

※健康保険資格喪失証明書(コピーも可)・本人確認資料(コピー)を必ず同封してください。

届出年月日

国民健康保険被保険者適用開始届

郵送専用
杉並区長宛

※太線の枠内を記入してください。

届出年月日

年 月 日

住所 杉並区

丁目 番 号

氏名

電 話

個人番号

フリガナ

加入する方の氏名

性別

生年月日

特記事項

交付

70歳以上

備考

※世帯主以外の方は記入してください。

住所 杉並区

丁目 番 号

氏名

電 話

事由

1.転入 2.社保離脱 3.生保廃止 4.出生 5.職権適用開始
6.他適用開始 7.組合離脱 8.後期高齢離脱

旧勤務先名称・電話番号

電話 ()

区分

新規・追加

本人確認資料のコピー(世帯主と加入者全員)

1点確認
マイナンバーカード 運転免許証 運転経歴証明書 パスポート
住基カード(写真付き) 身体障害者手帳 在留カード
特別永住者証明書 雇用保険受給資格者証(写真・割印有)
その他()

2点確認
資格確認書(国保・後期・社保) 介護証 マル乳証
マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書
その他()

適用開始年月日

年 月 日

記号番号

15 - -

交付印

受付

入力

点検

住所移動に伴う世帯構成変更

有・無

国保年金課国保資格係(郵送)

現在の勤務先

1.会社 2.自営 3.なし

電話 ()

社保の適用

有・無 ()

理由

Suginami — 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

- 1 郵送専用 Mail-only / Postal use only
This is a pre-printed label indicating 'Mail-only' - no action needed from you as it's already marked by the government office.
- 2 ※健康保険資格喪失証明書 (コピーも可)・本人確認資料 (コピー) を必ず同封してください。 Qualification
Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 3 届 出 年 月 日 Date of notification
Write the date you are submitting this form to the municipal office (format: year/month/day)
- 4 国民健康保険被保険者適用開始届 National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 5 杉 並 区 長 宛 To the Mayor of Suginami Ward
N/A (this is a pre-printed address line indicating who the form is submitted to)
- 6 年 月 日 Year ____ Month ____ Day ____
Write the date in Japanese format (year/month/day) using Western numerals - this is typically when you're submitting the form or when the address change takes effect.
- 7 下記のとおり届け出ます。
This is a pre-printed statement meaning 'I hereby submit the following notification' - no action needed as it's standard form text.
- 8 ※世帯主以外の方は記入してください。 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.

The figure shows a sample form for the National Health Insurance (NHI) system. The form is titled "國民健康保險被保險者適用問卷" (National Health Insurance Beneficiary Questionnaire). It includes fields for personal information (姓名, 性別, 年齡, 職業), insurance status (保險種類, 保險費), and medical history (既往病史, 現患疾病). The form is divided into several sections, each with a specific heading and a set of checkboxes or input fields for recording data.

1 年 月 日 Year ____ Month ____ Day ____

Write the date in Japanese format (year/month/day) using Western numerals - this is typically when you're submitting the form or when the address change takes effect.

3 ※世帯主以外の方は記入してください。 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.

12 話携帯・他 Mobile phone
Enter your mobile/cell phone number including area code

Figure 1 shows a sample of a health insurance card. The card is for a male resident of Taipei City, insured by the National Health Insurance. The cardholder's name is 張三 (Zhang San) and the ID number is 123456789. The card is valid until 1400 (2025).

住所 — Addresses (Part 1/2)

姓 名 を 記 入 し て く だ さ い	主 氏 名	電 話	自 宅	理 人	氏 名	電 話	
	個人番号	話	携 帯・他				
	フリガナ 加入する方の氏名	性 別	生 年 月 日	特 記 事 項		交付	
		男	昭 平 令 西 暦	個人番号	□ 変更あり(年 月 頃)	70歳以上	備 考
						2割	
					郵 送		

