

NATIONAL HEALTH INSURANCE GUIDEBOOK

—2026—

English version

NERIMA CITY

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1. What is the National Health Insurance System?

Even if you are generally in good health, you never know when or how you may become ill or injured. It costs money to receive treatment for an illness or injury at a medical facility. You would be in trouble if high medical bills prevented you from receiving treatment.

Thus, in order to maximize a reduction of the medical bill burden, Japan developed a system of mutual aid that enables people to prepare for an illness or injury by making regular contributions based on their level of income. This is the system of health insurance. Members (the insured) are obliged to pay premiums for the right to receive treatment for an illness or injury under the health insurance system. All people who live in Japan must enroll in a health insurance system.

The National Health Insurance (NHI) is one of these health insurance systems.

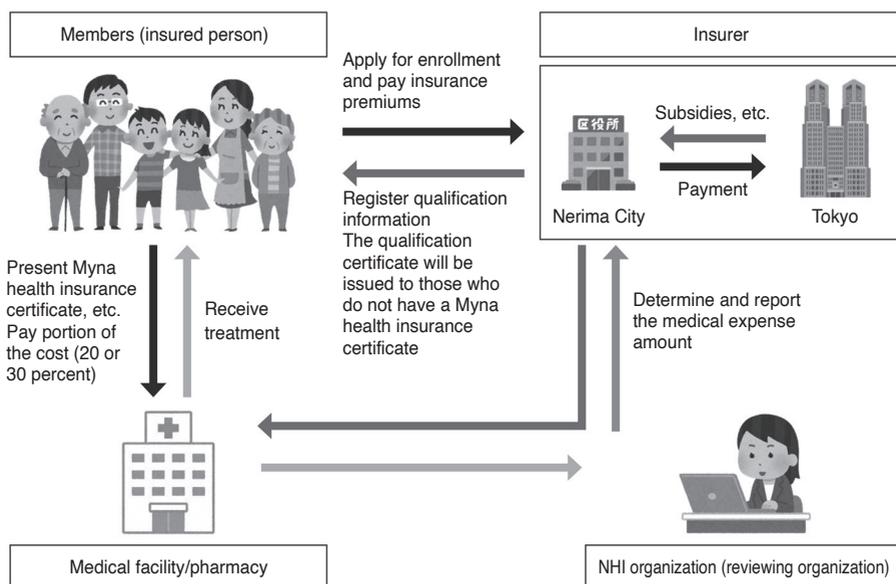
Please ensure that you follow the correct procedures for enrolling in and withdrawing from the NHI. If you wait too long to enroll or withdraw, you may not be eligible to receive treatment at medical facilities under the insurance system, or your insurance premiums may not be calculated correctly.

2. How National Health Insurance works

The NHI is run by each city, town, or village (Nerima City in this case) in cooperation with the prefecture in which the municipal government is located (Tokyo in this case).

Tokyo is primarily responsible for the fiscal management of the system. Nerima City provides services related to qualifying or disqualifying insured persons, issues qualification certificates, etc., assesses and collects premiums, and makes decisions regarding insurance benefits.

- (1) When you complete procedures to enroll in NHI, Nerima City registers your qualification information. If you do not have a My Number card with the health insurance certificate function activated (hereinafter referred to as “Myna Health Insurance Certificate”), the city will issue a “qualification certificate.”
- (2) Nerima City will determine your insurance premium amount and send you a payment notice. Members must pay the insurance premium.
- (3) You must present your Myna health insurance certificate, etc. (Myna health insurance certificate or qualification certificate) when receiving treatment at a medical facility to certify your NHI qualification. You will be able to receive treatment by paying a portion of the total costs (20 or 30 percent).
- (4) The NHI pays the medical facilities for the remainder of the billed expenses.



3. National Health Insurance notifications

When submitting any notifications related to the NHI, please bring documents that show the My Number (the number for individuals) as indicated below in 1, and a form of official ID for the person submitting the notification as indicated below in 2.

If a proxy (someone from another household) is to submit the notification, a proxy letter is required. Please inquire in advance.

1. Documents that show the My Number of the head of household and of each household member who needs to give notification (unless applying for a reissuance of qualification certificates, etc.)
E.g., the My Number card or My Number notification card
2. The person submitting the notification must also present an official personal ID E.g., the My Number card, residence card, special permanent resident certificate, or passport

Inquiries: KOKUHO SHIKAKU KAKARI

4. Enrollment

Those individuals to whom (1) below applies must bring, within 14 days, the required documents for the procedures (refer to (4) of page 4). They must also bring (1) documents showing the My Number of the head of household and of each household member who needs to give notification, and (2) a form of official ID for the person submitting the notification.

*Even if your enrollment is delayed, insurance premiums must be paid retrospectively from the date you should have enrolled in the system. The insured must bear the entire amount of medical bills incurred before enrollment, unless the delay in enrollment was unavoidable.

(1) Those required to join the National Health Insurance

Each and every registered resident of Nerima City (except those listed below in (2) must join the NHI. It is not possible for an individual to decide, of their own free will, to join or leave the program.

(2) Those who cannot join the National Health Insurance

The individuals listed below are not eligible to enroll in the NHI, even if they are registered residents of Nerima City. Those who have a Certificate of Coverage issued by a country that has concluded a social security agreement with Japan do not need to enroll.

1. Anyone who has joined, or who is eligible to join, an employees' or other public health insurance program.
2. Anyone who has been issued a “designated activities” visa and is in Japan for a medical stay, or to assist these individuals traveling for a medical stay, or for sightseeing/recreation, or as a traveling companion.
3. Anyone whose period of stay in Japan is for three months or less. (except for anyone whose status of residence is “entertainer,” “technical intern,” “dependent,” “official,” or “designated activities” (except for medical stays, assisting these individuals traveling for a medical stay, or for sightseeing/recreation, or as a traveling companion) and who has documents that differ in accordance with their status of residence and indicate that they will remain in Japan for more than three months.)
4. Anyone whose status of residence is “temporary visitor” or “diplomat.”
5. Anyone receiving public assistance.
6. Any member of the Medical Care System for Older Senior Citizens (anyone who is 75 years old or older or who is 65 years old or older and has been assessed as having a certain level of disability).

* Voluntary continuation health insurance system

When a member of an employees' health insurance program retires, that person can voluntarily remain in the program for up to two years.

The premiums are different from those for the NHI. To make inquiries or apply for the voluntary continuation health insurance system, please contact your health insurance society, mutual aid association, or the Japan Health Insurance Association, etc.

Please note that you must apply for voluntary continuation within 20 days of the day following your retirement. If you are eligible, please consider this plan in advance and complete the procedure.

*** To those moving out of Nerima City for admission to a school or institution**

Individuals enrolled in the Nerima City NHI program who move out of Nerima City to enter college, high school, or another school or to live in a child welfare or other institution will remain enrolled in the Nerima City program. Bring a document that certifies that you are enrolled in Nerima City NHI and the required documents, such as school (or institution) enrollment or admission certificate, and complete the procedure at the Kokuho Shikaku Kakari service counter.

(3) Date of required enrollment in the National Health Insurance

1. The date when you move into Nerima City (enter Japan).
2. The date when you become disqualified from an employees' or other public health insurance program.
3. The date when a baby is born.
4. The date when you cease to receive public assistance.
5. The date when you acquire residence status for a mid- to long-term stay.

(4) Enrollment procedure

1. When you move into Nerima City (enter Japan):
Visit a local residents' office and complete the procedure for transferring your residence records to Nerima City. If you have a "designated activities" visa, bring the certificate of designation attached to your passport to confirm that you are not in Japan for a medical stay, to assist these individuals traveling for a medical stay, or for sightseeing/recreation, or as a traveling companion.
2. When you withdraw from an employees' or other public health insurance program:
Bring a certificate showing you are no longer a member of the health insurance program.
3. When a baby is born: (Refer to the childbirth lump-sum allowance as listed in 14 of page 14.) Bring the Maternal and Child Health Handbook.
* It is possible to enroll a child in the NHI within 60 days of birth, during which time residence records may be created without a status of residence. However, a child's residence records will be deleted, and the child will lose NHI eligibility if 60 days have passed without obtaining a status of residence for a mid- to long-term stay. Please complete the procedure for acquiring a child's status of residence within 30 days of birth.
4. When you cease to receive public assistance:
Bring your decision notice of public assistance or public assistance recipient certificate (confirming the date of termination).
5. When you acquire residence status for a mid- to long-term stay:
Register your address at a local residents' office. If you have a "designated activities" visa, bring the certificate of designation attached to your passport to confirm that you are not in Japan for a medical stay, to assist these individuals traveling for a medical stay, or for sightseeing/recreation, or as a traveling companion.

