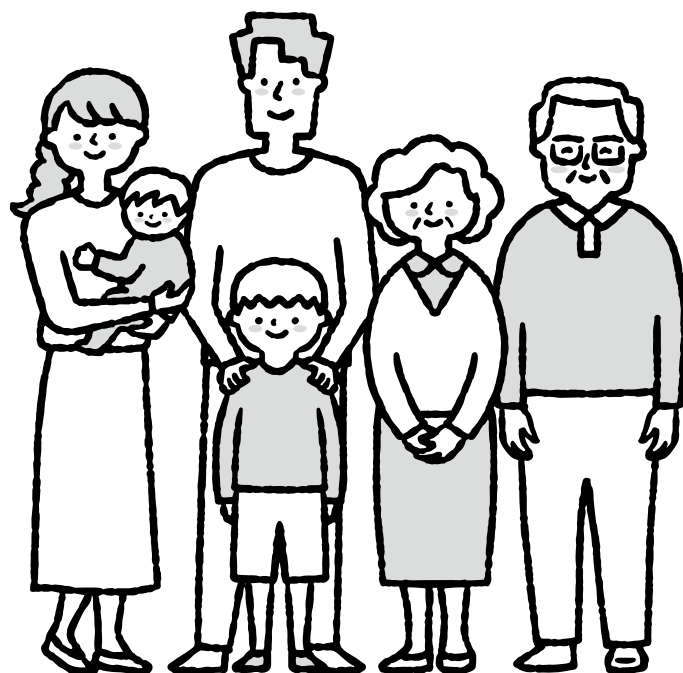


おおた く こくみんけんこう ほけん が い ど ぶ っ く
大田区国民健康保険ガイドブック

Ota City National Health Insurance
Guidebook

—2024—



おおた く
大田区
Ota City

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国民健康保険の窓口案内

FAX : 5744-1516

国保年金課	
国保資格係 電話：5744-1210	国保給付係 電話：5744-1211
① 国保の加入・脱退の手続き ② 保険証の交付 ③ 保険料額の問い合わせ ④ 保険料の減額・免除の相談	① 療養費、高額療養費、出産育児一時金、葬祭費の支給 ② 「限度額適用・標準負担額減額認定証」の交付申請 ③ 一部負担金の減額・免除の相談 ④ 高額療養費・出産費の貸付 ⑤ 国民健康保険特定疾病の認定申請
国保保健事業担当 電話：5744-1393	
① 特定健康診査・特定保健指導 ② 人間ドック受診助成 ③ 健康の保持増進事業	
管理係 電話：5744-1208	国保料収納担当 電話：5744-1209
① 国保の証明書の発行	① 保険料の納付 ② 保険料還付金の支払い ③ 保険料の口座振替の手続き ④ 保険料の納付相談 (5744-1697)

※外国語の場合は多言語通訳タブレットで対応します。

《通訳が必要な方の問い合わせ先》
 おおた区電話通訳サービスについては
 こちら⇒



※通訳機能あり

《外国人の方向けの生活全般にわたる相談先》
 おおた国際交流センター (Minto Ota)
 国際都市おおた協会 多言語相談窓口については
 こちら⇒



※通訳機能あり

03-6424-4924
 (受付時間：月～金 10：00～17：00)

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For Inquiries

FAX : 5744-1516

NHI and National Pension Division	
NHI Qualification Section, Tel: 5744-1210	NHI Benefits Section, Tel: 5744-1211
1) Kokuho (National Health Insurance) Enrollment/Withdrawal Procedures 2) Issuance of Health Insurance Cards 3) Inquiries concerning Insurance Premiums 4) Consultation concerning Insurance Premium Reduction/Exemption Programs	1) Provision of Allowances for Medical Expenses, High Medical Expenses, Lump Sum Allowance for Child-birth and Funeral Expenses 2) Application for Issue of Ceiling Applied/Standard Personally-Borne Amount Reduction Certificate 3) Consultation concerning Partial Reduction/Exemption Program for Personally-borne Expenses 4) Financial Loans for High Medical Expenses or Child-birth Expenses 5) Application for Authorization for Diseases Specially-designated by Kokuho (National Health Insurance)
NHI and Health Affairs Section, Tel: 5744-1393	
1) Specific Health Check/Specific Health Guidance 2) Subsidies for Comprehensive Medical Checkup 3) Health Promotion Activities	
Management Section, Tel: 5744-1208	NHI Premium Collection Section, Tel: 5744-1209
1) Issuance of Kokuho (National Health Insurance) Certificates	1) Collection of Insurance Premium 2) Reimbursements of Insurance Premium 3) Procedures for Remittance of Insurance Premiums by Bank Transfer 4) Consultation concerning Premium Payments (5744-1697)

Inquiries in foreign languages will be handled using a multilingual interpretation tablet.

For those who need a human interpreter:
Please access this site for information about the Ota City Telephone Interpretation Service
⇒



Note: Automatic translation available.

General daily life consultations for foreigners (Minto Ota)
Access this site for information about the Multilingual Consultation Desk, Global City Ota Cooperation Association (GOCA) ⇒
Or call 03-6424-4924 (hours: Monday to Friday, 10:00 a.m. to 5:00 p.m.)



Note: Automatic translation available.

こくみんけんこう ほけん せいど 国民健康保険の制度

日本の社会保障に「健康保険」の制度があります。この健康保険は「職場の健康保険」と「地域を単位とする国民健康保険」に大別され、日本に住み加入資格のある人は、このどちらかに必ず入らなければなりません。

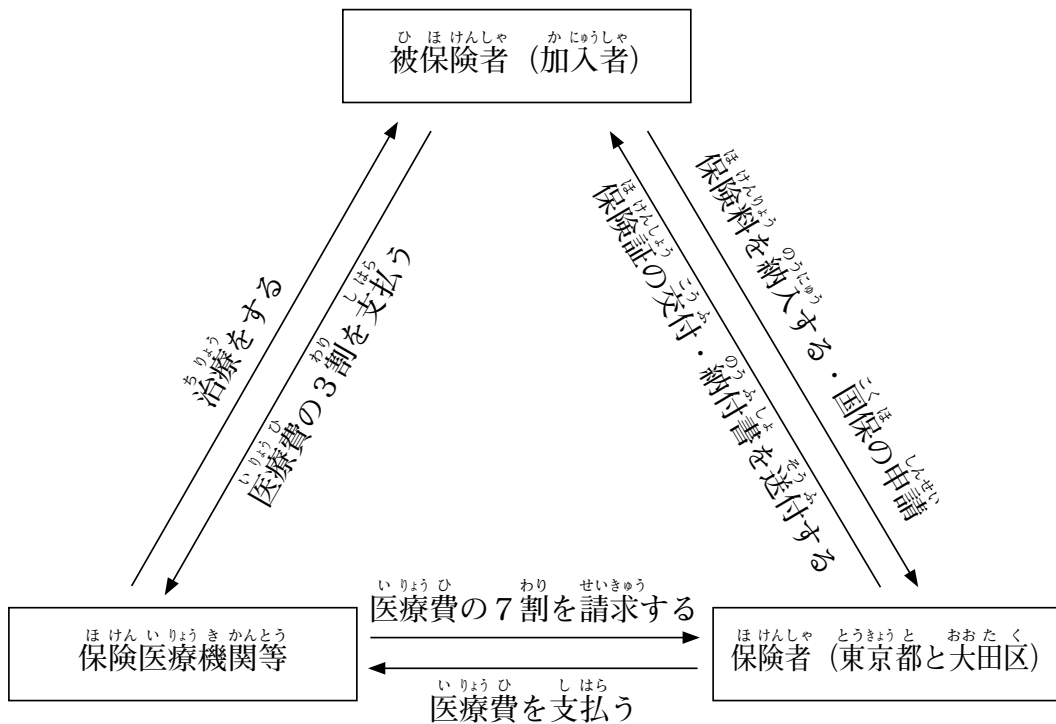
国民健康保険の目的は、職場の健康保険（社会保険）と同様に加入者が収入に応じて保険料を出し合い、これに国と地方自治体の支出金を加え「相互扶助」の精神のもとに、加入者の病気、ケガ、出産及び死亡の場合に保険給付を行って加入者を経済的に保障しようとするものです。

なお、75歳以上の方は、後期高齢者医療制度に加入することになります。

※本国が日本国との間に社会保障に関する協定を結んでおり、日本国において受ける療養費の支出に備えるための適切な保険に加入していることを本国の実施機関により証明された方は、国民健康保険の加入者とはしません。

こくほせいど 【国保制度のしくみ】

こんなしくみになっています



※留学生保険や医療給付つき生命保険および旅行傷害保険に加入したという理由では国民健康保険をやめることができません。（これらは日本における公的健康保険ではありません。）

また、保険料が高い、あるいは保険証を使用しないなどの理由でやめることもできません。

National Health Insurance System

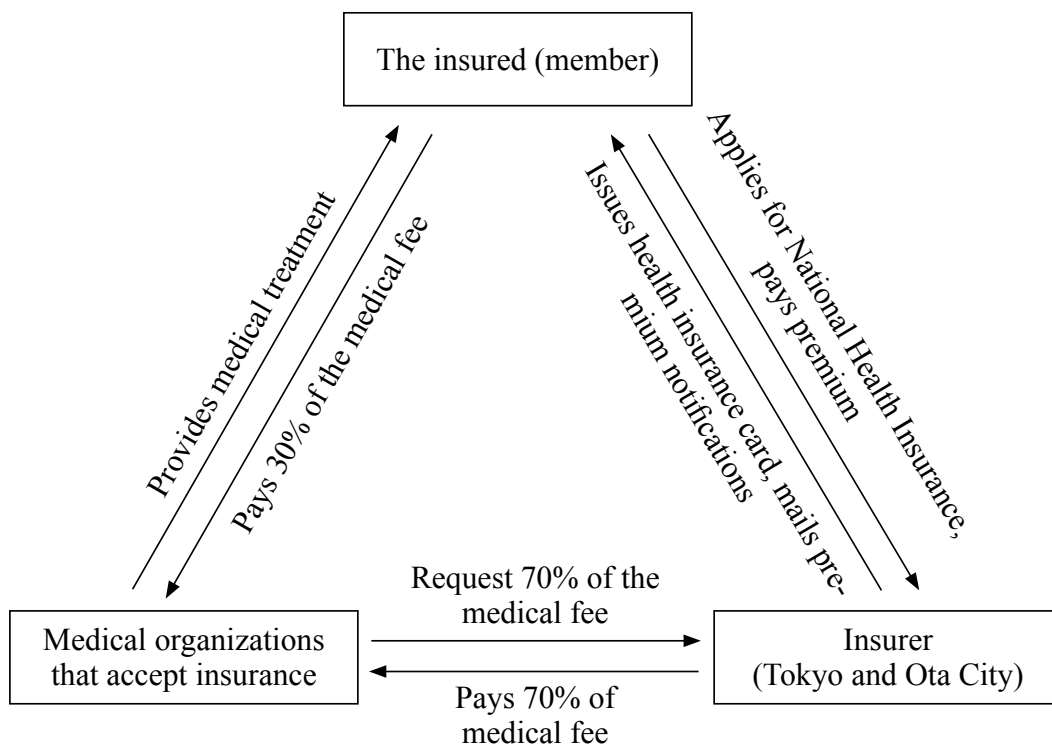
Japan's social security system includes a health insurance system. This health insurance system is broadly divided into work-based (company) health insurance and regionally-based National Health Insurance. Everyone living in Japan who is eligible for health insurance must join one of these health insurance schemes.

