせ等) のコピーと併せ・ 社保離脱

Place of employment / Employer / Qualification

Company name and address. Some forms also ask for 勤務先電話番号 (employer phone number). Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

9 国組加入 National Health Insurance enrollment

Check this box if you want to enroll in Japan's National Health Insurance system (required for most residents not covered by employer insurance)

10 世帯合併 Household merger

Check this if you're combining two separate households into one (e.g., when family members move in together and want to be registered as a single household unit)

11 平成 Heisei (era name)

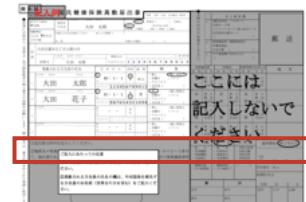
This refers to the Heisei era (1989-2019) - if filling a date, use the appropriate era year or convert to Western calendar year

12 生保廃止 Welfare termination

Check this box if you are ending public assistance/welfare benefits due to your move

13 その他 令和 年 月 日 Other

Use this section for any additional information not covered in other fields



Form p.1

異動者 — Person Table (Part 3/4) (continued)

14 · 死亡 Death

Check this box or mark this section if the notification is related to a death.
This would be used when reporting someone's death to update records or insurance coverage.

15 にの原本を同封して①ご世郵帶送く主だ欄さにいは。住 民票上の世帯主のお名前をご記入く Head of household

The primary person in a household for registration purposes. If you live alone,
you are the head of household.

異動者 — Person Table (Part 4/4)

の原本を同封し ださい。 ②異動される方全員の氏名の欄は、今回国保を喪失する方全員のお名前（世帯主の方を含む）をご記入くだ	①世帯主欄には任氏票上の世帯主のお名前をご記入ください ③職権回復 ④その他開始 ⑤職権消除 ⑥その他終了 ⑦ ⑧受付番号 N o. ⑨処理年月日 新 旧 合和 年 月 日
--	--

1 受付番号 N o. Reception / Received

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

2 ださい。 Please.

This is just instructional text ending with 'please' - no action needed. It's completing the instruction from field 1 about writing the household head's name and other family members being moved.

3 その他開始・その他終了 Other

Use this section for any additional information not covered in other fields

4 資格確認書等の写し Copy / Qualification

Refers to certified copies of documents that may be required Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

5 処理年月日 Processing

Staff use - processing status. Do not fill in.

6 ②異動される方全員の氏名の欄は、今回国保を喪失する方全員のお名前（世帯主の方を含む）をご記入ください Full name / Person who

Write in katakana for foreign names. Some forms accept romaji. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

7 る方全員のお名前（世帯主の方を含む）をご記入ください Head of household / Person who

The primary person in a household for registration purposes. If you live alone, you are the head of household. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters



Form p.1

本人確認書類 — ID & Documents

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す。

る方全員のお名前(世帯主の方を含む)をご記入ください。
 さい。

新	旧	② 令和 年 月 日	③ 受付	④ 入力	⑤ 点検
記号	記号				
番号	番号				

1 る方全員のお名前(世帯主の方を含む)をご記入ください Head of household / Person who

The primary person in a household for registration purposes. If you live alone, you are the head of household. This appears to be part of a longer phrase - look for the complete text starting with the preceding characters

2 令和 年 月 日 Reiwa __ year __ month __ day

Fill in the current date using the Japanese Reiwa era calendar (Reiwa 1 = 2019, Reiwa 2 = 2020, etc.)

3 貼り付け Attach/Affix

This indicates where to attach required documents like passport copies or residence card copies to the form.

4 さい。 Please.

5 記号 Symbol/Code

This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.

6 記号 Symbol/Code

This field is typically pre-filled or left blank - it's an administrative code used by the municipal office for internal processing.

7 受付 Reception/Received

N/A (this is for office use only - staff will stamp/fill this section when they receive your form)

8 入力 Input

9 点検 Verification/Check

10 番号 Number

Enter your residence card number or other identifying number as specified in the form instructions.

11 番号 Number

Enter your residence card number or other identifying number as specified in the form instructions.



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