(5) Service counter

Complete the required procedures at Kokuho Shikaku Kakari, Kokuho Shakujii Kakari, or a local residents' office (excluding Nerima and Shakujii).

- * Qualification certificates will be mailed to the head of household by simple registered mail approximately one week after the NHI enrollment application is submitted. Ensure that you have a nameplate at the entrance of your house or on the mailbox.
- * To have your qualification certificate issued immediately, bring your residence card, special permanent resident certificate, or passport and complete the required procedures at Kokuho Shikaku Kakari or Kokuho Shakujii Kakari.

(6) If your period of stay is extended or your status of residence changes

If you do not extend the period of stay that you reported at the time of enrollment, you will be disqualified from the NHI the day after your period of stay expires. Once you have been granted an extension for your period of stay, your new qualification certificate with the updated expiration date or a qualification information notification will be mailed to you.

If you have a Myna health insurance certificate*, you must also complete procedures to continue use of your My Number card and the electronic certificate stored on the card when you extend your period of stay.

Please consult Kokuho Shikaku Kakari in the following cases:

1. If the expiration date of your period of stay is reached before you are granted an extension of your period of stay:
Bring your residence card showing that you applied for an extension of your period of stay, your passport, and

your Myna health insurance certificate (or qualification certificate) and seek advice on extending the valid period (maximum of two months).

2. If your status of residence will be of a temporary visitor or your period of stay will be three months or less:
Bring both your passport and your Myna health insurance certificate (or qualification certificate) and seek advice
3. If you have remained in Japan as a temporary visitor during the time between your previous and new status of residence:
Bring your residence card, your passport, and your Myna health insurance certificate (or qualification certificate) and complete the procedure for maintaining your NHI membership for the period of stay as a temporary visitor.

* See "7. Myna health insurance certificate, etc." on page 6 for more information on Myna health insurance certificates.

Inquiries: KOKUHO SHIKAKU KAKARI

5. Withdrawal

When moving out of Nerima City or joining an employee or other public health insurance programs, you must complete the NHI withdrawal procedure within 14 days. If you have a Nerima City NHI qualification certificate, you must return it to the city. Bring the documents required for the procedure (refer to 3 (2) on page 2), along with (1) documents that show the My Number of the head of household and of each household member who needs to complete the procedure and the (2) official ID for each person completing the procedure. (see "3. National Health Insurance notifications" on page 3).

* You will continue to be billed for insurance premiums until you complete the withdrawal procedure. Please note that if the submission of withdrawal notification is delayed for one year or longer, premiums may not be reduced, and overpaid premiums may not be refunded. If you receive medical treatment using the Nerima City NHI after joining an employee health insurance program or a national health insurance society, you may be required to reimburse Nerima City for the portion of the medical expenses it covered.

* It is not possible to withdraw from the NHI even if you are a member of a health insurance program for international students, have a life insurance plan that provides medical benefits, or have traveler's accident insurance. These types of insurance are not considered as forms of public health insurance in Japan.

(1) Dates on which you withdraw from the National Health Insurance:

1. The day after you leave Japan.
2. The date you move out of Nerima City to another municipality in Japan.
3. The date after you join an employees' or other public health insurance program (or the date of enrollment, in the case of an NHI society).
4. The following day after the date of death.
5. The date you start receiving public assistance.
6. The day after your 75th birthday. (You will automatically switch to the Medical Care System for Older Senior Citizens [refer to page 25].)
7. If you are under age 75, the day after you are assessed as having a certain level of disability and are enrolled in the Medical Care System for Older Senior Citizens.
8. The day after your period of stay expires or the day after your residence records have been deleted following notification from the Immigration Services Agency of Japan.

(2) Procedure for withdrawing from the NHI

1. When leaving Japan:
Visit a local residents' office before your departure and complete the procedure for deleting your residence records.
If you fail to complete this procedure at a local residents' office, you will continue to be an NHI member and will be required to pay insurance premiums while you are overseas. It is not possible to retrospectively disqualify you from the NHI when re-entering Japan. If you receive medical treatment overseas while being an NHI member, refer to the information on overseas medical expenses as listed in 13 of page 13.

2. When you move out of Nerima City and to another municipality in Japan:
Complete the procedures for deleting your residence records at a local residents' office in Nerima City and, for moving in, at the residence records desk of the municipal office administering your new address. You will be withdrawn from Nerima City NHI on the date you move to your new address.
A notification on the settlement of your insurance premiums will be mailed to your new address.

3. When you join an employees' or other public health insurance program:
If you do not complete the procedure for withdrawing from the NHI, you will become a member of two health insurance programs and will be charged both premiums. Bring the qualification certificate or qualification information notification for the health insurance program of your new place of employment (for all enrolled household members), and the Nerima City NHI qualification certificate(s) (only for those who have one) to complete the required procedure.
You can also complete procedures electronically using the two-dimensional code on the right.

- Notes: 1. Be sure to prepare a document that certifies the starting date
2. Attach image files of your new qualification certificate, your qualification information notification, or your health insurance qualification information screen from the Myna Portal when you apply.



4. the event of a death:
You do not need to complete any procedure for withdrawing from the NHI. Funeral expense benefits will be issued. For more information on application procedures, please see "15. Funeral Expense Benefits" on page 15.

5. When you begin receiving public assistance:
Bring your decision notice of public assistance or public assistance recipient certificate (confirming the starting date) and complete the required procedure.

6. When you enroll in the Medical Care System for Older Senior Citizens:
(1)When you turn 75:
You do not need to complete any procedure for withdrawing from the NHI. You are automatically switched to the Medical Care System for Older Senior Citizens (page 25).
(2)When those under age 75 have been assessed as having a certain level of disability: Bring the documents that were issued to you when you completed the procedure for joining the Medical Care System for Older Senior Citizens or your qualification certificate, etc. for this system and complete the required procedure.

7. When your residence records have been deleted because, e.g., your period of stay has expired or your status of residence has changed to a temporary visitor: Refer to (6) on page 4.
*You cannot withdraw from the NHI program for such reasons as high insurance premiums or not using the health insurance.

Inquiries: KOKUHO SHIKAKU KAKARI

6. Other procedures

In any of the following cases, bring either your residence card or special permanent resident certificate and complete the required notification procedure at a local residents' office within 14 days.

1. Change of address within Nerima City
2. Change in the head of household
3. Change of alias

Inquiries: KOKUHO SHIKAKU KAKARI

7. Myna Health Insurance Certificate

The Myna health insurance certificate is proof that you are a member of the NHI system, and is required when using your insurance at medical facility and pharmacies.

(1) Types of Myna health insurance certificates, etc.

Type	Description	Expiration date	Using your certificate at medical facilities or pharmacies
Myna health insurance certificate	My Number card with the health insurance certificate function activated (you must complete the activation procedures yourself) Note: See "(2) Myna health insurance certificates".	None Note: You must complete a separate procedure to renew your electronic certificate.	Scan your card at the facial recognition card reader.
Qualification certificate	A card that lists your health insurance qualification information. Issued to those who do not have a Myna health insurance certificate. Note: See "(3) Qualification Certificates".	Yes Note: See "(8) Expiration date".	Present it at the counter.
Qualification information notification	An A4-sized sheet of paper issued to the holders of the Myna health insurance certificate to confirm their qualification details. Note: See (4) Qualification Information Notification.	None Note: The expiration date for the percentage of coinsurance is only indicated for individuals aged 70 to 74.	A document to present along with your Myna health insurance certificate in cases where the card cannot be used because of card reader malfunctions or other reasons.

(2) Myna health insurance certificates

If you have a My Number card, you can use it as a health insurance certificate if you activate that function in advance. For more information, please visit the Nerima City website. Scan the two-dimensional code on the right to access the website.