Similar to company health insurance (social insurance), National Health Insurance aims to provide economic security for members by covering a portion of medical expenses when a member becomes sick, injured, gives birth or dies. This program is based on the spirit of mutual aid in which members pay insurance premiums based on their income. The national government and local municipalities add funds to this program.

Please note that those who are 75 years of age or older need to be enrolled in the Medical Insurance Program for the Older Senior Citizen.

*Those who are from a country which has an agreement with Japan concerning Social Security, and who are certified by the operating institution of the home country that they are enrolled in appropriate insurance that would cover medical expenses in Japan, are not obliged to join National Health Insurance.

[Structure of the National Health Insurance System]



*Enrolling in an insurance plan for international students, a life insurance plan with medical benefits, or a traveler's insurance plan cannot be used as a reason for withdrawing from National Health Insurance, because such plans are not public health insurance. Also, you cannot withdraw from National Health Insurance for such reasons as premiums are costly or that you never use the insurance card.

国保の加入者とは

国保資格係

大田区に住民登録をしている74歳以下の方で、次の①～⑤に該当しない方は国保に加入します。

- ① 職場の健康保険（社会保険）に加入している方
- ② 生活保護を受けている方
- ③ 在留資格がない、または在留期限が過ぎている方
- ④ 在留期間が3か月以下の方

ただし、在留資格が「興行」、「技能実習」、「家族滞在」、「特定活動（医療目的の滞在を除く）」で、3か月を超える在留が認められる場合は国保に加入できます。加入には学校や勤務先等が発行する滞在期間の分かる証明書が必要です。

- ⑤ 在留資格が「特定活動」のうち、活動内容が医療を受ける活動又は医療を受ける方の日常生活の世話を
する活動の方

留学生保険や医療給付付きの生命保険、旅行傷害保険は日本の公的健康保険ではありませんので、国保の加入が必要です。また、保険料が高い、保険証を使わない等の理由で国保をやめることはできません。

※ 在留資格が「公用」の方の加入について

大使館発行の在職証明書や雇用契約書等で3か月を超える在留が確認でき、建物賃貸借契約書等で大田区に居住していることが確認できる場合は国保に加入できます。

国保の手続き

国保資格係

次の場合は速やかに届け出が必要です。届け出をする方の本人確認書類（裏表紙を参照）と各種手続きに必要な書類をお持ちの上、国保資格係にご来庁ください。

※ 以下「★」のある手続きは、戸籍住民課（大田区役所1階）または特別出張所での手続きが先に必要です。

1 国保に加入するとき

- ① 大田区に転入したとき ★
- ② 在留期間が3か月を超えるとき ★
- ③ こどもが生まれたとき ★

日本で生まれたこどもは、生後60日以内は在留資格がない場合でも日本に滞在できることになっています。この期間が届け出により国保に加入できます。ただし、生後60日を過ぎた時点で在留資格がない場合、国保の資格は自動的に無くなります。また、生後60日を過ぎてからは、在留資格がない場合は国保に入ることができません。

- ④ 退職等で職場の健康保険（社会保険）をやめたとき
社会保険をやめたことが分かる証明書が必要です。

All Ota City registered residents 74 years of age or younger must join the National Health Insurance (NHI) system, except for those who fall into the following categories:

- 1) Members of the health insurance plan at their place of employment (social insurance)
- 2) Those receiving public financial assistance for everyday living
- 3) Those who do not have resident status, or whose period of stay has expired
- 4) Those with a residence status of three months or less

However, if you have a residence status of “entertainer,” “technical intern training,” “dependent” or “designated activities” (except for medical stay visa), with authorization to stay in Japan for more than three months, you may join the NHI system. In this case, you will need a certificate from your school or place of employment stating your period of stay.

- 5) Those with a residence status of “designated activities” whose activities are to receive medical treatment or assist someone receiving medical treatment with everyday living

Foreign student insurance, life insurance with medical benefits, and travel casualty insurance are not considered equivalents to Japanese public health insurance, so you must enroll in NHI. You cannot withdraw from NHI because the premiums are too high, that you never use your health insurance card, or other such reasons.

Note: Enrollment of those with an official status of residence

You may join the NHI system if you have an official status of residence—meaning that a scheduled stay of over three months can be confirmed with an employment certificate or an employment contract issued by an embassy—and if your residence in Ota City can be confirmed with a document such as a housing rental contract.

In the following cases, you must file notification as early as possible. The person filing the notification should bring documentation to confirm his/her personal identification (see the back cover) and the required documents for the procedure to the NHI Qualification Section.

Note: For procedures marked with a star (★) below, you must complete the designated procedures at the Household Residents Registry Division (Ota City Office 1F) or a branch city office first.

1. Enrollment in NHI

- 1) If you move into Ota City ★
- 2) If your period of stay is over three months ★
- 3) If a child is born in your family ★

If your child is born in Japan, he/she can live in this country without a status of residence for up to 60 days after birth. During this period, you can enroll your child in NHI by filing a notification. However, if your child has no status of residence, he/she will automatically lose his/her NHI certification after that 60-day period.

In addition, a child that still has no status of residence more than 60 days after birth cannot enroll in NHI until he/she obtains a proper status of residence.

- 4) If you withdraw from the health insurance plan at your place of employment (social insurance) due to retirement, etc.

You will need to submit a certificate that shows you have withdrawn from social insurance.

⑤ 生活保護を受けなくなったとき

保護廃止決定通知書が必要です。

※ 1 在留資格が「特定活動」の場合は「指定書」もお持ちください。

※ 2 日本との間に社会保障に関する協定を結んでいる国については、本国の証明書が確認できた場合は、国保加入の対象外になります。

2 国保をやめるとき

保険証は国保をやめる手続きのさいに回収しますので、必要書類とあわせてお持ちください。

① 大田区から転出するとき ★

大田区外へ転出するときは、戸籍住民課または特別出張所で転出の手続きをしてください。住民登録をしたまま転出すると、引き続き大田区に居住しているものとみなし、その間の保険料が発生します。出国手続き後は保険料の精算が必要ですので、国保資格係にご来庁ください。

② 職場の健康保険（社会保険）に加入したとき

新たに加入した社会保険の保険証が必要です。

③ 生活保護を受けたとき

保護開始決定通知書が必要です。

④ 死亡したとき ★

⑤ 在留資格が「特定活動」で、医療を受ける活動又は医療を受ける方の日常生活の世話をする活動になったとき

⑥ 在留資格が無くなったとき・在留期限が切れたとき ★

国保の加入資格も自動的になくなります。引き続き日本に滞在する場合は、在留期限前に出入国在留管理庁で在留資格の更新手続きをしてください。

3 その他の手続き

① 在留資格・在留期間が変わったとき ★

② 住所・氏名・世帯主・世帯の構成等が変わったとき ★

③ 保険証を紛失したとき

※ ①・②の手続きは変更前の保険証が必要です。

4 国保と世帯主・世帯

※ 世帯 居住及び生計を共にする人々（家族）

※ 世帯主 「世帯」において主に生計を維持する者、代表者

国保では、ひとり一枚ずつ保険証を交付していますが、届出や保険料の計算は世帯を1単位としています。届出と保険料支払いの義務は、世帯の代表者である世帯主が負います。また、保険料などの通知も（世帯主が国保に加入してなくても）世帯主あてに送られます。世帯や世帯主に変更があったときは、戸籍住民課（大田区役所1階）または特別出張所で手続きが必要です。

- 5) If you no longer receive public financial assistance for everyday living
You will need to submit a notification letter indicating that you are no longer receiving public financial assistance.

Notes:

1. If you have a “designated activities” visa, please also bring the designation document that permits your activity.
2. If you are from a country that Japan has a social security cooperative agreement with, and have a certifying document from your country, you are not obliged to enroll in NHI.

2. Withdrawal from NHI

You must return your health insurance card when you withdraw from NHI, so please bring it along with the other required documents when you come in to take care of your withdrawal procedures.

- 1) If you move out of Ota City (or are leaving Japan) ★
If you are moving out of Ota City, please complete the designated moving-out procedures at the Household Residents Registry Division or a branch city office. If you move out of the city or leave Japan without changing your resident registration, you will still be considered an Ota City resident, and you will continue to be charged health insurance premiums. **After completing the designated procedures for leaving Japan, you must clear your NHI account, so please come to the NHI Qualification Section.**
- 2) If you enroll in the health insurance plan at your place of employment (social insurance)
You must bring in your new social insurance health insurance card.
- 3) If you start receiving public financial assistance for everyday living
The assistance start notification letter is required.
- 4) If an NHI member dies ★
- 5) If your status of residence is “designated activities” and you receive medical treatment or assist someone who is receiving medical treatment with everyday living
- 6) If you lose your status of residence or if your period of stay expires ★
You will automatically lose your NHI coverage. If you plan to continue living in Japan, please complete the designated procedures to renew your status of residence at the Immigration Services Agency before your visa expires.

3. Other Notifications

- 1) If there is a change in your status of residence or period of stay ★
- 2) If there is a change in your address, name, head of the household or family members ★
- 3) If you lose your health insurance card

Note: For procedures 1) and 2), you must bring in your health insurance card.

4. National Health Insurance, the Head of the Household and the Household

- * Household: People who live together and share the same source of livelihood (family members).
- * Head of the Household: The person responsible for the household’s livelihood, or the representative of the household.