- 1 氏名 Name
Write your full name as it appears on your residence card or passport
 - 2 人氏名 Name
Write your full legal name as it appears on your residence card or passport
 - 3 電話 Telephone
Enter your phone number including area code (mobile numbers are acceptable)
 - 4 話携帯・他 Mobile phone
Enter your mobile/cell phone number including area code
 - 5 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
 - 6 フリガナ Furigana (phonetic reading)
Write the pronunciation of your name in katakana characters above or next to your name written in kanji/other scripts
 - 7 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.)
 - 8 特記事項 Special Notes/Remarks
Leave blank unless you have special circumstances to report (like unusual living arrangements or documentation issues)
 - 9 備考 Remarks
Use this section for any additional notes or special circumstances regarding your address change that don't fit in other sections.
 - 10 交付70歳以上 Issued - 70 years old and above
This is likely a checkbox or field indicating if you're 70+ years old for certain document issuance eligibility - check if applicable to you.
 - 11 加入する方の氏名 To do/perform / Full name
Write your full legal name as it appears on your residence card or passport
 - 12 昭和 平成 令和 西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
 - 13 2割 20% / 2/10ths
This appears to be a discount rate field, likely for healthcare or insurance purposes. If you qualify for a 20% copay rate (common for certain age groups or income levels in Japanese healthcare), mark or confirm this field as indicated.
 - 14 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
 - 15 ☐ 変更あり (年 月頃) 郵送 Change
Check this box if you are making changes to existing information

Figure 1 shows a sample of a health insurance card. The card is issued by the National Health Insurance Corporation (NHIC) of Taiwan. It contains personal information such as name, ID number, and address. The card is divided into sections for personal data, insurance details, and medical history. A red box highlights the top section containing the cardholder's name and ID number.

住所 — Addresses (Part 2/2)

だ さい。		女	・	個人番号	□ 変更あり (年 月 頃)	郵送	・	
		男	昭 平 令 西 暦	マイナ保険証	1. あり 2. なし 3. 不明		3割	
		女	・	個人番号	□ 変更あり (年 月 頃)	郵送	・	

- 1
- ・ (bullet points/list markers)

These are bullet points or markers typically used to separate items in a list or form sections. Leave these as-is - they are formatting elements, not fields to fill in.
- 2
- 3割 30%

This indicates a 30% copayment rate for medical insurance. This is likely pre-printed and shows your insurance copayment percentage - no action needed unless selecting from multiple options.
- 3
- マイナ保険証 1 . あり 2 . なし 3 . 不明 Health insurance card

Japanese health insurance card. Can serve as secondary ID at some banks.
- 4
- 昭 平 令 西 暦 Western calendar

Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 5
- 2割 20% / 2/10ths

This indicates a 20% copayment rate for medical insurance. This appears to be another copayment option - select this if it matches your insurance coverage level.
- 6
- 個人番号 My Number (Individual Number)

12-digit number. Leave blank on first registration — it will be mailed to you after.
- 7
- 変更あり (年 月 頃) 郵送 Change

Check this box if you are making changes to existing information
- 8
- ・ (bullet points/list markers)

These are bullet points or formatting markers similar to field 1. These are structural elements of the form layout and should not be modified or filled in.



異動者 — Person Table (Part 1/3)

い。		男	昭平令西暦	マイナ保険証	1. あり 2. なし 3. 不明	3割	
		女	昭平令西暦	個人番号	変更あり(年 月頃)	2割	
		男	昭平令西暦	マイナ保険証	1. あり 2. なし 3. 不明	3割	
		女	昭平令西暦	個人番号	変更あり(年 月頃)	2割	
		男	昭平令西暦	マイナ保険証	1. あり 2. なし 3. 不明	2割	