Notes:

1. Even if your health insurance qualification changes, you can continue to use your Myna health insurance certificate, but you will need to follow the usual procedures for joining or leaving the Nerima City NHI system.
2. Once the electronic certificate on your My Number Card (Individual Number Card) expires, your Myna health insurance certificate will become unusable. In this case, you will need to renew the electronic certificate.
For more information, please visit the Nerima City website. Scan the two-dimensional code on the right to access the website.
3. If you use your Myna health insurance certificate at a medical facility or pharmacy, you do not have to present an elderly recipient certificate or eligibility certificate for ceiling amount application
4. In cases where the card cannot be used because card reader malfunctions or other reasons, present your qualification information notification or your health insurance qualification information screen from the Myna Portal and your Myna health insurance certificate at the reception desk of the hospital or pharmacy.
5. To victims of domestic violence and abuse
For individuals who have applied for support under the Basic Resident Register system and are enrolled in the Nerima City NHI program, the city restricts certain functions, including the use of the Myna health insurance certificate. If you want to use your Myna health insurance certificate while maintaining this protective restriction, contact the Kokuho Shikaku Kakari. If the DV, abuse, or other harm ceases and the restriction is no longer necessary, notification to Kokuho Shikaku Kakari is required.



(3) Qualification certificates

Qualification certificates are issued to those who do not have a Myna health insurance certificate so that they can use health insurance when receiving treatment.

Those who will receive a qualification certificate without an application

1. Those who do not have a My Number card
2. Those who have a My Number card but have not activated the health insurance certificate function.
3. Those who have canceled their registration for the use of the Myna health insurance certificate or returned their My Number Card (Individual Number Card)
4. Those who will not be able to use their My Number Card (Individual Number Card) as a Myna health insurance certificate because of the expiration of the card's electronic certificate.

Those who will receive a qualification certificate with an application

1. Those who have difficulty using their Myna health insurance certificate to receive medical treatment (such as the elderly and persons with disabilities)
2. Those who have lost their My Number Card (Individual Number Card) or are currently in the process of renewing it
3. Those who have lost their qualification certificate
4. Those who have returned their My Number Card (Individual Number Card) or whose card's electronic certificate has expired, and who applied before the above conditions listed in "Those who will receive a qualification certificate without an application" took effect.

Note:

1. A qualification certificate will be issued to all individuals newly enrolled in the Nerima City NHI program.
2. Organ donation declaration section

On the back of the qualification certificate, there is an organ donation declaration section. The declaration is voluntary. Stickers to conceal the filled-in information are available at Kokuho Shikaku Kakari, Kokuho Shakujii Kakari, and a local residents' office (excluding Nerima and Shakujii)

You can access the webpage via the QR code on the right.



(4) Qualification Information Notification

The qualification information notification is an A4-sized sheet of paper issued to people with a Myna health insurance certificate so that they can easily check their health insurance qualification. You cannot use this document alone to receive treatment at medical facilities or pharmacies.

If you cannot use your Myna health insurance certificate at a medical facility or pharmacy due to malfunctioning card readers or the like, you can use health insurance by presenting this document along with the Myna health insurance certificate.

You can also check your qualification information by logging in to Myna Portal on your smartphone.

Scan the two-dimensional code on the right to access the portal.



(5) Those who have difficulty using their Myna health insurance certificate

If you have a Myna health insurance certificate but have difficulty using it at hospitals or pharmacies because of advanced age, disabilities, or other reasons, you may apply to receive a qualification certificate.

For detailed application procedures, visit the Nerima City website. You can access the webpage via the QR code on the right.



(6) Do not lend or borrow Myna Health Insurance Certificate, etc.

Never lend or borrow a Myna health insurance certificate, etc. to/from another person. Such action is a punishable offence.

(7) Receiving treatment at medical facilities/pharmacies

Confirm your qualification information at a medical facility or pharmacy using one of the following methods.

1. Present your Myna Health Insurance Certificate.
2. Present your qualification certificate.

*To receive treatment covered by the NHI, you must go to a medical facility that is partnered with the NHI. If you receive treatment at a medical facility that is not partnered with the NHI, the treatment will not be covered by insurance and will be required to pay all bills for the services. (The majority of medical facilities are partnered with the NHI.)

(8) Expiration

A qualification certificate is valid for a maximum of two years. Therefore, the expiration date of the current certificate is September 30, 2027, at the latest.

1. When you enrolled alone:
The qualification certificate is only valid until the earlier of the expiration date stated on the certificate or the end of the period of stay.

2. When a family (two or more people) enrolled:

The qualification certificate is only valid until the earlier of the expiration date stated on the certificate or the longest period of stay among the insured. Note that even when your certificate has not expired, you will no longer be eligible for the NHI after the expiration of your period of stay.

3. For newborn babies who have not acquired a status of residence:

Your baby's qualification certificate is valid until the 61st day after birth. Please complete the procedure for acquiring the baby's status of residence within 30 days. Once Kokuho Shikaku Kakari confirms that your baby has acquired a status of residence and meets the requirements to be a member of the NHI, a new qualification certificate will be mailed to you. New qualification certificates expire on the expiration date listed or the last date of stay for any of the NHI members in the household, whichever is earlier.

*If you have extended your period of stay, please refer to (6) on page 4.

*The conditions in 2 and 3 above will apply until December 2026. Starting in January 2027, the expiration date of the qualification certificate will align with each individual's period of stay.

(9) Reissuance or return of certificates

If you lose or damage your qualification certificate or qualification information notification so that you cannot use it, apply to reissue the certificate. Bring (2) an official ID of the person submitting the documents as listed in 3 of page 2.

When you move out of Nerima City, join an employee health insurance program and submit a withdrawal notice, or reach the end of your period of stay, please return your qualification certificate (if you have one). You are responsible for disposing of your expired qualification certificate (e.g., by cutting it with scissors) or for returning it to Kokuho Shikaku Kakari, Kokuho Shakujii Kakari, or a local residents' office (excluding Nerima and Shakujii).

(10) Elderly Recipient Certificate

An elderly recipient certificate will be issued to individuals aged 70 to 74 who do not have a Myna health insurance certificate.

Elderly Recipient Certificates can be used from the month following the month in which your 70th birthday falls (or your birthday month if your birthday falls on the first day of the month) to the day before your 75th birthday. Present it along with your qualification certificate to hospitals and pharmacies. If you have a Myna health insurance certificate, continue using it at hospitals and pharmacies. In cases where the card cannot be used because of card reader malfunctions or other reasons, present your qualification information notification or your health insurance qualification information screen from the Myna Portal and your Myna health insurance certificate at the reception desk of the hospital or pharmacy.

For individuals newly eligible for this system, either an elderly recipient certificate or a qualification information notification will be mailed to the head of the household toward the end of the month of their 70th birthday (or the preceding month if their birthday is on the 1st). You do not need to give any notification.

1. Coinsurance

The percentage of coinsurance indicated on the elderly recipient certificate or qualification information notification is either 20 or 30 percent.

Your coinsurance is determined each year according to your resident tax (ward and municipal inhabitant tax and metropolitan inhabitant tax) and is renewed on August 1.

For more information on coinsurance, refer to "8. Insurance benefits" on page 10.

2. Criterion for determining coinsurance

Coinsurance is determined for NHI members who are 70 years of age or older and live in the same household.

Coinsurance	Criterion
20%	(1) Taxable income for resident tax (*1) is less than ¥1,450,000 for all NHI members who are 70 years of age or older in the household
	(2) The total calculated income, based on the former Local Tax Act (*2), is ¥2,100,000 or less for all NHI members who are 70 years of age or older in the household
30%	Other than (1) and (2)

If we determine that your coinsurance is 30 percent according to the criterion above, it may be 20 percent if you meet the following criterion. (You may be required to file an application in some cases.)

No. of NHI members who are 70 years of age or older in the household	Annual income (*3)
One	(1) The NHI member's annual income is under ¥3,830,000
	(2) The total annual income of the NHI member and former NHI members (*4) is under ¥5,200,000
Two or more	Total annual income is under ¥5,200,000

Notes:

1. "Taxable income for resident tax" refers to the amount after necessary expenses and income deductions are subtracted from total income. The calculation for resident tax is based on this amount.
2. "Calculated income, based on the former Local Tax Act" refers to the amount after deducting the basic exemption of ¥430,000 for resident tax ★ from your total net income for the previous year (January–December) plus any forestry income, income from the transfer of stocks, and long-term (or short-term) capital gains. However, a deduction carried forward for miscellaneous losses does not apply.
★ If the total income exceeds ¥24,000,000, a deduction will be reduced in stages.
3. "Annual income" refers to the amount of total income before deducting necessary expenses and various income deductions.
4. "Former NHI members" refers to those who continue to be in the same household as NHI members after withdrawing from the NHI and being switched to (joining) the Medical Care System for Older Senior Citizens.