National Health Insurance cards are issued to each individual member. For notifications and premium calculations, however, households will be treated as a single unit. The head of household, who is responsible for the household, is responsible for filing any relevant notifications and for paying the household’s insurance premiums. Also, bills and other statements will be sent to the head of household, even if that person is not a member of the National Health Insurance plan. When there is a change in the members or head of your household, you must file a

世帯主が変わったときは、国民健康保険証の書き換えをする必要があります。

〈手続きが遅れると〉

加入手続きが遅れると、一回あたりの保険料の支払いが大きくなったり、手続きが遅れた期間の医療費が支給できなくなったりします。

やめる手続きが遅れると、保険料の請求が続いたり、納付済みの保険料をお返しできなくなったりします。

保険証

国保資格係

保険証は大田区の国保に加入していることを証明するもので、一人一枚交付されます。

【注意事項】

- ① 保険証の記載事項に誤りや変更があるときは、届け出が必要です（p. 6～10を参照）。自分で書き直した保険証は無効になります。
- ② 保険証を他人に貸したり、他人の保険証を使ったりすることは不正使用とみなされ、法律により罰せられます。
- ③ 国保をやめた後や在留期限を過ぎた後は、保険証は使えません。誤って使用した場合は、大田区が負担した医療費を返還していただきます。
- ④ 在留期間を更新しても、新しい有効期限の保険証は自動で送付されません。国保資格係へ来庁もしくは連絡をお願いします。来庁の際は在留期間更新前の保険証をお持ちください。
- ⑤ 在留期間内に在留期間の延長申請をしているが、在留期限を過ぎても決定されてない場合は、当初より国保に加入している方であれば在留期間満了日から二カ月を経過する日まで保険証の有効期限を延長させることができます。これまでお使いの保険証と、裏面に「在留期間更新許可申請中」の印が押された在留カードもしくは申請受付番号通知メールをご用意のうえ、国保資格係へご来庁ください。
- ⑥ 70～74歳の方には医療費の負担割合が記載された「高齢受給者証」を交付します。病院では保険証と併せて提示してください。

notification at the Household Residents Registry Division (Ota City Office 1F) or a branch city office.

If there is a change in the head of the household, the National Health Insurance card must be rewritten.

If You Are Late in Completing the Required Procedures

If you fail to complete enrollment procedures within the specified period, you may be charged a large lump sum for insurance premiums, or you may not receive insurance benefits for medical expenses during the period you are delinquent.

If you fail to complete withdrawal procedures within the specified period, you will still have to pay insurance premiums, or you may not claim the insurance premiums refund you paid.

Health Insurance Card

NHI Qualification Section

Your health insurance card certifies that you are a member of the Ota City NHI. Each NHI member receives one card.

Notes:

1. If there is an error on your health insurance card or any change in information, you must file a notification (see pages 7 through 11). Please note that writing on your health insurance card to revise it invalidates your card.
2. Lending or borrowing a health insurance card is considered improper use of the card and is punishable by law.
3. You cannot use your health insurance card after withdrawing from NHI or after your visa expires. If you use your health insurance card by mistake, you must reimburse Ota City for the portion of medical expenses the city has paid.
4. Even if you renew your visa, you will not automatically be sent an insurance card with the new expiration date. Please come to or contact the NHI Qualification Section.

When you visit the NHI Qualification Section, please bring your old insurance card.

5. If you applied for an extension of your visa during your original period of stay but the expiration date has passed and renewal has not been approved yet: You can extend the expiration date of your health insurance card for two months from the original expiration date of your visa if you have been a National Health Insurance member since the beginning. Please come to the NHI Qualification Section with your current insurance card and residence card with “Applying for extension of period of stay” stamped on the back or the email notification of your application number.
6. If you are between 70 and 74 years of age, you will receive an elderly recipient certificate that shows the percentage of personally borne medical expenses you must pay. Please show this certificate along with your health insurance card at the hospital service counter.

1 病気やケガをしたとき

国民健康保険を取り扱う病院、診療所などで診療を受けるときは、必ずその窓口で保険証を提示してください。

このとき医療費のうち、3割〔6歳以下（義務教育就学前）は2割、70歳以上は2割または3割（一定以上所得者）〕を病院などの窓口にお支払いください。

《国保で受けられる診療》

(1) 保険適用とされているもの

- ① 医師や歯科医の診療
- ② 治療に必要な薬や治療材料の支給
- ③ 処置、手術、その他の治療
- ④ 在宅で療養している人が、医師の指示により訪問看護ステーションから訪問看護を受けたとき
- ⑤ 病院、診療所などへの入院と看護

2 不当利得の返還請求

転出、他の日本の公的健康保険に加入、在留期限が切れたなどの事由から、大田区国保の資格を喪失した後に保険証を使うと、区が負担した分の医療費を返していただくことになります。

3 療養費の支給

次のような場合で医療費を全額負担したときは、国保給付係に申請してください。審査のうえ、国保負担分が支給されます。（国保の支給対象となるものに限られます。）

《療養費の対象》

- ① 旅行中の急病など、緊急そのほかやむを得ない理由で保険証を提示せずに治療を受けたとき。
- ② 海外旅行中など、急病により日本国外で治療を受けたとき。ただし、日本国内での保険診療の範囲内となります。治療目的の渡航は支給できません。
- ③ 医師の指示により治療用の装具（コルセットなど）をつくったとき。
- ④ 医師の同意または診療により、あんま、はり・きゅう、マッサージなどの施術を受けたとき。また、骨折やねんざなどで接骨院・整骨院の柔道整復師の施術を受けたとき。

《申請に必要なもの》 ①～④は《療養費の対象》に対応

- 印かん（なければサインでもよい）、保険証、世帯主の口座番号
種別ごとに、次に掲げる書類を添えて申請してください。
- ① 医科・歯科・調剤→診療報酬明細書、領収書
 - ② 海外で治療→診療内容明細書、領収明細書及びそれぞれの日本語訳、パスポート（出・入国が確認できるもの）
 - ③ 補装具→医師の同意書または診断書、補装具を作成した際の業者の領収書、内訳書

1. When You Become Sick or Injured

Please show your National Health Insurance card to the reception desk when receiving medical treatment at a hospital, clinic, etc. that accepts payment under the National Health Insurance system.

Please pay 30% of the medical cost at the hospital or medical center reception desk. (The amount is 20% for preschoolers [six years old or younger]; 20% or 30% for those 70 years old or older [30% is for those whose income is higher than a certain level.])

<You Can Receive the Following Treatment Using Your National Health Insurance Card>

1. Treatment covered by NHI
 - 1) Treatment by a doctor or a dentist
 - 2) Drugs and materials necessary for treatment
 - 3) Operations and other treatment
 - 4) Treatment at home by a home-visit medical facility staff member under doctor's instruction
 - 5) Hospitalization

2. Claim on Refund of Illegal Benefits

If you use your National Health Insurance card after losing eligibility for Ota City NHI, for reasons that include moving out of Ota City, joining another public health insurance program, and your visa period of stay expiring, you must reimburse the medical fee the city government has paid.

3. Refund of Medical Fees

If you have paid the entire medical bill, such as in the following cases, please file an application with the NHI Benefits Section. You will receive a refund for the share the National Health Insurance Program would normally pay after documentation, such as receipts, have been examined. (Refunds are subject to payment only for treatment covered by the National Health Insurance system.)

<Circumstances>

- 1) If you receive medical treatment without showing your National Health Insurance card due to an emergency, such as sudden illness while travelling or you have no choice but to receive treatment.
- 2) If you receive medical treatment outside of Japan due to a sudden illness while traveling overseas. However, this only applies to services for which health insurance can be used in Japan. This benefit cannot be used if travel abroad is for the specific purpose of receiving medical treatment.
- 3) When the doctor recommends the use of a supporting device (such as a corset, etc.).
- 4) When you receive acupuncture, moxa treatment, or massage, etc., under the direction of a doctor, or judo rehabilitation treatment for a fracture or sprain by a bone specialist.

<How to Apply for Refund> (The numbers 1–4 below correspond to the numbers in <Circumstances> above)

You should bring your personal seal (if you do not have one, your signature is also acceptable), your health insurance card, and the bank account number of the head of your household.

Please submit the following documentation for each category.

- 1) Medical, dental or medication → Detailed statement of treatment and receipts
- 2) Medical treatment abroad → Detailed statement of treatment and receipts and Japanese translation of each document, and your passport (to confirm your exit from/reentrance to the country)
- 3) Supplementary equipment → Doctor's written consent or medical certificate, receipt and detailed statement of the equipment issued from the provider

- ④ あんま、はり・きゅう、マッサージ、柔道整復→医師の同意書または診断書、施術内容と費用の明細
 がわかる領収書等

4 移送費

病気がケガで一刻を争う患者が、移動が困難で、医師の指示により一時的、緊急的が必要（生命の危機
 にある場合など）があり、入院・転院したなどの移送にかかる費用について、国保が認めた場合に支給
 されます。

《申請に必要なもの》

保険証、移送を必要とする医師の意見書、領収書、印かん（なければサインでもよい）、世帯主の口座番
 号

（医師の証明書や同意書があっても、審査により支給対象にならないことがあります。）

5 高額療養費

保険対象の医療費が一定基準以上かかったときは、高額療養費として、国保から支給します。

- ① 同じ人が、同じ診療月に、同じ病院や診療所で支払った一部負担金の額が表 A を超えたとき、その超え
 た分について、高額療養費として支給します。
- ② 同じ診療月に、同じ世帯の人がそれぞれ 21,000 円を超える一部負担金を支払ったとき、それらの一
 部負担金を合算して、表 A を超えた分について、高額療養費として支給します。
- ③ 同じ世帯で、診療月の前 11 か月間にすでに 3 回以上の高額療養費の支給を受けている場合、4 回目
 以降のその診療月は、多数回の自己負担額となります。

表 A 70 歳未満の人の高額療養費の一部自己負担の限度額

区分		限度額（3 回目まで）	限度額 （多数回）
旧ただし書所得 901 万円超	ア	252,600 円＋ （総医療費 < 10 割 > - 842,000 円） × 1 %	140,100 円
旧ただし書所得 600 万円超～ 901 万円以下	イ	167,400 円＋ （総医療費 < 10 割 > - 558,000 円） × 1 %	93,000 円
旧ただし書所得 210 万円超～ 600 万円以下	ウ	80,100 円＋ （総医療費 < 10 割 > - 267,000 円） × 1 %	44,400 円
旧ただし書所得 210 万円以下	エ	57,600 円	44,400 円
住民税非課税世帯	オ	35,400 円	24,600 円

※旧ただし書所得＝総所得金額等から基礎控除額を差し引いた額。

- 4) Massage, acupuncture, moxa treatment, Judo therapy → Doctor’s written consent or medical certificate and invoices describing the detailed treatment and cost of these treatment..