- 1昭平令西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 22割 20% / 2/10ths
This indicates your medical insurance co-payment rate (20%). Most working adults pay 20% of medical costs, while children and elderly may pay 30% or 10% respectively.
- 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変更あり(年 月頃) 郵送 Change
Check this box if you are making changes to existing information
5. . . (bullet points/list markers)
These bullet points are placeholders for entering specific dates or periods. Fill in relevant dates using Japanese date format (年/月/日) if applicable to your situation.
- 63割 30%
This indicates a 30% medical insurance co-payment rate. This typically applies to children aged 3+ or adults with certain insurance types - select if this matches your coverage.
- 7マイナ保険証 1 . あり 2 . なし 3 . 不明 Health insurance card
Japanese health insurance card. Can serve as secondary ID at some banks.
- 8昭平令西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 92割 20% / 2/10ths
Same as field 2 - indicates 20% co-payment rate for medical expenses. This is the most common rate for working adults with standard health insurance.
- 10個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- 11変更あり(年 月頃) 郵送 Change
Check this box if you are making changes to existing information
12. . . (bullet points/list markers)
These are date entry fields similar to field 5. Enter relevant dates in Japanese format (年/月/日) or leave blank if not applicable to your circumstances.
- 133割 30%
Same as field 6 - indicates 30% medical co-payment rate. Check your insurance card to confirm your actual co-payment percentage before selecting this option.
- 14マイナ保険証 1 . あり 2 . なし 3 . 不明 Health insurance card
Japanese health insurance card. Can serve as secondary ID at some banks.



異動者 — Person Table (Part 1/3) (continued)

- 15 昭 平 令 西 暦 Western calendar
- Use Gregorian calendar years (e.g., 2024) instead of Japanese era years

異動者 — Person Table (Part 2/3)

		男	昭平令西暦	マイナ保険証	1.あり 2.なし 3.不明	3割	
		女		個人番号	変更あり(年 月頃)	2割	
				マイナ保険証	1.あり 2.なし 3.不明	3割	
事由	1.転入 2.社保離脱 3.生保廃止 4.出生 5.職権適用開始 6.他適用開始 7.組合離脱 8.後期高齢離脱	10.勤務先名称・電話番号		電話 ()			
区分	新規・追加	本人確認資料のコピー(世帯主と加入者全員)		1.杉並区 2.転入前の住所			

- 12割 20% / 2/10ths
- 個人番号 My Number (Individual Number)
12-digit number. Leave blank on first registration — it will be mailed to you after.
- ☐ 変更あり (年 月頃) 郵送 Change
Check this box if you are making changes to existing information
- ・ ・ ・ (bullet points/list markers)
- 3割 30%
- マイナ保険証 1.あり 2.なし 3.不明 Health insurance card
Japanese health insurance card. Can serve as secondary ID at some banks.
- 1.転入 2.社保離脱 3.生保廃止 4.出生 5.職権適用開始
1. Moving in 2. Social insurance withdrawal 3. Welfare termination 4. Birth 5. Ex officio application start
These are checkbox options for national health insurance enrollment reasons -
select the one that applies to your situation (most foreign residents would
select option 1 for moving in)
- 旧勤務先名称 Place of employment / Employer
Company name and address. Some forms also ask for 勤務先電話番号 (employer phone
number).
- 事由 Reason
Select the reason for your address change (moving in, moving out, change of
address within city, etc.)
- 電話 () Phone Number ()
Write your phone number; the parentheses are likely for the area code
- 本人確認資料のコピー(世帯主と加入者全員) Head of household
The primary person in a household for registration purposes. If you live alone,
you are the head of household.
- 新規・追加 New registration / Addition
Select "新規" for your first registration in this municipality, or "追加" if adding
family members to existing registration
- 区分 Classification/Category
This section indicates the type of registration change you're making (e.g.,
moving in, moving out, address change within the city).
- 1.杉並区 2.転入前の住所 Suginami Ward / Address / Moving in (from another municipality or abroad)
This is a specific ward in Tokyo. Enter your actual ward/city name. Write in
kanji if possible. Ward office staff can help you look up the correct kanji for
your address.
- 本年 This year
Enter the current calendar year (e.g., 2024)



異動者 — Person Table (Part 3/3)

区分	新規・追加	1点確認 マイナンバーカード 運転免許証 運転経歴証明書 パスポート 住基カード(写真付き) 身体障害者手帳 在留カード 特別永住者証明書 雇用保険受給資格者証(写真・割印有) その他()	本年 月1日の住所 住民税課税地	1. 杉並区 2. 転入前の住所 3. その他()
適用開始年月日	年 月 日	2点確認 資格確認書(国保・後期・社保) 介護証 マル乳証 マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 その他()	前年 月1日の住所 住民税課税地	1. 杉並区 2. 転入前の住所 3. その他()
記号	15			

- 1

マイナンバーカード 運転免許証 運転経歴証明書 パスポート
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

My Number Card / My Number Card / Driver's license
- 2

適用開始年月日
Enter the date when your residence registration or status change takes effect (usually the date you moved or your circumstances changed).