Inquiries: KOKUHO SHIKAKU KAKARI

8. Insurance benefits

When you are ill or injured, you can receive the treatment you need at a medical facility that is partnered with the NHI (the vast majority of medical facilities are designated as such) by presenting your Myna health insurance certificate, etc. (Myna health insurance certificates, qualification certificates, or health insurance certificates). When you receive treatment, you pay 20 to 30 percent of your medical bill at the reception desk. Nerima City will pay the remainder.

If you receive treatment without showing your Myna health insurance certificate, etc., you will be required to pay the full medical bill.

If you use your Myna health insurance certificate, etc. after being disqualified from Nerima City NHI because, for example, you have moved out of the city or your period of stay has expired, you must reimburse the amount paid by Nerima City.

If you use someone else's Myna health insurance certificate, etc., you will be reported to the police.

Coinsurance for medical bills

Preschoolers (0 to 6 years of age)	20% (*1)
Children of compulsory education age to persons at the age of 69	30% (*1)
Persons between 70 and 74 years of age	20% or 30% (See "Criterion for determining coinsurance" on page 9.)

(*1) For children up to the third year of high school, there is no coinsurance if you show their Infant/Toddler Medical Care Certificate or Children's Medical Care Certificate along with their NHI certificate.

Inquiries: KOKUHO KYUFU KAKARI

9. Treatment not covered by the insurance

The following treatments are not covered by the NHI, and you must pay the full amount:

1. Injuries caused by traffic accidents (You must contact us in advance to receive treatment covered by the NHI.)
2. General medical checkups and complete medical examinations (known as "Ningen Dock")
3. Inoculations/vaccinations

4. Normal pregnancy and delivery
5. Cosmetic purposes
6. Work-related injuries or diseases (These are covered by workers' accident compensation insurance plans.)
7. Injuries or illnesses resulting from criminal or intentional acts of the insured
* Insurance benefits will be limited if the insured becomes injured or ill because of a fight or being drunk.

Inquiries: KOKUHO KYUFU KAKARI

10. High-cost Medical Expense Benefit

If you incur high medical bills due to hospitalization or for other reasons, you can receive a partial refund under the High-cost Medical Expense Benefit.

Medical bills are calculated for the month of treatment (from the first day to the last day of the month).

Bills you incur in other months are not added.

Treatments not covered by the NHI, extra charges for a private room, and hospital meal bills are not eligible for this benefit.

For those under the age of 70, any copayment under ¥21,000 for one month and one medical facility cannot be added. In this case, inpatient and outpatient bills are calculated separately, even for the same medical facility.

As a rule, a claim should be made by the head of your household within two years from the first day of the month following the month in which you received medical treatment.

[How to file a claim]

If you are eligible to receive a High-cost Medical Expense Benefit, you will be notified within three to four months after you receive treatment. Please follow the instructions provided to apply for the benefit. Once you submit your application, you do not need to apply for the benefit thereafter if you have high medical expenses again.

*Always keep your receipts safe.

Your maximum copayment for one month varies according to the income of your household and other factors as described in the table below.

○ For households whose NHI members are under 70 years old

Income Category	Ceiling for the entire household of NHI members	
	Up to 3 times	4 times or more
A	¥252,600 + (100% of the total medical bill - ¥842,000) × 1%	¥140,100
B	¥167,400 + (100% of the total medical bill - ¥558,000) × 1%	¥93,000
C	¥80,100 + (100% of the total medical bill - ¥267,000) × 1%	¥44,400
D	¥57,600	¥44,400
E	¥35,400	¥24,600

○ Income categories

•A*1

Households of NHI members whose total calculated income, based on the former Local Tax Act*2 is over ¥9,010,000.

•B

Households of NHI members whose total calculated income, based on the former Local Tax Act*2, is over ¥6,000,000 but ¥9,010,000 or less.

•C

Households of NHI members whose total calculated income, based on the former Local Tax Act*2, is over ¥2,100,000 but ¥6,000,000 or less.

•D

Households of NHI members whose total calculated income, based on the former Local Tax Act*2, is ¥2,100,000 or less.

•E

Households in which all NHI members are exempt from resident tax.

*1. Households that have one member who has not filed a resident tax report fall under category A. You must file a resident tax report regardless of whether you have an income or not.

*2. Calculated income, based on the former Local Tax Act: the total net income of NHI members, including wages and miscellaneous income, minus the basic exemption for resident tax.

- The maximum copayment is calculated differently for households whose NHI members are age 70 or older, and for households that contain both members under the age of 70 and members who are age 70 or older. Please contact us for more information.

- For those who will incur high medical bills (issuance of an Eligibility Certificate for Ceiling-Amount Application)

Receipt of a High-cost Medical Expense Benefit usually takes five to six months from the time you received medical treatment.

If you show your Eligibility Certificate for Ceiling-Amount Application, you will only be charged a ceiling on copayments, plus the cost of food, etc., which is at your own expense, instead of the full copayments (20–30%). (You must pay separately for any treatments not covered by the NHI.)

You must apply to receive an Eligibility Certificate for Ceiling-Amount Application. Please contact us for more information. As a rule, an Eligibility Certificate for Ceiling-Amount Application cannot be issued if you fall behind on the payment of NHI premiums. In addition, if you use a Myna health insurance certificate, in principle, you do not have to present the eligibility certificate for ceiling-amount application. (This does not apply to cases in which you are receiving a reduction in meal costs during long-term hospitalization.)

Inquiries: KOKUHO KYUFU KAKARI

11. Hospital Dietary Therapy Expense Benefit

You will be charged a portion of the cost of each hospital meal (standard amount of patient liability: ¥510). The NHI will pay the remainder of the cost.

If all members of the household are exempt from paying resident tax, they are eligible for a reduction of hospital meal bills as indicated in Tables (1) and (2) below by presenting your Myna health insurance card, or an Eligibility Certificate for Ceiling-Amount Application and Reduction of the Standard Amount of Patient Liability. An application is required for the issuance of this certificate.

In the cases of (1) and (2), you must reapply for a reduction if you are in a household exempt from resident tax and the length of your hospital stay has exceeded 90 days in the past 12 months including the month in which you are making an application. Please contact us in advance.

(1) Meal bills for those 70 to 74 years old

Income category	Length of hospital stay (in the past 12 months)	Meal bill (per meal)
Taxable households	Any length	¥510
Households exempt from resident tax	II	Up to 90 days
		From 91 days
	I	Any length
		¥110

(2) Meal bills for those under 70 years old

Income category	Length of hospital stay (in the past 12 months)	Meal bill (per meal)
Households A to D	Any length	¥510
Household E (Households exempt from resident tax)	Up to 90 days	¥240
	From 91 days	¥190

Inquiries: KOKUHO KYUFU KAKARI

12. Combined High-cost Medical and Long-term Care System

If you made copayments for medical bills and long-term care services and they exceed the household ceiling during the year, you will be reimbursed for the excess amount as a High-Cost Long-Term Care Unitary Medical Care Benefit. Please contact us for more information.

Inquiries: KOKUHO KYUFU KAKARI

13. Medical expenses

In the following cases, you must initially pay the full amount. However, by filing a claim, you can be refunded the amount in excess of your copayment. This is limited to expenses approved as relevant by an inspection agency.

A claim should be made by the head of your household within two years from the date following your payment of medical expenses.

After filing a claim, it will take around three months to receive a refund.

- (1) If you receive medical treatment without showing your Myna health insurance certificate for unavoidable reasons, such as an emergency.
- (2) If you had medical equipment created, such as a brace or corset, on the recommendation of a physician.
- (3) If a physician permits you to receive treatments such as acupuncture, moxibustion, or massage and gives their consent, based on the progress of your medical treatment. (Please contact us before receiving these treatments.)

[How to file a claim]

You must submit a claim form (available at Kokuho Kyufu Kakari and Kokuho Shakujii Kakari), the patient's personal identification document, the bank account details of the head of household as well as the following documents.

For (1) above: (a) a detailed statement of medical/dental/dispensing fees (medical statements provided with the receipt are not accepted); (b) receipts.

Note: Please ask the medical facility where you received treatment for the statement as indicated in (a).

For (2) above: (a) a physician's letter stating that you need the medical equipment (a medical certificate is also accepted); (b) receipts issued by the manufacturer (with a full breakdown of the payment); (c) a photograph of orthopedic shoes (a photo is required for orthopedic shoes only)

For (3) above: (a) a physician's letter of consent; (b) receipts; (c) a treatment fee statement; (d) a statement indicating the reason for receiving treatment 16 times or more per month for a period of one year or longer and the patient's current condition (required only if a year or more has passed since your first treatment and you have received treatment 16 times or more per month); (e) a copy of your treatment report (required if you are filing a claim for a treatment report issuance fee).