4. Transportation Costs

NHI will pay authorized transportation costs for hospitalization or transfer between hospitals if a patient in need of emergency care due to an illness or injury has difficulty moving and must be hospitalized or transported to another hospital urgently (such as in a life-and-death situation) under the instructions of a physician.

<How to Apply for Refund>

You should bring your health insurance card, the written diagnosis from the doctor who orders transportation, receipts, personal seal (if you do not have one, your signature is also acceptable), and the financial account number of the head of household.

(A doctor’s certificate, written consents and/or any other submitted documentation is subject to evaluation, and may not necessarily be subject to a refund of medical expenses.)

5. Major Medical Fees

If your portion of medical fees covered by National Health Insurance exceeds a designated amount, NHI will pay the difference as a major medical fee.

- 1) If the same person goes to the same hospital or clinic within the same month, and if the personally-borne expenses exceed the designated ceiling described Chart A, the excess amount will be refunded as a major medical fee.
- 2) When members of the same household each pay more than ¥21,000 or more for medical treatment within the same month, and if the total of the personally-borne expenses exceeds the designated ceiling as described Chart A, the excess amount will be refunded as a major medical fee.
- 3) If the same household has already received the major medical fee refunds three or more times during the period 11 months previous to the month of a medical examination, the ceiling amount for multiple times will apply from the fourth time on for the month of medical examination.

Chart A: Maximum Ceiling of Personally-borne Expense for Major Medical Fees for Those under 70 Years of Age

Income Category		Ceiling Amount (up to three times)	Ceiling Amount (four times or more [multiple times])
Former proviso income Over ¥9,010,000	A	¥252,600 + (Total Medical Expense - ¥842,000) × 1%	¥140,100
Former proviso income Over ¥6,000,000 up to ¥9,010,000	B	¥167,400 + (Total Medical Expense - ¥558,000) × 1%	¥93,000
Former proviso income Over ¥2,100,000 up to ¥6,000,000	C	¥80,100 + (Total Medical Expense - ¥267,000) × 1%	¥44,400
Former proviso income ¥2,100,000 or less	D	¥57,600	¥44,400
Household exempt from resident’s tax	E	¥35,400	¥24,600

Note: “Former proviso income” refers to gross income, etc. minus basic deduction.

ひょう 表B 70～74歳の人

(「国民健康保険高齢受給者証」対象者)の一部自己負担の限度額

てきようくぶん 適用区分		いりようひ 医療費 ふたん の負担	じゅういん 入院および世帯の限度額	たすうかい 多数回
じゅうみんぜい 住民税 かぜいせたい 課税世帯	げんえきな 現役並み所得者Ⅲ かぜいしよとく 課税所得 690 万円以上	3 割	252,600 円 + (総医療費 <10 割> - 842,000 円) × 1 %	140,100 円
	げんえきな 現役並み所得者Ⅱ かぜいしよとく 課税所得 380 万円以上		167,400 円 + (総医療費 <10 割> - 558,000 円) × 1 %	93,000 円
	げんえきな 現役並み所得者Ⅰ かぜいしよとく 課税所得 145 万円以上		80,100 円 + (総医療費 <10 割> - 267,000 円) × 1 %	44,400 円

てきようくぶん 適用区分		いりようひ 医療費 ふたん の負担	がいらいげん どがく 外来限度額 こじん (個人ごとに計算)	じゅういん 入院および世 帯の限度額	たすうかい 多数回
じゅうみんぜい 住民税 かぜいせたい 課税世帯	いっばん 一般 かぜいしよとく 課税所得 145 万円未満	2 割	18,000 円 (年間の限度額 144,000 円)	57,600 円	44,400 円
じゅうみんぜい 住民税	ていしよとくしや 低所得者Ⅱ		8,000 円	24,600 円	
ひ 非課税世帯	ていしよとくしや 低所得者Ⅰ		8,000 円	15,000 円	

※低所得Ⅱ：世帯主および国保加入者全員が住民税非課税の人

※低所得Ⅰ：世帯主および国保加入者全員が住民税非課税で、その世帯の所得が一定基準以下の世帯に属する人

(一定基準：例＝単独世帯(年金収入のみ)の場合、年間収入約 80 万円以下)

※現役並み所得者：課税所得が 145 万円以上の人。ただし、70～74 歳の国保被保険者が 1 人の世帯で年収が 383 万円未満、または 2 人以上の世帯で年収 520 万円未満の人は申請により、2 割(一般)になります。

《申請の際のご注意》

- ① 暦月(月の1日から月末まで)ごとに計算します。
- ② 食事代および保険がきかない差額ベッド代などは対象外です。
- ③ 所得が確認できない場合(住民税未申告の場合等)には区分ア(表A)と判定されます。

《申請の方法》

高額療養費支給該当世帯には、診療月の3か月後以降に申請書を郵送しています。診療月の翌月の1日から2年を経過すると時効となり、支給されませんのでご注意ください。

Chart B Personally Borne Expense Ceiling for Members between 70 and 74 Years of Age (eligible for the NHI Elderly Receipt Certificate)

Applicable Category		Personally Borne Medical Expense	Hospitalization and Household Ceiling	Multiple times
Household that pays resident's tax	Income Level of Active Workers ³ III: Taxable income of ¥6,900,000 or more	30%	¥252,600 + (Total medical expense [100%] - ¥842,000) × 1%	¥140,100
	Income Level of Active Workers ³ II: Taxable income of ¥3,800,000 or more		¥167,400 + (Total medical expense [100%] - ¥558,000) × 1%	¥93,000
	Income Level of Active Workers ³ I: Taxable income of ¥1,450,000 or more		¥80,100 + (Total medical expense [100%] - ¥267,000) × 1%	¥44,400

Applicable Category		Personally Borne Medical Expense	Outpatient ceiling (calculated on an individual basis)	Hospitalization and Household Ceiling	Multiple times
Household that pays resident's tax	General: Taxable income of less than ¥1,450,000	20%	¥18,000 (Annual ceiling: ¥144,000)	¥57,600	¥44,400
Household exempt from resident's tax	Low Income Earner II ²		¥8,000	¥24,600	
	Low Income Earner I ¹		¥8,000	¥15,000	

1. Low Income Earner II: Those whose head of household and all household NHI members are exempt from paying the resident's tax.
2. Low Income Earner I: Those whose head of household and all other household NHI members are exempt from paying the resident's tax, and whose household income is below a designated level.
Designated Level (example): For single-person households (whose income comes from pension benefits only): Annual income of about ¥800,000 or less.
3. Income Level of Active Workers: Members whose taxable income is ¥1,450,000 or more. However, NHI members between 70 and 74 years of age whose annual income is less than ¥3,830,000 in the case of a single-person household—or less than ¥5,200,000 in the case of a household with two or more persons—may apply for the 20 percent ceiling (category “General”).

<Important Reminders>

- 1) Calculations are for each calendar month (first to last day of each month).
- 2) Expenses for meals and treatment not covered by NHI (such as uncovered room charges) are not eligible.
- 3) A person will be categorized as “A” (see Chart A) if the income cannot be confirmed (for example, when a person has not yet filed a resident's tax return).

<How to Apply>

Households entitled to a major medical fee refund will be mailed an application form three months (at the earliest) after treatment has been received. Please note that applications that are filed two years after the 1st day of the month following treatment, are not valid and will not be reimbursed.

6 「限度額適用認定証」の発行について

申請により「限度額適用認定証」を発行します。これを病院の窓口で保険証と一緒に提示することにより、同一医療機関ごとに1か月につき保険診療分は限度額までのご負担となります。(外来と入院、内科と歯科は別々の取扱いになります。)ただし、発行は保険料の未納がない方に限ります。

7 高額療養費の貸付

高額療養費は、支給されるまでに、相当の日数がかかります。その間の医療費が多額になり、支払いにお困りの人に、高額療養費支給見込額の9割までを無利子でお貸しします。

※貸付には要件がありますので、事前にお問い合わせください。

8 高額介護合算療養費の支給

国民健康保険と介護保険を利用している国民健康保険の世帯で、一年間に支払った両方の自己負担額を合算し、その年の限度額(下表のとおり)を超えた場合にその超えた分について支給します。

計算期間は毎年8月1日から翌年7月31日までの1年間です。

自己負担限度額(年額: 8月~翌年7月)

70歳未満の人

旧ただし書所得 901 万円超	212 万円
旧ただし書所得 600 万円超~ 901 万円以下	141 万円
旧ただし書所得 210 万円超~ 600 万円以下	67 万円
旧ただし書所得 210 万円以下	60 万円
住民税非課税世帯	34 万円

※旧ただし書所得=総所得金額等から基礎控除額を差し引いた額。

70~74歳までの人

現役並み所得者Ⅲ(課税所得 690 万円以上)	212 万円
現役並み所得者Ⅱ(課税所得 380 万円以上~ 690 万円未満)	141 万円
現役並み所得者Ⅰ(課税所得 145 万円以上~ 380 万円未満)	67 万円
一般(課税所得 145 万円未満)	56 万円
低所得者Ⅱ(住民税非課税世帯)	31 万円
低所得者Ⅰ(住民税非課税世帯 < 所得が一定基準以下 >)	19 万円

6. Concerning the Issue of Ceiling Authorization Certificate

A Ceiling Authorization Certificate is issued upon application. By showing this certificate at the hospital counter, together with your National Health Insurance card, your personally-borne expense for medical treatment at the same medical institution in one month will be restricted to the authorized ceiling. (Outpatient medical expenses and hospitalization expenses are handled separately, as well as medical expenses and dental expenses.) However, this certificate is issued only to those who do not have any delayed payments of premiums.

7. Loan for Major Medical Fees

It usually takes a long time before receiving major medical fee refunds. For those who have difficulty paying the high cost of medical fees before receiving the notice, the city office will provide an interest-free loan for up to 90% of the amount.

Note: Please be sure to inquire in advance to apply for this service, since there are conditions for the loan.