Application Start Date
- 3

・住民税課税地 3. その他()
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

Other (/ Other
- 4

特別永住者証明書 雇用保険受給資格者証 (写真・割印有)
Refers to your legal status or eligibility (e.g., resident status, insurance qualification) Personal seal stamp. Most ward offices accept a written signature for foreigners instead.

Qualification / Seal (inkan / hanko)
- 5

年 月 日 その他()
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

Other (/ Other
- 6

1. 杉並区 2. 転入前の住所
This is a specific ward in Tokyo. Enter your actual ward/city name. Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.

Suginami Ward / Address / Moving in (from another municipality or abroad)
- 7

前年
Enter the year before the current year (e.g., if filling out in 2024, enter 2023)

Previous year
- 8

・住民税課税地 3. その他()
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

Other (/ Other
- 9

マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書
Select your pension type (National Pension, Employee Pension, etc.) Refers to your legal status or eligibility (e.g., resident status, insurance qualification)

Pension / Qualification
- 10

記号
Leave blank unless instructed by municipal office staff - this field is typically for internal administrative codes

Symbol/Code



本人確認書類 — ID & Documents (Part 1/2)

記号 番号	15 - -	2点確認 資格確認書(国保・後期・社保) 介護証 マル乳証 マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 その他	月1日の住所 住民税課税地	3. その他 ()
交付印	受付	入力	点検	住所移動に伴う世帯構成変更
受付場所				有・無
国保年金課国保資格係(郵送)				現在 勤動
				1. 会社 2. 自営
				電話 ()
				社保の 有・理由

- 1 住民税課税地 3. 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
- 2 マル子証 マル親証 年金手帳・証書 健康保険資格喪失証明書 Pension / Qualification
Select your pension type (National Pension, Employee Pension, etc.) Refers to your legal status or eligibility (e.g., resident status, insurance qualification)
- 3 記号 Symbol/Code
Leave blank unless instructed by municipal office staff - this field is typically for internal administrative codes
- 4 1 5 - - 15 - - -
This appears to be a form field number with blank spaces for data entry - fill in the required information in the dashes as specified in the form instructions.
- 5 住所移動に伴う世帯構成変更 Address / Change
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address. Check this box if you are making changes to existing information
- 6 有・無 Yes / No
Circle or check the appropriate option based on whether the condition applies to your situation
- 7 交付印 Seal (inkan / hanko)
Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
- 8 受付 Reception/Received
N/A - this is an office use only section where municipal staff will stamp or write when they receive your form
- 9 入力 Input/Entry
- 10 点検 Inspection/Review
N/A - this is a section header for municipal office staff use only
- 11 現在 1 . 会社 Current 1. Company
Write your current employer's company name if employed
- 12 社保有 Social insurance coverage
Check this box if you have Japanese social insurance (health insurance, pension, etc.) through employment or national programs
- 13 受付場所 Reception Location
- 14 の勤 2 . 自営電話 () Work 2. Self-employed telephone number ()
Enter your work phone number if you are self-employed or run your own business
- 15 の・理由 Reason for
Write the reason for your residence change (e.g., "job transfer," "marriage," "graduation," etc.)

本人確認書類 — ID & Documents (Part 2/2)

送付場所					1. 本人の 2. 自営 3. 電話 ()	保 理 由
国保年金課国保資格係(郵送)						

- 1 国保年金課国保資格係 (郵送) Pension / Qualification
- Select your pension type (National Pension, Employee Pension, etc.) Refers to your legal status or eligibility (e.g., resident status, insurance qualification)



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