Overseas medical expenses

In some cases, you may receive insurance benefits for medical treatment received overseas for injuries or sudden illness if you are an active member of Nerima City NHI. You temporarily pay the full medical bills in that country and, after returning to (re-entering) Japan, you can file a claim for the portion covered by the insurance program.

We calculate the probable cost if the treatment offered by the overseas medical facility were to be received at a partnered medical facility in Japan (based on a list of medical fee points). You will be reimbursed for the amount after deducting your copayments from either the amount calculated using the method above, or the actual amount you paid, whichever is lower.

However, reimbursement for overseas medical expenses is only applicable to medical practices that are approved as medical treatment covered by health insurance in Japan.

In addition, you cannot file a claim if you traveled overseas to receive medical treatment (apart from some cases of organ transplant).

[How to file a claim]

To file a claim, you must submit a claim form (available at Kokuho Kyufu Kakari and Kokuho Shakujii Kakari) and all of the following documents. **Claims are only accepted at the service counters, so please do not send claims via postal mail or the like.**

- 1) Attending Physician's Statement (Form A) (if written in a foreign language, a Japanese translation is also required as your claim will be reviewed in Japanese; copies not accepted.)
- 2) Itemized Receipt (Form B) (If written in a foreign language, a Japanese translation is also required as your claim will be reviewed in Japanese; copies not accepted.)

- 3) Receipts (If written in a foreign language, Japanese translations are also required as your claim will be reviewed in Japanese; copies not accepted.)
- 4) The patient's personal identification document
- 5) Bank account details of the head of household (It is not possible to pay into an overseas account.)
- 6) Passport that shows proof of travel (An airline ticket stub is required if there is no immigration stamp; copies not accepted.)
- 7) Agreement of Authorization (Nerima City-designated form)
 - *Please obtain the Attending Physician's Statement (Form A) and Itemized Receipt (Form B) before traveling abroad. They are available at the service counter of Kokuho Kyufu Kakari and Kokuho Shakujii Kakari, or you can download them from the Nerima City website. When receiving medical treatment overseas, please ensure that you have the medical facility fill in and sign the forms. A separate form is needed from each medical facility for each month and for inpatient and outpatient treatment.
 - *We cannot accept any incomplete forms.
 - *Japanese translations must contain the name and address of the translator.

Hospital transport expenses

As a rule, you can file a claim for hospitalization or a transfer to another hospital with a physician's instructions and agreement. Transport expenses will be reimbursed if all the following requirements are met and if approved by the review agency:

- (a) The medical care that necessitates the transport is considered appropriate as medical treatment covered by the insurance.
- (b) It is difficult for the patient to travel due to the illness or injury that necessitates the medical care.
- (c) It is an emergency or other unavoidable incident.

[How to file a claim]

Submit a claim form (available at Kokuho Kyufu Kakari and Kokuho Shakujii Kakari) and the following documents:

- 1) A letter from the physician who accepted that you needed the transport (a form specified by Nerima City)
- 2) A receipt for the mode of transport (including a breakdown and details of the fees)
- 3) Personal identification document for the person who was transported
- 4) Bank account details of the head of household

Inquiries: KOKUHO KYUFU KAKARI

14. Childbirth Lump-Sum Allowance

The childbirth lump-sum allowance is paid out when a member of Nerima City NHI gives birth (or has a stillbirth or miscarriage on or after the 85th day of pregnancy). You must file a claim within two years from the day following a childbirth (stillbirth or miscarriage) or after a funeral.

*The fact that a spouse, etc. is an NHI member does not entitle them to file a claim.

1. Using the Direct Payment System for Childbirth Lump-Sum Allowance

Apply at the medical facility where you will be giving birth. NHI will pay the childbirth lump-sum allowance directly to the medical facility.

2. Using the Proxy Recipient System for Childbirth Lump-Sum Allowance

(advance application required)

If you submit your application in advance, NHI will pay the childbirth lump-sum allowance directly to the medical facility.

Application can be filed two months before your due date.

If you are unable to use system 1 or 2 above, if you used system 1 and your hospital delivery costs are less than ¥500,000, or if you gave birth abroad, apply at Kokuho Kyufu Kakari. **If you gave birth outside of Japan, you must apply at one of the service counters. Applications are not accepted via postal mail.**

Category	Allowance	Applicant	Documents required
Childbirth Lump-sum Allowance	¥500,000 per child (also applicable to stillbirths and miscarriages on or after the 85th day of pregnancy)	Head of household at the time of the childbirth	Personal identification document, Maternity and Child Handbook (containing the Certificate of Birth Registration), a copy of the bank account details of the head of household, an agreement on your use or not of the Direct Payment System, as well as receipts and itemized statements for your hospital delivery costs. <ul style="list-style-type: none"> ● If you gave birth overseas, you are required to provide an official ID, a copy of the head of household's bank account information, your passport and the child's birth certificate (*1) as proof of travel, and receipts (*1). You must also sign a consent form for an on-site investigation when you apply. (Apply after returning to Japan.) ● If you had a stillbirth or miscarriage, a medical certificate is required, instead of a Maternity and Child Handbook.

*1 If any of the required documents, such as birth certificates, that are written in a foreign language must be submitted with a Japanese translation.

Inquiries: KOKUHO KYUFU KAKARI

15. Funeral Expense Benefits

When a member of Nerima City NHI passes away, a funeral expense benefit is paid to the person who held the funeral (the chief mourner). The application period for this benefit is two years from the day after the funeral.

*The benefit will not be paid out for deaths resulting from traffic or industrial accidents.

Benefit amount	Applicant	Documents required
¥70,000	Chief mourner	Personal ID document, funeral receipt or letter of condolence (with the name of the chief mourner), copy of the chief mourner's bank account information

Inquiries: KOKUHO KYUFU KAKARI

16. In the event of a traffic accident (injuries caused by the acts of a third party)

"Injuries caused by the acts of a third party" refers to the injuries that you suffered through the acts of a third party, such as traffic accidents, including accidents between cyclists, and assaults.

If the injured person is not at fault, all the costs for treating the injury (medical bills) are borne by the person at fault. If the injured person is partially at fault, the person who is most at fault pays a portion of the medical bills according to the percentage of their responsibility. NHI can be used if you satisfy the following conditions:

1. **You must report the accident or incident immediately to the police.**
2. **You must contact (phone) Nerima City Kokuho Kyufu Kakari before receiving treatment at a hospital or other medical facility and ask whether NHI covers the medical treatment.**

The person who is most at fault is to pay a portion of the medical bills according to their percentage of fault. Under this program, Nerima City NHI will temporarily pay this portion and later recover it from the person who is most at fault.

Inquiries: KOKUHO KYUFU KAKARI

17. If you cannot pay your medical bills

If special circumstances, such as a disaster, illness, or injury, create difficulty for you to make your copayments, you may be able to receive a reduction of or exemption from your copayments for up to three months.

Eligibility is determined by comparing your medical bills and your total household assets, including your average household income and savings, with the calculated amount based on the public assistance standard.

Please call us for a consultation and tell us your situation. We will then inform you of the documents required.

Inquiries: KOKUHO KYUFU KAKARI

18. Insurance premiums

You will be billed for insurance premiums from the time when you become eligible for NHI membership (such as when you move into the city or withdraw from another public health insurance program).

Even if you do not receive any treatment at a medical facility, you must pay insurance premiums. Insurance premium notification and payment slips will be mailed to the head of household, as stipulated by law.

Insurance premiums are calculated for household as a unit, based on the number of NHI members, the number of Category 2 insured persons of the Long-Term Care Insurance (between 40 and 64 years of age), and the calculated income, based on the former Local Tax Act.

* To heads of households not enrolled in NHI

NHI is a system managed on a household basis according to the National Health Insurance Act.

The head of the household is responsible for handling enrollment procedures, submitting various notifications, and paying insurance premiums on behalf of the household.

For this reason, even if the head of household is not enrolled in NHI, the head of household will receive payment notices and payment slips by postal mail (Article 9 and Article 76 of the National Health Insurance Act). The insurance premiums you must pay are only for those enrolled in NHI.