8. High Medical and Nursing Expense Total Benefit

The benefit is offered to households enrolled in NHI whose members use both National Health Insurance and Nursing Insurance services, when the combined annual personally-borne expenses exceed the annual ceiling amount (please see the chart below). The benefit equals the amount that surpassed the ceiling. The calculations are made for every 12 months from August 1 through July 31 of the following year.

Maximum Ceiling of Personally-borne Expense for Major Medical Fees (annual amount: August through July of the following year)

Those under 70 Years of Age

Former proviso income: Over ¥9,010,000	¥2,120,000
Former proviso income: Over ¥6,000,000 up to ¥9,010,000	¥1,410,000
Former proviso income: Over ¥2,100,000 up to ¥6,000,000	¥670,000
Former proviso income: ¥2,100,000 or less	¥600,000
Household exempt from resident's tax	¥340,000

Note: "Former proviso income" refers to gross income, etc. minus basic deduction.

Members Between 70 and 74 Years of Age

Income Level of Active Workers III (taxable income of ¥6,900,000 or more)	¥2,120,000
Income Level of Active Workers II (taxable income of between ¥3,800,000 and ¥6,899,999)	¥1,410,000
Income Level of Active Workers I (taxable income of between ¥1,450,000 and ¥3,799,999)	¥670,000
General (taxable income of less than ¥1,450,000)	¥560,000
Low Income Earner II (household exempt from resident's tax)	¥310,000
Low Income Earner I (household exempt from resident's tax; household income is below a designated level)	¥190,000

9 入院時食事療養費

病院や診療所などに入院したときの食事代は、1食あたり460円が自己負担となります。

● 入院時の食事にかかる自己負担

現役並み所得者・一般加入者		460円
住民税非課税世帯等 (70歳以上では 低所得者Ⅱの人)	90日までの入院	210円
	90日を超える入院 (過去12か月の入院日数)	160円
住民税非課税世帯等のうち70歳以上で低所得者Ⅰの人		100円

※ この自己負担金は、高額療養費の対象になりません。

① 減額措置該当者

住民税非課税世帯の人には、1食あたりの自己負担額が、460円のところ210円になる「限度額適用・標準負担額減額認定証」を発行します。

減額認定されている人が90日を超えて入院したときは、1食あたり210円が160円になります。
(長期入院該当)

入院したときは、保険証と一緒に「限度額適用・標準負担額減額認定証」を病院に提示してください。

《申請に必要なもの》

保険証・印かん (なければサインでもよい)

長期入院に該当する人は、上記の他に病院の領収書 (入院日数を証明する書類)

② 入院時食事療養費の差額の申請

やむを得ない理由で減額認定の申請が遅れ、病院で460円を支払ったときは差額を支給します。
(長期入院の場合も該当)

《差額の申請に必要なもの》

保険証・印かん (なければサインでもよい)・病院に支払った領収証・世帯主の口座番号

10 特定疾病の負担軽減

高額な治療を長期継続する必要がある次の病気は、医療機関ごとのひと月の一部負担金の上限が10,000円※となります。

該当する人には、申請によって「特定疾病療養受療証」を発行します。

対象となる特定疾病

① 人工透析を必要とする慢性腎不全

※ 70歳未満の区分ア・イ (P14表A参照)の方は、20,000円。

② 血友病及び抗ウイルス剤を投与している後天性免疫不全症候群 (HIV感染を含み、厚生労働大臣の定める者に係るものに限る。)

9. Cost of Meals when Hospitalized

When you are hospitalized, you must pay ¥460 per meal.

• Meal Costs when Hospitalized

Income level of active workers/general		1 meal	¥460
Households exempt from resident's tax (those who are 70 years of age or older) and low income earner II	Hospitalization for up to 90 days		¥210
	Hospitalization for over 90 days (No. of days of hospitalization in the past 12 months)		¥160
For those in households exempt from resident's tax, those who are 70 years of age or older, and low-income earner I.			¥100

Note: Meal expenses are not included when considering refunds for major medical fees.

1) Cost deduction

Households exempted from residents tax are entitled to a reduction in the per-meal costs, from ¥460 to ¥210. They will receive a certificate of hospitalization/meal cost deduction.

If hospitalized over 90 days (regarded as long-term hospitalization), the cost is further reduced to ¥160.

When you are hospitalized, please show your certificate of hospitalization/meal cost deduction together with your National Health Insurance card.

<How to Apply>

When you apply for the “certificate of cost deduction,” you should bring your National Health Insurance card and seal (signature is acceptable if you do not have a seal).

If you will be hospitalized for more than 90 days, you will also need to bring a receipt issued by the hospital (documents verifying the period of hospitalization).

2) Applying for deduction for meal expenses

If you are late in applying for the “certificate of cost deduction” and have already paid ¥460, you will receive a refund. (This also applies for long-term hospitalization.)

<How to Apply>

When you apply for the deduction, you should bring your National Health Insurance card, seal (if you forget it, your signature is also acceptable), hospital receipts and the householder's financial account information.

10. Reduction of the Portion Payable for a Specified Illness

The maximum amount of personally-borne expenses per month paid at the same medical institution by the insured for the following illnesses, which require long-term and expensive medical treatment, is ¥10,000*.

A specified illness treatment recipient card is issued to applicable persons upon application.

The applicable special illnesses are:

1) Chronic kidney malfunction requiring artificial dialysis

* ¥20,000 for those under category “A” or “B” (see Chart A in page 15) who are under 70 years old.

2) Hemophilia and AIDS patients receiving anti-virus drugs (including for the HIV infection; limited to those related to those who are designated by the Minister of Health, Labour and Welfare)

11 出産育児一時金の支給

加入者が出産したとき、または妊娠85日以上で死産・流産（この場合は医師の証明が必要）のときに支給対象となります。支給額は50万円です。

ただし、ほかの健康保険などから出産育児一時金が支給される方（ほかの健康保険の加入期間が1年以上あり、退職後半年以内に産んだ場合など）には、国保から支給しません。

支給方法は、出産時の費用負担の軽減を図るため、①大田区国民健康保険が医療機関へ直接支払いをする直接支払制度（一部医療機関を除く）②医療機関等を受取代理人として事前申請し、受取代理の医療機関へ支払う受取代理制度（対象医療機関のみ）があります。①・②の直接支払・受取代理制度を利用しない場合、海外で産まれた場合は、出産後に申請してください。世帯主に支給します。

【申請方法】

①直接支払制度 医療機関に保険証を提示して手続きをしてください。

②受取代理制度 出産予定日の2か月前から申請してください。

《申請に必要なもの》

保険証・母子健康手帳・印かん（なければサインでもよい）・世帯主の口座番号

③直接支払制度・受取代理制度を利用しない場合

出産後に申請が必要です。

《申請に必要なもの》

保険証・印かん（なければサインでもよい）・世帯主の口座番号・母子健康手帳（出生証明書の原本）・医療機関交付の「直接支払制度を利用していない」旨の文書・出産費用の領収明細書

④海外で産まれた場合

出産後に申請が必要です。

《申請に必要なもの》

保険証、印かん（なければサインでもよい）、世帯主の口座番号、パスポート（出入国がわかるもの）、出生証明書（原本と日本語訳）、出産費用の領収明細書（原本と日本語訳）

12 葬祭費

被保険者が死亡したとき、葬儀を行った人に対して70,000円を支給します。

ただし、ほかの健康保険などから葬祭費が支給される方は対象とはなりません。

《申請に必要なもの》

亡くなった人の保険証、葬儀を行った人の印かん（なければサインでもよい）、葬儀の領収書（葬儀を行った人と亡くなった人の氏名が書かれているもの）、葬儀を行った人の口座番号が分かるもの

11. Payment of Lump Sum Allowance for Childbirth

The allowance is paid when a member of the National Health Insurance system gives birth. It is also extended in the event of stillbirth or miscarriage if the mother has been pregnant for 85 days or longer. (In the case of a stillbirth or a miscarriage, the member must submit a document written by a doctor certifying the event.) The benefit amount is ¥500,000.

However, the allowance is not extended when the member is entitled to receive it from another health insurance system (such as when she gave birth within 6 months after leaving a workplace where she was insured under another health insurance system for a year or more.)

To alleviate the financial burden of childbirth expenses, this benefit can be paid using either of the following two methods: (1) a direct payment system in which Ota City National Health Insurance pays the medical institution directly (excludes some medical institutions); or (2) a proxy recipient system in which you apply in advance and designate the medical institution as the proxy recipient, and the benefit is paid to the proxy recipient medical institution (eligible medical institutions only). If you choose not to use either the direct payment system or the proxy recipient system, or if you gave birth to a child overseas, please apply for the benefit after childbirth. It will be paid to the head of the household.

Application Procedures:

(1) Direct Payment System

Please show the medical institution your health insurance card and complete the designated procedures.

(2) Proxy Recipient System

Please apply within two months before your due date.

Required Items for Application:

Health insurance card, Mother and Child Health Handbook, name seal (if you do not have one, your signature is also acceptable), and the bank account number of the head of the household.

(3) If you choose not to use either the direct payment system or the proxy recipient system

You must apply for the benefit after childbirth.

Required Items for Application:

Health insurance card, name seal (if you do not have one, your signature is also acceptable), the bank account number of the head of the household, Mother and Child Health Handbook (the original Birth Certificate), letter issued by the medical institution stating that "The direct payment system is not being used," and a receipt of the childbirth expense.

(4) If you gave birth overseas

You must apply for the benefit after childbirth.

Required Items for Application:

Health insurance card, name seal (if you do not have one, your signature is also acceptable), the bank account number of the head of your household, passport (showing the dates of leaving and entering Japan), your child's birth certificate (original and Japanese translation), and a receipt showing the expenses related to childbirth (original and Japanese translation).

12. Funeral Expenses

When a person insured under the National Health Insurance system dies, ¥70,000 toward funeral expenses will be paid to the person who holds the funeral service. This benefit will not be paid to those who receive funeral expenses from other health insurance.

<How to Apply>

When applying, you should bring the National Health Insurance card of the deceased, the seal of person who held the funeral (alternatively, a signature is acceptable), receipts of funeral expenses (these must state the names of the deceased person and the person who held the funeral), and a document that states the bank account number of the person who paid for the funeral.

