

Example

Code Number

The number that begins with 14 on your insurance card.

Sample

国民健康保険 被保険者証	有効期限 平成××年×月×日	交付年月日 平成△△年△月△日	Code Number
記号	14-●●	番号	
氏名	国保花子		
生年月日	平成××年×月×日		
資格取得日	平成△△年△月△日		
住所	中野区○○□丁目□番□号		
世帯主氏名	国保太郎		
保険者番号	保険者名	中野区	

Personal Number

This is your "My Number". Leave blank if unknown.

Reiwa 4 (year) 7 (month) 15 (date)

Head of household Name **Taro Kokuho** Stamp

Address **中野区中野●丁目●番●号**

Phone **●●●●-●●●●-●●●●**

Code Number

1	4	-	●	●	-	●	●	●	●
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Personal Number

●	●	●	●	●	●	●	●	●	●	●	●
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I am applying for the premium exemption of Reiwa 3 (2021) National Health Insurance premiums as below.

Premium to apply for exemption (circle the applicable year.)

Reiwa4 (2022)	Period #	1	(Payment due)	Reiwa	4(year)	6(month)	30(date)	to
Reiwa 4 (2022)	Period #	10	(Payment due)	Reiw	5(year)	3 (month)	31(date)	

*For special collections, the payment due date is the paid date of the special collection pension related to the applicable premium .

Reasons to apply for exemption (circle any that apply) and attached document (put a check mark for submitted document.)

<input type="checkbox"/>	The primary breadwinner passed away or became seriously disabled due to COVID-19
<input type="checkbox"/>	Death certificate or medical report from a physician
<input type="checkbox"/>	Head of household (or applicant) identification document (driver's license, passport, "My Number", etc.)
<input type="checkbox"/>	"My Number" verification document for head of household (My Number Card, notification card, etc.)
<input type="checkbox"/>	Other ()
<input checked="" type="checkbox"/>	The primary breadwinner has projected revenue loss from a business, real estate, forestry, or salary ("business revenues" hereafter) due to COVID-19
<input checked="" type="checkbox"/>	Revenue status report related to COVID-19
<input checked="" type="checkbox"/>	Document that verifies 2021 revenues (a photocopy of 2021 tax return, earnings statement, tax declaration certificate, etc.)
<input checked="" type="checkbox"/>	Document that verifies 2022 revenue projection (business balance book dated from January 2022, pay stub or 2022 revenue projection report of the primary breadwinner)
<input checked="" type="checkbox"/>	Head of household (or applicant) identification document (driver's license, passport, "My Number" Card, etc.)
<input type="checkbox"/>	"My Number" verification document for head of household ("My Number" Card, notification card, etc.)
<input type="checkbox"/>	(Eligible persons) Document that verifies business closure or unemployment (business closure notice, official document issued by employer, etc.)
<input type="checkbox"/>	(Eligible persons) If applicable, document that verifies the amount to be compensated by insurance or damage claims for the projected lost revenues
<input type="checkbox"/>	Other ()

*In case documents are not submitted without good reason or false claims are made to illegally receive premium exemption, we may enforce punitive measures as per Nakano City National Health Insurance Act Article 28 and 29.

Put a check mark for attached documents.