(1) We determine and notify you of your insurance premiums in June

We calculate your annual insurance premium (from April to March of the following year) based on your report on the income earned during the previous year (from January to December) and notify you of it at the end of June (because the City Taxation Section determines the income earned during the previous year in mid-June).

For this reason, you will pay your annual insurance premium in ten installments from June to March of the following year.

No insurance premiums will be due in the April and May payment periods. Therefore, "Payment due in X (month)" on the payment slip refers to the billing month, which may differ from the actual month in which you became an NHI member.

Example

A household whose annual insurance premium is ¥120,000

¥12,000 for 1 payment period × 10 times
* The monthly insurance premium is ¥10,000.

*Please note that amounts less than ¥10 are all included in the first payment period. For those whose premiums are deducted from their pension payment (Special Collection), the amounts less than ¥100 are all included in the October payment period.

*Although no insurance premium payments are made in the April and May payment periods, if there are changes to your insurance premiums for the previous fiscal year or before, we may send you a notification in April or May.

When we mail insurance premium notifications and payment slips

Late-June	After determining your insurance premiums for this fiscal year, we will mail you an insurance premium notification and payment slips. (As a rule, only a notification will be mailed to households that pay their premiums by direct debit or whose premiums are deducted from their pension payment [Special Collection].) We will enclose payment slips covering each month of the first half of the fiscal year from the June to October payment period and one for the single annual payment.
Late-November	We will mail payment slips for the second half of the fiscal year from the November to March payment period. As a rule, these will not be mailed to households that pay their premiums by direct debit or whose premiums are deducted from their pension payment (Special Collection).

(2) How insurance premiums are calculated

Your insurance premiums consist of the (1) basic (medical treatment) portion, (2) latter-term elderly support portion, (3) long-term care portion (only for households with members aged 40 to 64), and (4) child and childcare support portion (newly introduced in fiscal 2026). The annual insurance premium is the sum of (1) the income-based amounts paid according to the previous year's income for each NHI member in the household and (2) the per capita amounts paid according to the number of NHI members in the household, regardless of income.

<Child and childcare support benefit program>

The national government has established the child and childcare support benefit program as a new system to support families raising children by all generations. Starting in fiscal 2026, the program will be funded through health insurance premiums collected from the public.

For detailed information, visit the Children and Families Agency website. You can access the webpage via the QR code on the right.



Calculation of Premiums for Fiscal Year 2026

1. Premiums for a basic (medical treatment) portion (basic charge) for households that have joined the NHI

(1) Income-based amount for a basic (medical treatment) portion Total calculated income of all NHI members in the household based on the former Local Tax Act (*1) x 7.51%	+	(2) Per capita amount for the basic (medical treatment) portion: ¥47,600 x number of NHI members in the household	=	Premiums for a basic (medical treatment) portion for the period from April to March of the following year (Ceiling amount: ¥670,000)
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2. Premiums for the latter-term elderly support portion for households that have joined the NHI

(1) Income-based amount for a latter-term elderly support portion Total calculated income of all NHI members in the household based on the former Local Tax Act (*1) x 2.80%	+	(2) Per capita amount for the latter-term elderly support portion: ¥17,600 x number of NHI members in the household	=	Premiums for the latter-term elderly support portion for the period from April to March of the following year (Ceiling amount: ¥260,000)
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3. Premiums for a long-term care portion Only for households with Category 2 insured persons (aged 40 to 64) *2

(1) Income-based amount for a long-term care portion Total calculated income of all NHI members in the household aged 40 to 64 based on the former Local Tax Act(*1) x 2.43%	+	(2) Per capita amount for the long-term care portion: ¥17,800 x number of NHI members who are between ages 40 and 64 in the household	=	Premiums for a long-term care portion for the period from April to March of the following year (Ceiling amount: ¥170,000)
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4. Premiums for child and childcare support portion For households enrolled in the NHI

(1) Income-based amount for a child and childcare support portion Total calculated income of all NHI members in the household based on the former Local Tax Act (*1) x 0.27%	+	(2) Per capita amount for the child and childcare support portion (*3) ¥1,873 x number of NHI members in the household	=	Premiums for the child and childcare support portion for the period from April to March of the following year (Ceiling amount: ¥30,000)
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*1 The calculated income based on the former Local Tax Act is the amount remaining after subtracting the ¥430,000 basic exemption for resident tax (which decreases progressively when total income exceeds ¥24 million) from the sum of your total net income in the previous year (January to December), forestry income, and long-term (or short-term) stock capital gains. Please note that the carryforward deduction for miscellaneous losses is not subtracted.

*2 Long-term Care Insurance Section will notify you separately of Long-term Care portions for those between ages 65 and 74 as their Long-term Care Insurance premiums.

*3 The per capita amount for the child and childcare support portion for NHI members under the age of 18 (those who have not reached the first March 31 following the 18th birthday) within the household will be fully exempted.

■ Insurance premiums for those who turn 40 or 65 years of age during the fiscal year

Those who reach 40 years of age must pay Long-Term Care Insurance premiums from the month of their 40th birthday (from the previous month if their birthday falls on the first day of a month). Payments must be made from the following month (the same month if their birthday falls on the first day of a month). We will recalculate their insurance premiums and mail a payment notification.

For those who reach 65 years of age, their premiums for long-term care portions covering a period to the month before their 65th birthday month (two months before if their birthday falls on the first day of a month) must be paid in advance, by March, in equal installments. This means that the payment amounts of their NHI premiums stay the same even after reaching age 65 but they will not make a duplicate payment for Long-term Care Insurance premiums.

■ Insurance premiums for those who turn 75 years of age during the fiscal yearInsurance

- If the person who reaches 75 years of age during the fiscal year is the sole NHI member in household

Insurance premiums for the period up to the month before their 75th birthday month must be paid in equal installments from June to the month before their birthday month. Those who reach 75 years of age in May must pay their insurance premiums in a lump sum in the June payment period.

- For households that contain two or more NHI members and in which one of them turns 75 during the fiscal year

The insurance premiums for the period up to the month before their 75th birthday month must be paid in equal installments by March of the following year. This means that the amounts of their NHI premiums stay the same even after reaching age 75 but they will not make a duplicate payment for the insurance premiums of the Medical Care System for Older Senior Citizens.

- For those whose insurance premiums are deducted from their pension payment (Special Collection)

Those who reach 75 years of age by October 31 must pay by either direct debit or a payment slip. Those who reach 75 years of age in or after November pay by having their premiums deducted from their pension payment (Special Collection) in a pension month by the month before their 75th birthday month

(3) Insurance premiums for those who became a member during the fiscal year

Those who became an NHI member during the fiscal year pay their insurance premiums from the month in which they became eligible to be an NHI member and not from the day on which they submitted an application form.

Insurance premiums are calculated in monthly units. Even if you became a member in the middle of a month, your premiums will not be calculated at daily rates. If you are an NHI member on the last day of a month, you must pay your insurance premium for that month.

Annual insurance premium x No. of months from the month in which you became eligible to be an NHI member to March / 12
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■ Insurance premiums for those who have moved into Nerima City

For those who have moved to Nerima City from another municipality, we may calculate only the per capita amounts of their insurance premiums tentatively and mail an insurance premium notification and payment slips. We will then recalculate your insurance premiums when we have obtained the information on their income for the previous year. For this reason, the amounts of their insurance premiums may change at a later date. For further information, refer to (4) “When the amount of your insurance premium changes” below. Please note that the calculation method for insurance premiums may vary depending on the insurer (municipality).

(4) When the amount of your insurance premium changes

If the amount of your insurance premium changes due to a change in the number of NHI members in household or the calculated income, based on the former Local Tax Act (refer to page 17), we will mail you a notice of the change to your insurance premium. If our calculation indicated that you have overpaid, we will refund you. If you have underpaid, we will bill you accordingly.

*When we refund you:

We will inform you of the amount of your refund in a refund notice. For information on how to claim refunds, refer to “Insurance premium refunds” on page 23.

*When you have underpaid:

- We will recalculate your insurance premiums and mail you payment slips. In this case, use a new slip to pay your insurance premium for the month in which there was a change.
- In the case of direct debit, the amount after the change will be debited from your account.

(5) Insurance premiums for those who withdrew from the NHI

We will recalculate insurance premiums for those who withdrew during the fiscal year. If there was a change in the amount of their insurance premium, we will mail the amended insurance premium notification, etc., to the head of household.

Please note that when you move abroad or return to your home country and withdraw from the NHI program, you may be required to pay any outstanding balances.