13 一部負担金の減額または免除

災害その他特別な事情によって、一部負担金の支払いが困難となったときは、条件を審査したうえで、減額または免除されるときがありますので、ご相談ください。

14 第三者行為によるケガなど

交通事故や傷害事件など、第三者（加害者）の行為が原因で、負傷したり病気になった人が保険証で診療を受けるときは、必ず国保給付係に連絡してください。

15 給付の制限

次の場合は、国保の給付が全部、または一部について制限されます。

- ① 刑務所など施設に拘禁されたとき
- ② 自分の故意の犯罪行為、または故意に病気やケガをしたとき
- ③ ケンカ、酒酔いなどが理由の病気やケガ
- ④ 正当な理由なしに、療養の指示に従わないとき
- ⑤ 病気とみなされないもの（美容整形や正常な妊娠、出産など）

ほけんりょう 保険料

こくほ し かくがかり
国保資格係

1 保険料の通知と納付義務者

保険料は世帯ごとに計算し、納付義務は世帯主にあります（国保に加入していない世帯主にも納付義務があります。これは法律により定められています）。

このため、保険料の通知書や納付書、保険証等は世帯主あてに送ります。保険料の通知書や納付書が届いた際は必ず内容を確認し、保険料は期限内にお支払ください。

※通知書等が届くように、ポストには名前を出してください。

※「世帯」と「世帯主」については、p. 8を参照してください。

2 保険料の計算

保険料は「医療分」、「後期高齢者支援金分」、「介護分」の3つの区分で構成され、それぞれ加入者数に応じてかかる「均等割額」と前年の所得に応じてかかる「所得割額」から成り立っています。このため、所得がない場合も保険料がかかります。

保険料は4月から翌年3月までを1年度として次のように計算します。

13. Reduction in or Exemption from Medical Fees

If you are having difficulties paying your share of the medical fees due to a disaster or other special circumstances, you may be exempted from paying these fees or your share may be reduced upon evaluation of your situation. Please discuss your circumstances with the division staff.

14. Injury Caused by Another Person

If you are injured or become sick due to the actions of another person (assailant), such as a traffic accident or assault, and receive treatment with your National Health Insurance card, please be sure to notify the NHI Benefits Section.

15. Restrictions regarding Insurance Payments

National Health Insurance may impose restrictions on part of or the entire benefit payments in the following cases.

- 1) If the insured is detained in an institution such as a jail
- 2) If the insured knowingly commits a crime, or is suffering from a self-inflicted injury or illness
- 3) If the insured is injured or becomes sick as a result of a fight, drunkenness, etc.
- 4) If the insured fails to follow medical instructions without proper justification
- 5) If the treatment is for a situation not considered an illness (such as plastic surgery, normal pregnancy and child-birth, etc.)

Insurance Premiums

NHI Qualification Section

1. Health Insurance Premiums and Who Must Pay

Health insurance premiums are calculated per household, and the head of the household is obliged to pay. (This is true even if the head of the household is not a NHI member, and is designated by law.) For this reason, the notification and invoices for health insurance premiums (as well as the health insurance card) are mailed to the head of the household.

When you receive your health insurance premiums notification and invoices, please be sure to check them and pay the premiums by the deadline.

Notes:

1. **Please be sure to write your name on your mailbox to ensure that the notification, etc. is delivered to your home properly.**
2. Please see page 9 for definitions of “household” and “head of the household.”

2. Calculation of Health Insurance Premiums

Health insurance premiums are divided into three parts: money meant for medical treatment, funds to support older senior citizens, and a portion for nursing care. In addition, each portion consists of the per capita rate amount—which depends on the number of household NHI members—and the income ratio amount, which depends on the income earned during the previous year. For this reason, even if you have no income, you will still be charged insurance premiums.

Insurance premiums are calculated for the fiscal year starting from April and ending in March as follows.

せたい いちねんかん ほけんりょう
 〈世帯の一年間の保険料〉

いりょうぶん こくほ きそざいげん 医療分 ... 国保の基礎財源です。	
きんとうわりがく 均等割額	しよとくわりがく 所得割額
かにゅうしゃすう えん 加入者数 × 49,100 円	しよとくわりさんていき そがく 所得割算定基礎額 (★) × 8.69%
げんどがく 限度額 (※1)	えん 650,000 円

+

こうきこうれいしゃしえんきんぶん こうきこうれいしゃいりょうせいど 後期高齢者支援金分 ... 後期高齢者医療制度 (※2) の財源になります。	
きんとうわりがく 均等割額	しよとくわりがく 所得割額
かにゅうしゃすう えん 加入者数 × 16,500 円	しよとくわりさんていき そがく 所得割算定基礎額 (★) × 2.80%
げんどがく 限度額 (※1)	えん 240,000 円

+

かいごぶん (40～64歳のみ) …かいごほけん 介護分 (40～64歳のみ) …介護保険 (※3) の保険料です。	
きんとうわりがく 均等割額	しよとくわりがく 所得割額
かにゅうしゃすう えん 加入者数 × 16,500 円	しよとくわりさんていき そがく 所得割算定基礎額 (★) × 2.36%
げんどがく 限度額 (※1)	えん 170,000 円

★しよとくわりさんていき そがく
 ★所得割算定基礎額

ぜんねん がつ から がつ までのしよとくきんがく こうけい から 43 万円を差し引いた金額です。こくほかにゅうしゃぜんいん しよとく
 前年の1月から12月までの所得金額の合計から43万円を差し引いた金額です。国保加入者全員の所得が
 たいしょう
 対象です。

- ※1 かくくぶん きんとうわりがく しよとくわりがく こうけい げんどがく こ ばあい げんどがく てきょう
 各区分の均等割額と所得割額の合計が限度額を超えた場合は、限度額が適用されます。
- ※2 こうきこうれいしゃいりょうせいど さいいじょうかた 65 さいいじょういちぶかた かにゅう こうてきけんこうほけん
 後期高齢者医療制度は75歳以上の方と65歳以上の一部の方が加入する公的健康保険です。
- ※3 かいごほけん さいいじょうかた かにゅう こうてきけん かいごひつよう みと ばあいりょう
 介護保険は40歳以上の方が加入する公的保険です。介護が必要であると認められた場合に利用できま
 す。

3 かにゅうきかん ほけんりょう しはら じき
 3 加入期間と保険料の支払い時期について

ほけんりょう がつ よくとし がつ までの12か月で計算し、こくほかにゅうしかく つき ほつせい ひわ けい
 保険料は4月から翌年3月までの12か月で計算し、国保の加入資格がある月から発生します(日割り計
 算ではありません)。しはらほうほう がつ よくとし がつ までの10回にわけてどうふうのうふしょ しはら ねが
 後期高齢者医療制度は6月から翌年3月までの10回にわけて同封の納付書でお支払い願います。
 ねんど とちゅうこくほ かにゅう ばあい かにゅうてつづ よくげつ よくよくげつ しはら はじ
 年度の途中国保に加入した場合は、加入手続きの翌月または翌々月から支払いが始まります。
 こくほ かにゅうきかん ほけんりょう しはら じき いっち
 国保の加入期間と保険料の支払い時期は一致しません。

ねんど とちゅう かにゅう ばあい ほけんりょう
 〈年度の途中で加入した場合の保険料〉

いちねんかん ほけんりょう 一年間の保険料	×	$\frac{\text{かにゅうづき がつ までの げつすう}}{12}$ 加入月から3月までの月数
--------------------------	---	---

また、こくほ をやめたとき、ほけんりょう こくほ かにゅうしかく ひ ぜんげつ ほけんりょう さいけい
 国保をやめたとき、保険料は国保の加入資格がなくなった日の前月までかかります。保険料を再計
 算した結果、国保をやめた後もほけんりょう しはら ひつよう
 保険料の支払いが必要になることがあります。

Household Health Insurance Premiums for One Year

Portion for medical treatment This is the basic financial resource of NHI.	
Per capita rate amount	Income ratio amount
Number of NHI members in the household × ¥49,100	Income ratio calculation designated standard amount (★) × 8.69%
Ceiling amount ¹ : ¥650,000	

+

Portion for older senior citizen support This is the financial resource for the Medical Insurance Program for the Older Senior Citizen ² .	
Per capita rate amount	Income ratio amount
Number of NHI members in the household × ¥16,500	Income ratio calculation designated standard amount (★) × 2.80%
Ceiling amount ¹ : ¥240,000	

+

Portion for nursing care (only those between 40 and 64 years of age) This is the insurance premium for nursing insurance ³ .	
Per capita rate amount	Income ratio amount
Number of NHI members in the household × ¥16,500	Income ratio calculation designated standard amount (★) × 2.36%
Ceiling amount ¹ : ¥170,000	

★ Income ratio calculation designated standard amount

This is the figure obtained after subtracting ¥430,000 from the total income that all NHI members in the household earned from January through December in the previous year.

1. If the sum of the per capita rate amount and income ratio amount for a category exceeds the ceiling amount, the ceiling amount applies.
2. The Medical Insurance Program for the Older Senior Citizen is a public health insurance plan for all members 75 years of age and older and some who are 65 years of age and older.
3. All members 40 years of age and older must enroll in the nursing insurance system, which is a public insurance program. You can take advantage of the services if you are recognized as needing nursing care.

3. Enrollment Period and Insurance Premiums Payment Period

Your insurance premiums are calculated for the twelve months (not per diem) from April through March of the following year, and you are charged from the month of eligibility. Please pay your premiums using the invoices enclosed with your notification in ten installments from June through March of the following year. If you enroll in the middle of the fiscal year, payment will begin from the month after, or two months after you complete enrollment procedures.

Note: The enrollment period for NHI and the payment period for insurance premiums do not coincide.

Insurance Premiums If You Enroll in the Middle of the Fiscal Year

Insurance premiums for the year	×	$\frac{\text{Number of months of enrollment from enrollment until March}}{12}$
---------------------------------	---	--

If you withdraw from NHI, you will be charged for the premiums up to the month before the month your eligibility ended. In some cases, you may also have to pay insurance premiums after withdrawing from NHI as a result of recalculations.