1. When all of the NHI members in household withdraw

Insurance premiums will be recalculated for up to the month before the month in which you were disqualified from the NHI. If our recalculation indicates that you have underpaid, you may have to pay insurance premiums even in or after the month in which you were disqualified.

Since no payments will be due in the April and May payment periods, the insurance premiums you had paid until you withdrew may be insufficient.

If you have overpaid, you will receive a refund by bank transfer. (Please do not close your Japanese bank account.)

2. When some of the NHI members in household withdraw

The annual insurance premium for household will be recalculated. As a result of this, we will adjust the remaining insurance premiums for the period from the month in which the procedure for withdrawing from the NHI was completed (or the following month) to March of the following year and mail the amended insurance premium notification and payment slips.

3. When insurance premiums have been deducted from the pension payment of the head of household (Special Collection), but the head of household withdraws from the NHI

We will cancel your Special Collection, recalculate the annual premium for household, and mail you an amended insurance premium notification. Please note that if there is any shortfall, you may have to pay it using a payment slip.

(6) File your tax report

Insurance premiums are calculated based on your tax report. In addition, the income of the head of household and of all NHI members and former NHI members in the household (refer to page 9) must be reported to calculate premium reductions, hospital meal bills, and high-cost medical expenses.

Although those who did not have any income are not required to file a tax return at a tax office, they must file a resident tax report to receive reductions of or exemptions from insurance premiums.

- If you lived in Nerima City as of January 1
File your resident tax report at Nerima City Taxation Section
* If you filled out a National Health Insurance Premium-related Report (simplified report) when moving into Nerima City and will continue to reside in Nerima City in the following year and beyond, file a resident tax report at Nerima City Taxation Section even if you will not have any income in the following year and beyond.
- If you lived outside of Nerima City (within Japan) as of January 1
If you have already filed a resident tax report at the municipality in which you were living as of January 1, Nerima City will check with this municipality about your income. Once we have confirmed this, we will bill you for income-based amounts as part of your insurance premiums. This means that you may be billed only for per capita amounts initially. Check your insurance premium notification for more information.
If you have not filed a resident tax report yet, please do so at the section in charge of tax affairs in the municipality in which you were living as of January 1. Once you have filed the report, contact the Kokuho Shikaku Kakari of the Nerima City Office to request that an inquiry about your income be made. Nerima City will check with the municipality in which you filed the report and notify you of any changes to your insurance premiums.
- If you lived outside of Japan as of January 1
Since you are unable to file a resident tax report, we will mail you a National Health Insurance Premium-related Report (simplified report). Fill out the required fields and submit the report. If you have not received a simplified report, please call the Kokuho Shikaku Kakari of the Nerima City Office.

Inquiries: KOKUHO KYUFU KAKARI

19. Insurance premium reductions and exemptions

*There are no student discounts.

(1) Reduction of the Per Capita Amount for Preschoolers

If there is a preschooler in your household, the per capita amount levied on him/her is reduced by half. No application is required, since the reduction is automatically applied to eligible persons. Please note that

households eligible for the reduction of the per capita amount according to their previous year's income (as mentioned below) that also have a preschooler are entitled to an additional 50 percent reduction in the child (ren)'s per capita amount.

(2) Reduction of the per capita amount of premiums for the child and childcare support portion

The per capita amount for the child and childcare support portion for NHI members under the age of 18 within the household will be fully exempted. The exemption will be applied automatically to eligible individuals. No application is required.

(3) Reductions of per capita amounts for income earned during the previous year

If the income of your household (the head of household, all NHI members, and former NHI members in the household [refer to page 9]) for the previous year is below a specific standard, you may be given a reduction in per capita amounts for the basic (medical treatment) portion, the latter-term elderly support portion, the long-term care portion, and the child and childcare support portion. The reduction rate is 70, 50, or 20 percent.

The applicability of these reductions is determined based on your tax report, and households to which the reductions may be applicable will be given reductions automatically.

- * If the head of household or at least one of the NHI members or former NHI members in the household (refer to page 9) has not filed a tax report or has not submitted a National Health Insurance Premium-related Report (simplified report), we will not review the household to determine their applicability of reductions.
- * If a tax report was filed after a deadline or if a reduction was applied as a result of submitting a National Health Insurance Premium-related Report (simplified report), we will recalculate the annual premium and notify you of the adjusted insurance premium that you should pay in and after the month in which we determined your applicability of reductions.

(4) Reductions for the involuntarily unemployed

Reductions of insurance premiums are currently applicable to those who have become unemployed involuntarily due to corporate bankruptcy or a layoff. We will calculate their insurance premiums for the period from the time when they become unemployed to the end of the following fiscal year by reducing their employment income for the previous year to 30/100.

Please note that you must apply to obtain a reduction.

Eligible members (those who fulfill all of the following requirements):

- (1) Those who have been issued either the certificate of entitlement to employment insurance benefits or the notification of entitlement to employment insurance benefits and whose Code of Dismissal is 11, 12, 21, 22, 23, 31, 32, 33, or 34 (apart from a "recipient of a special lump sum payment").
- (2) Those who were under 65 on their leaving date.

Required documents:

Original of the certificate of entitlement to employment insurance benefits or the notification of entitlement to employment insurance benefits, which includes the date of separation from employment and the Code of Dismissal above, issued by Hello Work (unemployment office), and your official ID (such as the Myna health insurance certificate and qualification certificate)

Where to apply:

Kokuho Shikaku Kakari or Kokuho Shakujii Kakari

* As well as the offices above, you can also apply by mail. For further information, please contact Kokuho Shikaku Kakari.

(5) Reductions and exemptions in special circumstances

If your property has suffered serious damage due to a disaster such as a windstorm, flood or fire, or if your income has fallen significantly due to an NHI member's death, injury or illness, you can take advantage of a reduction/exemption program for insurance premiums that are not past their due date for up to three months.

The total of the household's average income and assets such as savings are compared with the amount calculated based on the public assistance standard to determine eligibility.

Please call us in advance for a consultation and tell us your situation. We will then inform you of the documents required.

* For more information on reduction/exemption of personally-borne expenses (medical expenses), please see "17. If you cannot pay your medical bills" on page 16.

Where to apply:

Kokuho Shikaku Kakari

(6) Reductions and exemptions for dependents of former employees' health insurance members

When a past health insurance member at their place of employment (employees' health insurance) switches to (joins) the Medical Care System for Older Senior Citizens, as a result of which their dependent who is 65 or over joins the NHI, they will be exempted from income-based amounts and obtain a reduction of per capita amounts by 50 percent (for up to two years).

Please note that the head of household must apply to obtain this reduction.

Required documents

A certificate that confirms you are no longer a member of your previous health insurance system (we accept only those issued by the insurer or a branch office of the Japan Pension Service and do not accept those issued by your workplace).

Where to apply:

Kokuho Shikaku Kakari or Kokuho Shakujii Kakari

(7) Reduction for the period before and after childbirth

The per capita amount and income-based amount for NHI premiums are reduced for those who have given birth after 85 days (12 weeks) of pregnancy, or those who are due to give birth. The month in which the birth takes place or is expected to take place is set as the base month, and four months from the month prior to the base month are covered. In the case of multiple pregnancies (twins, etc.), your premiums will be reduced for six months, starting from three months prior to the base month.

You must file a notification to apply for this reduction unless you have applied for and been approved for the Nerima City Childbirth Lump-Sum Allowance (p. 14), since the reduction will be applied automatically.

For more information on notification procedures, visit the Nerima City website. Scan the two-dimensional code on the right to access the website.



Inquiries: KOKUHO SHIKAKU KAKARI

20. How to pay insurance premiums

(1) Direct debits

As a rule, insurance premiums must be paid by direct debit from your account in order to avoid missing payments.

Your direct debit payment day is the last day of each month (or the following business day if the last day of a month falls on a day on which financial institutions are closed). Please make a deposit into your account by the business day before your payment day.

*Please pay your premiums using the payment slip until direct debit begins.

[How to set up a direct debit]

1. Applying via the Internet

You can apply via your computer or smartphone. For detailed application procedures and a list of participating financial institutions, visit the "Online Direct Payment Application" page of the Nerima City website. You can access the webpage via the QR code on the right.



2. Applying Using Your Cash Card

If you use the special device at the Shuno Ka payment service counter or the Kokuho Shakujii Kakari to read your cash card, you can register for direct debit on the spot. (Please note that it may not be possible to read depending on the condition of the card's magnetic strip.)

Please bring your cash card (your PIN number is required), and a form of official ID. The account holder must come in person.

Procedures can be completed only at the following financial institutions: Mizuho Bank, Sumitomo Mitsui Banking, Mitsubishi UFJ Bank, Japan Post Bank, Resona Bank, Kiraboshi Bank, Sugamo Shinkin Bank, Saikyo Shinkin Bank, Tokyo Shinkin Bank, Johoku Shinkin Bank, and Tokyo Aoba Agricultural Cooperative.

3. By using an application form

Fill in the required fields of the application form available at the Shuno Ka payment service counter, Kokuho Shakujii Kakari and local residents' offices (excluding Nerima and Shakujii), stamp it with the personal seal registered for your bank account (or your signature, if you have registered it), and return it to

Kokuho Shuno Kakari. Please call Kokuho Shuno Kakari if you would like to receive an application form by post.

4. At your financial institution or post office counter

Bring (1) your bankbook, (2) the personal seal registered for your account, and (3) a document that confirms your NHI symbol or number (such as a payment slip) to the financial institution or post office that you use in Nerima City and complete the necessary procedure.

(2) Using a payment slip

Payment slips are mailed to you twice a year, June (those for June to October and one for a lump-sum payment covering June to the following March) and November (those for November to the following March). You must pay by the end of each month (or the following business day if the last day of a month falls on a day on which financial institutions are closed) at the Shuno Ka payment service counter, Kokuho Shakujii Kakari, a local residents' office (excluding Nerima and Shakujii), or any of nearby financial institutions, post offices, convenience stores, or any of the supermarkets and drugstores that have installed Shinkin Information Service's multimedia kiosks (MMKs). Payment slips will not be sent to the house-holds that have set up direct debits.

If you have lost your payment slips, bring a personal identification document (such as your My Number Card) to the Shuno Ka payment service counter, Kokuho Shakujii Kakari, or a nearby local residents' office (excluding Nerima and Shakujii) and pay your insurance premiums there. Otherwise, call Kokuho Shuno Kakari if you wish to receive payment slips again.

For payments at a convenience store, you can only use payment slips with a bar code printed on the front.

* Pay by smartphone

Take a photograph of a payment slip with a bar code printed by using your smartphone camera and pay by online banking, credit card, or electronic money. For more information, please go to the Nerima City website.

You can access the webpage via the QR code on the right.



(3) Special Collection (deducted from a public pension)

In this system, your NHI premiums are deducted from your pension payment. There are certain requirements for Special Collection. Those who are eligible will be notified in advance. Those who have become eligible for Special Collection can choose either direct debits or Special Collection. Please note that you can no longer use payment slips in this system.

-Insurance premium refunds

If you have overpaid your insurance premiums, we will make a refund into the account you specified. We will send a notification to those who have overpaid. If you receive it, please fill in the required fields and return it to Kokuho Shuno Kakari. It takes one to two months for a refund to be processed after we have received your request.

Inquiries: KOKUHO SHUNO KAKARI

(4) For individuals who cannot pay their insurance premiums

If you are unable to pay your insurance premiums for some reason, please contact the Payment Guidance Center as soon as possible to discuss payment options. Since there are certain requirements for some payment options, you may not be able to use your desired payment option. If you have no acceptable reason for failing to pay your premiums by a deadline, we will curtail the validity period of your NHI certificate as well as investigate and even seize your assets according to the law and regulations.

• If you have not paid your insurance premiums that were due a year ago or before:

You can still receive medical treatment covered by health insurance, but in some cases you may have to pay 100% of the medical expenses yourself (special medical expenses). In such cases, you must temporarily pay all the medical bills at a hospital reception, etc., and then ask Nerima City to refund the portion covered by insurance benefits.

* Copayments may be allotted to the payment of your unpaid premiums.

Inquiries: Payment Guidance Center

21. Specific Health Checkups and Specific Health Guidance

Specific Health Checkups are medical examinations that aim to prevent or detect lifestyle diseases. NHI members between 40 and 74 years of age are eligible. If your health check results exceed a certain standard, you will be offered assistance to improve your lifestyle habits (Specific Health Guidance). If you are eligible for a checkup and receive a checkup ticket, please have a health checkup before the ticket expires.

If you become disqualified from the NHI, then you may not have a Specific Health Checkup.

Inquiries: HOKEN JIGYOU TANTO KAKARI

22. Health maintenance and improvement

Discount tickets for day-use hot spring facilities are available.

Inquiries: HOKEN JIGYOU TANTO KAKARI

23. Long-term Care Insurance

The Long-Term Care Insurance program is a social insurance program that allows a comprehensive use of necessary long-term care services to ensure that you feel at ease and continue to live in your local area even when you become in need of long-term care.

Everyone who is 40 years old or older must enroll in the program and pay insurance premiums. Those who have been certified by the City Office can use necessary long-term care services. Members are categorized by age into Category 1 insured persons and Category 2 insured persons.

	Category 1 insured persons	Category 2 insured persons
Who can enroll	Those who are 65 years old or older	Medical insurance members who are between 40 and 64 years of age
Who can receive long-term care services	Those who have been certified that they need long-term care or support or those who have become eligible to receive long-term care prevention and daily life comprehensive assistance activity services	Residents who are certified as requiring long-term care or assistance due to an illness that is eligible for Long-Term Care Insurance (specific disease).
How to pay premiums	For those who receive an old-age/retirement, survivors', or disability pension of ¥180,000 or more per year, their premiums are deducted from their pension payment. Others pay their premiums individually, using a payment slip or by direct debit.	Pay these premiums along with their medical insurance premiums. (Refer to pages 16–20.)

Members who applied at the City Office and, as a result of a long-term care certification assessment, have been certified that they need long-term care or support, or who have become eligible to receive long-term care prevention and daily life comprehensive assistance activity services, can receive long-term care services by paying 10 to 30 percent of the costs.

Inquiries: KAIGO HOKEN-KA Tel: 03-3993-1111 (main)

24. Medical Care System for Older Senior Citizens

The Medical Care System for Older Senior Citizens is a health insurance program for those who are 75 years of age or older (including those between 65 and 74 years of age who have a certain level of disability, have applied, and have been certified). On their 75th birthday, they withdraw from their NHI or social insurance program and automatically enroll in the Medical Care System for Older Senior Citizens. Enrollment guidelines will be mailed to them in the month before their 75th birthday month (on or after the assessment day for those who have received disability assessment).

Please inquire if you need more information on copayments, health insurance certificates, insurance benefits, or insurance premiums.

Inquiries:

About copayments, health insurance certificates, or insurance benefits:

KOKI KOREI-SHA SHIKAKU KAKARI Tel: 03-5984-4587

About insurance premiums:

KOKI KOREISHA HOKENRYO KAKARI Tel: 03-5984-4588

References to use when receiving treatment at a medical facility

- Multilingual Guide for Visiting Medical Institutions (Tokyo Metropolitan Government Bureau of Public Health)

<https://www.hokeniryu.metro.tokyo.lg.jp/kansen/tagengoguide.files/tagengo2024.pdf>

Languages: Japanese, English, Chinese, Korean, Thai, Spanish, simple Japanese



- Medical Information Service for Foreign Patients (Bureau of Public Health, Tokyo Metropolitan Government)

03-5285-8181 (daily, from 9 a.m. to 8 p.m.)

Languages: English, Chinese, Korean, Thai, Spanish

- Medical Information Net Navii

<https://www.ryou.teikyouseido.mhlw.go.jp/znk-web/juminkanja/S2300/initialize>

Languages: Japanese, English, Chinese, Korean



National Health Insurance and Pension Section/Premium Collection Section

NERIMA CITY OFFICE

6-12-1 Toyotama-kita, Nerima-ku, Tokyo

Please make inquiries in Japanese.

Kokuho Kyufu Kakari (3F, Main Building, Nerima City Office)	Tel: 03-5984-4553 (direct line)
Kokuho Shikaku Kakari (3F, Main Building, Nerima City Office)	Tel: 03-5984-4554 (direct line)
Hoken Jigyuu Tanto Kakari (3F, Main Building, Nerima City Office)	Tel: 03-3993-4713 (direct line)
Kokuho Shuno Kakari (4F, Main Building, Nerima City Office)	Tel: 03-5984-4559 (direct line)
Payment Guidance Center	Tel: 03-5984-4547 (direct line)
Kokuho Shakujii Kakari (2F, Shakujii Government Office)	Tel: 03-3995-1114 (direct line)