4 保険料の注意事項

- ① 保険料は加入資格がある月からかかります（最長2年さかのぼります）。加入手続きが遅れると、一回あたりの支払い金額が大きくなります。
- ② 保険料は年度ごとに通知します。前年度にさかのぼって加入すると、複数通知書が送られます。
- ③ 保険料は年度の途中で変わることがあります。
世帯の国保加入者数の増減や所得状況の変更、世帯主の変更等により、保険料が変わることがあります。保険料が変わるときは、世帯主あてに通知書をお送りします。
- ④ 他の区市町村から転入した場合、後で保険料が変わることがあります。
前にお住まいだった区市町村に所得情報を照会して保険料を計算します。まず均等割額のみをお支払いいただきます。所得情報をもとに再計算した結果、保険料が変わることがあります。
- ⑤ 保険料が払えないとき
保険料の支払いが困難なときはそのままにせず、国保料収納担当にご相談ください。
- ⑥ 所得の申告は忘れずに
保険料は前年（1～12月）の所得をもとに計算しています。所得がない場合も申告をお願いします。
申告方法は次の項目をご覧ください。
- ⑦ 介護分の計算方法
介護分は40歳になる月から加算されるため、年度の途中で保険料が上がります（1日が誕生日の方は前月からかかります）。

5 所得の申告

所得の申告方法は次のとおりです。

- ① 所得税の確定申告…税務署
【問い合わせ先】
おおもりぜいむしょ 大森税務署：03-3755-2111、ゆきがやぜいむしょ 雪谷税務署：03-3726-4521、
かまたぜいむしょ 蒲田税務署：03-3732-5151
- ② 住民税の申告…1月1日時点お住まいだった区市町村
おおたくかぜいか おおたくやくしよかい
・大田区…課税課（大田区役所4階）
【問い合わせ先】
おおもりちく 大森地区：03-5744-1194、ちようふちく 調布地区：03-5744-1195、
かまたちく 蒲田地区：03-5744-1196
ほかくしちようそんじゆうみんとうろく
・他の区市町村…住民登録のあった区市町村で申告をお願いします。
- ③ 1月1日時点日本国外にお住まいだった場合
こくほしかくがかり おく しんこくしよ 国保資格係からお送りする申告書または国保資格係の窓口で所得の申告をお願いします。

4. Precautions Related to Insurance Premiums

- 1) Insurance premiums are charged from the month of eligibility. (They can be charged as long ago as two years back.) If you are late in completing enrollment procedures, the per-payment amount will be larger.
- 2) You will be notified of your insurance premiums for each fiscal year. If your enrollment dates back to the previous fiscal year, you will be sent more than one notification.
- 3) Insurance premiums may change during the fiscal year.
Insurance premiums can change if the number of NHI members in the household changes, your income conditions change, or the head of your household changes. A notification will be sent to the head of the household if any of these.
- 4) If you move into Ota City from another municipality, your insurance premiums may change later.
Your insurance premiums in Ota City are calculated with reference to income information from the municipality you lived in previously. You will be charged only the per capita rate amount at first, but your insurance premiums may be recalculated based on your income information and your insurance premiums may change.
- 5) If you are unable to pay your insurance premiums
If you are having difficulty paying your insurance premiums, do not leave the problem unsolved; please consult the NHI Premium Collection Section as soon as possible.
- 6) Don't forget to file an income tax report
Insurance premiums are calculated based on the income you earned during the previous year (January through December). Please file a report even if you do not have an income. Please see section 5 about how to file your income tax report.
- 7) Calculation of the portion for nursing care
Since the portion for nursing care is added from the month you become 40 years of age, your insurance premiums will increase in the middle of the fiscal year. (If your birthday is the first day of the month, this portion will be charged from the previous month.)

5. Income Tax Report

Methods for filing an income tax report are as follows:

- 1) Income tax report ... Tax office
Inquiries
Omori Tax Office: Tel: 03-3755-2111; Yukigaya Tax Office: Tel: 03-3726-4521; Kamata Tax Office: Tel: 03-3732-5151
- 2) Resident's tax report ... The municipal office overseeing your residence as of January 1
· Ota City ... Taxation Division (Ota City Office 4F)
Inquiries
Omori area: Tel: 03-5744-1194; Chofu area: Tel: 03-5744-1195; Kamata area: Tel: 03-5744-1196
· Other municipalities ... Please file a report with the municipal office where you previously completed resident registration.
- 3) If you lived outside of Japan on January 1
Please complete the income tax report mailed from the NHI Qualification Section, or complete your income tax report at the NHI Qualification Section service counter.

6 保険料の減免制度

均等割額の軽減①

世帯の所得の合計が一定の基準以下の場合、均等割額が減額されます。世帯の所得情報をもとに自動で判定します。

均等割額の軽減②

小学校入学前のこどもは、均等割額が5割軽減されます。

会社の都合で退職したとき

雇用保険を受給している65歳未満の方で、リストラ等の会社都合で退職した場合に対象となります。国保資格係で申請が必要です。

生活の困窮による軽減

災害・病気・その他特別な事情により、生活が著しく困難になった場合に、一定期間保険料を軽減します。申請に基づいて生活状況を審査します。単に失業している等の理由では認められません。

保険料の納め方

国保料収納担当

1 口座振替で納める方法

国民健康保険料は口座振替で納めていただきます。加入の手続きの際に、預（貯）金通帳・通帳印、キャッシュカードを持参してください。

加入後に口座振替に変更する場合は、預（貯）金通帳・通帳印・保険証を持って預（貯）金口座のある金融機関（ゆうちょ銀行を含む）、または国保年金課へお申し込みください。

申し込み用紙は、区内の金融機関及び国保年金課・特別出張所にあります。

保険料は各月期の納期限日、6～3月の末日（休業日の場合は翌営業日）に、口座から引き落としします。

全期前納（1年分の保険料を一括納付）の場合は6月期納期限日に口座から引き落としします。

口座振替の開始月は、後日はがきでお知らせします。

2 納付書で納める方法

口座振替の開始まで、あるいは口座振替ができない場合は、国保年金課からお送りする納付書を使って、各月期の納期限日、6～3月の月末日（休業日の場合は翌営業日）までにお近くの銀行・信用金庫（組合）・農協・ゆうちょ銀行・郵便局・コンビニエンスストア・モバイルレジックレジット（アプリのダウンロードが必要）・MMK 設置店・キャッシュレス決済（PayPay、LINE Pay 等）または区役所・特別出張所でお納めください。

※納付書がお手元がないときは、お送りしますので国保年金課までご連絡ください。

6. Insurance Premium Reduction System

- Reduction of the per capita rate amount 1
If the total income of your household is below a designated standard, you can get the per capita rate amount reduced. The evaluation is made automatically based on your household income conditions.
- Reduction of the per capita rate amount 2
The per capita rate amount for preschool children can be reduced by half.
- When you lose your job due to your company's circumstances
If you are under 65 years of age and are receiving employment insurance because you lost your job due to your company's circumstances, such as restructuring, you are eligible. You must file an application with the NHI Qualification Section.
- Reduction of premiums due to financial difficulties in everyday life
If everyday living becomes financially difficult due to special circumstances—such as a disaster, illness or other such conditions—your health insurance premiums can be reduced for a designated period of time. Your everyday living conditions will be evaluated based on your application. Please note that conditions such as simple unemployment are not considered applicable.

Premium Payments

NHI Premium Collection Section

1. Payment by Bank Transfer

National Health Insurance premiums are paid by bank transfer. When completing enrollment procedures, please bring your savings account bankbook and the name stamp and cash card for the financial account.

In order to change your payment method to bank transfer after enrollment, take your savings account pass-book, name seal (*inkan*) which you use for your account, and your health insurance card to the financial institute where you have a savings account (including Japan Post Bank), or to the NHI and National Pension Division to complete the appropriate application forms.

The application form is available at financial institutions in the city, as well as at the NHI and National Pension Division of the city office and branch city offices.

Insurance premium payments are automatically debited from your savings account on the due date, which is the last day of each month of June through March. (When it falls on a holiday, then the next business day.) If you elect to pay for all the terms in advance (Payment of one year's portion of insurance premiums in one lump-sum), it will be debited from your financial account on the due date for June.

A postcard will be sent to you at a later date concerning the first month this service will begin.

2. Paying with an Invoice

Until insurance premium payments start to be debited from your financial account, or if you are unable to have your payments debited from your financial account, please make your payment at a bank, shinkin bank (credit unions), agricultural cooperative, Japan Post Bank, post office, convenience stores, through "Mobile Regi" credits (you must download an app for this), at stores with an MMK (multimedia kiosk), cashless payment services (such as PayPay or LINE Pay) or the city office/branch city office.

* If you have lost the invoice, please contact the NHI and National Pension Division, and another invoice will be sent.

3 モバイルレジで納める方法

納付書に印刷されたバーコードをスマートフォンのカメラで読み取り、モバイルバンキング・モバイルレジクレジットを利用して、外出せずに支払うことができます。ほとんどの金融機関（クレジット会社）で利用できます。またバーコード読み取りから口座登録ができる金融機関もあります。口座登録にはモバイルバンキング契約は不要です。

詳しくはこちら⇒



4 キャッシュレス決済で納める方法

納付書に印刷されたバーコードを、PayPay・LINE Pay・au PAY等のカメラで読み取りご納付いただけます。

詳しくはこちら⇒
※翻訳機能あり



5 保険料を納めることが困難なとき

一時的な収入減などで各期の保険料を一度に納められないときには、そのままにせず、必ず国保料収納担当にご相談ください。

6 保険料を納めないと

保険料を滞納していると督促の通知を受けます。納期限後の日数に応じて延滞金が増加されます。滞納が続くと法律に基づいて預貯金・給与等の財産の差押え、保険給付の差し止めを行ったり、また、医療費が全額自己負担になる場合があります。

7 帰国するときは

出国の際には必ず国保年金課で保険料の精算をしてください。

8 夜間・日曜日の納付相談窓口開設

昼間お仕事などで保険料の納付相談にお越しになれない人のために、「夜間・日曜日納付相談窓口」を開設しています。

2024年度の開設予定は区ホームページをご参照ください。

詳しくはこちら⇒
※翻訳機能あり



3. Paying by “Mobile Regi”

You can make payment while being at home through online banking or “Mobile Regi” credits by scanning barcode on the payment slip with your smartphone camera. Majority of financial institutions (credit card companies) offer this service. Some financial institutions allow you to register a bank account by scanning the barcode. The bank account registration can be completed without signing up for mobile banking.

Please access this site for more information ⇒



4. Paying via a Cashless Payment Service

You can scan the bar code printed on the invoice using the app of certain cashless payment service (PayPay, LINE Pay, au PAY, etc.) to make your payment.

Please access this site for more information ⇒
Note: Automatic translation available.



5. If You Have Financial Difficulty Paying Insurance Premiums ...

If paying the insurance premium in one lump sum presents difficulties because of special circumstances, such as a temporary loss in income, please be sure to consult the NHI Premiums Collection Desk instead of leaving your premium unpaid.

6. If Insurance Premiums Are Not Paid

When insurance premiums remain unpaid, a delinquency notice will be issued. In addition, an overdue penalty is applied according to the period after the payment due date. If you continue to fail to pay your premiums, delinquency handling procedures according to law—such as the seizure of savings and salary, suspension of insurance benefits and the like—may occur. Additionally, you may have to pay the full amount of any medical expenses you incur.

7. When You Return to Your Country

Please settle your accounts and pay your premiums at the NHI and National Pension Division before leaving the country.

8. Premium Payment Consultation Service Counter at Night or on Sunday

For those who cannot come for consultations regarding the payment of premiums because they work during the day, etc., the Nighttime/Sunday Premium Payment Consultation Service Counter is available.

The FY2024 schedule for this service is provided on the Ota City website.

Please access this site for more information ⇒
Note: Automatic translation available.



もくてき 目的

せいかつしゅうかんびょう よ びぐん ひと そうき はっけん とくてい ほけん し どう とお せいかつしゅうかん かいぜん びょうき しんこう ふせ
生活習慣病予備群の人を早期に発見し、特定保健指導を通して生活習慣を改善し病気の進行を防ぎます。

たいしょうしゃ 対象者

さい さい おおた くこくみんけんこう ほけん かじゅうしゃ
40歳から74歳の大田区国民健康保険の加入者

たいしょう かた じゅうしんひょう そうふ こんねん ど けんしん じゅうしん ねん がつ こくほ
対象の方には受診票を送付します。ただし、今年度の健診を受診できるのは、2024年12月までに国保に
かじゅう てつづ した方 にかぎ
加入し手続きをした方に限ります。

けんしんこうもく 健診項目

もんしん しんたいけいぞく ふくい けいぞく ふく しんたいしんざつ けつあつそくてい けつえきけん さ によけん さ
問診、身体計測（腹囲の計測を含む）、身体診察、血圧測定、血液検査、尿検査など。

けんしんじつし きかん 健診実施期間

ねん がつ ねん がつ
2024年6月から2025年3月まで

じゅうしんほうほう 受診方法

じゅうしんひょう ほけんしょうとう も じつし いりょうきかん じゅうしん いりょうきかん よやく ひつよう ば
受診票と保険証等をお持ちのうえ、実施医療機関で受診してください。医療機関により、予約が必要な場
あひ
合があります。

ひよう 費用

むりょう じょうきけんしんこうもくい がい けん さ ちりょう う ばあい ゆうりょう
無料。ただし、上記健診項目以外の検査または治療を受ける場合は有料となります。

とくてい ほけん し どう 特定保健指導

とくていけんしん けつか めたぼりっくしんどうろーむ がいとうしゃ よびぐん ほんてい かた かんりえいようし
特定健診の結果によりメタボリックシンドロームの該当者・予備群と判定された方に、管理栄養士などが
あどばいす こじん あ ほけんしどう おこな せいかつしゅうかんかいぜん しえん
アドバイスをしながら、個人に合わせた保健指導を行い生活習慣改善の支援をしていきます。

おおた くこくみんけんこう ほけん いがい いりょうほけん かじゅう かた ひ ふようしゃ ふく かにゅう ほけんしゃ と
※大田区国民健康保険以外の医療保険にご加入の方（被扶養者を含む）は、それぞれ加入する保険者にお問
あ
い合わせください。

くわ ちん ちん
詳しくはこちら⇒
ほんやくきのう
※翻訳機能あり



Specific Health Check/Specific Health Guidance

NHI and Health Affairs Section

Objective

This program aims for the early detection of lifestyle-related illnesses, and aims to prevent the progression of illnesses by improving lifestyles through specific health guidance.

Eligibility: Ota City National Health Insurance members who are between 40 and 74 years old.

A health checkup slip is mailed to those who are eligible. However, only those who have enrolled in NHI and completed the designated procedures no later than December 2024 can undergo a health checkup during the current fiscal year.

Test Areas: Interview, physical measurements (includes measurement around the stomach), physical exam, blood pressure measurement, blood tests, urinalysis, and other examinations.

Health Checkup Period

From June 2024 through March 2025

How to Undergo a Checkup

Please bring your health checkup slip and health insurance card or the like to a medical institution conducting health checkups. Depending on the medical institution used, you may need to make an appointment.

Fee

Free of charge. However, there is a charge for a checkup and/or medical treatment other than the abovementioned.

Specific Health Guidance

If you are considered applicable for metabolic syndrome or in an auxiliary group, as a result of the specially-designated health checkup, you can receive support to improve your lifestyle by undergoing health guidance to fit the individual while receiving advice from nutritionists.

* Members of health insurance program other than Ota City NHI (including dependants) should ask their insurer for details.

Please access this site
for more information ⇒
Note: Automatic
translation available.



人間ドック受診助成

国保保健事業担当

特定健康診査の代わりに人間ドックを受ける場合は、受診費用を助成します。

対象者

保険料の滞納がなく、4月1日時点で大田区国保に加入している方（その他要件あり）

申請期間

2024年5月1日から2025年4月30日まで、先着1,100人

助成額

上限8,400円

詳しくはコチラ⇒
※翻訳機能あり



健康の保持増進事業

国保保健事業担当

国保加入者の健康保持増進を目的として、次の事業を行っています。

データヘルス計画に基づく保健事業

データヘルス計画は、健康・医療情報のデータを活用して、国保加入者の健康づくりや病気の重症化予防を行うものです。対象の方には通知等でお知らせします。

【計画に基づいて行う主な事業】

- ① 特定健康診査（メタボ健診）
- ② 特定保健指導
- ③ 生活習慣病のリスクのある人への医療機関受診勧奨
- ④ 生活習慣病の重症化予防
- ⑤ 後発医薬品利用促進
- ⑥ 適正な医療機関受診・服薬の促進

【健康増進事業】

- ・ はり・きゅう・マッサージ・指圧施術割引利用券の配布
（申込期間7月、利用期間9月～12月）
※ 70～74歳で国保料未納でない人。

- ・ 国保温泉センター割引利用券の配布
※ 在庫がなくなり次第、終了。

Subsidies for Comprehensive Medical Checkup

NHI and Health Affairs Section

If you wish to receive a comprehensive medical checkup instead of the city-operated Specific Health Checkup, part of the cost is subsidized by the city.

Eligibility: Those who are Ota City NHI members as of April 1 and are not behind in payment of insurance premiums. (There are other requirements.)

Application period: From May 1, 2024 to April 30, 2025; for 1,100 applicants on a first-come, first-served basis

Subsidy amount: Maximum ¥8,400

Please access this site
for more information ⇒
Note: Automatic
translation available.



Health Promotion Activities

NHI and Health Affairs Section

Ota City offers the following activities with the goal of promoting the health of city residents insured under the National Health Insurance system.

Health Services Based on the Data Health Plan

The Data Health Plan uses health and medical information data to help NHI members maintain healthy bodies and prevent illnesses from becoming serious. A notification is sent to those who are eligible.

Services provided based on the plan:

- 1) Specific health checks (such as for metabolic syndrome)
- 2) Specific health guidance
- 3) Medical institution health examination recommendations for those at risk of having a lifestyle-related disease
- 4) Preventing lifestyle-related diseases from becoming serious
- 5) Encouraging the use of generic drugs
- 6) Promoting proper use of medical institutions and medicines

Health Promotion Activities

- Distribution of discount tickets for acupuncture, moxa, massage, or finger-pressure therapy
(Application period: July. Period of validity: September through December)

*Available for those who are 70 to 74 years old and up to date in paying their insurance premiums.

- Distribution of NHI Hot Spring Center discount tickets

*For as long as supplies last.

つぎ しょうめいしょ しんせい ほっこう
 次の証明書を申請により発行しています。

しゅるい 種類	てすうりょう 手数料	しんせいまどぐち 申請窓口
こくみんけんこう ほけん ひ ほけんしゃてきようしゅうりょうしょうめいしょ 国民健康保険被保険者適用終了証明書	けん えん 1 件 300 円	⑪～⑬ かいこくほまどぐち 4階国保窓口
こくみんけんこう ほけんりょうふ かがく のうふ がくしょうめいしょ 国民健康保険料賦課額・納付額証明書	ねんど 年度ごとに1件とし、 けん えん 1 件 300 円	
こくみんけんこう ほけん りょうよう よう ひょう 国民健康保険による療養に要した費用の ひ ほけんしゃ ふたんがくしょうめいしょ 被保険者負担額証明書	けん えん 1 件 300 円	

NHI Certificates

Management Section

The following certificates are issued upon application.

Type	Handling Fee	Application Counter
National Health Insurance Loss of Eligibility Certificate	¥300 each	⑪ to ⑬ 4F NHI service windows
National Health Insurance Premium Charged/Payment Certificate	One per fiscal year, ¥300 each	
Personally-Borne Expense Certificate for Expenses Necessary for Treatment with National Health Insurance	¥300 each	

★届出には、世帯主と対象者全員の「マイナンバー確認書類（マイナンバーカード、住民票の写し（マイナンバー付）等）」及び窓口に来る人の「本人確認書類（マイナンバーカード、在留カード、免許証、パスポート等）」が必要です。

★マイナンバー（個人番号）は番号法に定められた業務にのみ使用します。

★マイナンバーカードは、健康保険証として使えます。使うためには、マイナポータル等で手続きが必要です。

★When filing notifications, you must present an individual number (My Number) confirmation document (My Number card, a copy of a residence record [must have your My Number listed], etc.) for the head of the household and all eligible persons, as well as a personal identification (My Number card, residence card, driver's license, passport, etc.) to confirm the identity of the person coming to the service counter.

★Your individual number will only be used for purposes approved in the Act on the Use of Numbers to Identify a Specific Individual in Administrative Procedures.

★You can use your My Number card as a health insurance card at medical institutions. To do so, you must complete registration procedures at Mynportal, etc.

おおた くこくみんけんこうほけんが いどぶつく ねんどばん
大田区国民健康保険ガイドブック（2024年度版）

ねん がつはっこう
2024年4月発行

へんしゅう はっこう おおた くこくみんぶこくほねんきんか
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おおた つかまた ごちやうめ ばん ごう
大田区蒲田五丁目13番14号

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