



4 Public medical insurance

4-3 National health insurance

(1) Eligibility

National health insurance programs cater to people who do not belong to workplace health insurance programs. Non-Japanese people are required to enter national health insurance programs if they are qualified to be registered in the Basic Resident Registration system, and do not belong to workplace insurance programs. Even people who enter Japan with a permit to stay for three months or less, if they are later allowed to stay for more than three months, they must enter into the national health program.

* Note: To prevent dual membership of social security, people from countries which have joined a social security agreement with Japan are exempt from entering the national health insurance program. (Proof of having relevant insurance to cover the cost of medical treatment received in Japan is required.) For details, please see the Japan Pension Service's homepage.

<http://www.nenkin.go.jp/>

(2) Entry procedures

Each resident makes the entry procedures at the municipal administrative office where he/she lives.

Required documents	Resident record (Jumin-hyo)
	For people who have been staying in Japan for three months or less: a document certifying that they will stay in Japan for more than three months (a letter of acceptance from a school, student registration certificate, etc.)

(3) Insurance cards (insured certificate card of national health insurance: kokumin kenkou hoken hihokensha shou)

After you have completed the entry procedure, you receive your health insurance card. As a card that proves your membership to an insurance program, it must be kept with care. An insurance card bears the holder's name and address. It must be shown at the reception of a medical institution every time you receive clinical services there. It is advised to carry it when you travel inside Japan. No borrowing, lending, sale or purchase may be made with an insurance card.

(4) Obligation fees at medical institutions

When you receive medical care due to sickness or injuries, your portion of the cost is 30% of the whole medical fees spent for your treatment. However, for insured persons aged 70~74, whether the contributors or their dependents, the portion of the cost borne by the contributor is 10% or 30% depending on their income. The

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portion borne by the contributor is 20% of the medical fees spent for his/her dependent children from birth up to starting compulsory education.

●National Health Insurance obligation rates

Up to entering compulsory education	high-income / average / low-income	20%
After entering compulsory education ~ 69 years old	high-income / average / low-income	30%
70 years old ~ 74 years old	income similar to an employed person	30%
	average / low-income	20% *10% of the cost is being frozen until March 2013

(Note) Persons over 75 years old (or those 65~74 years old who have certain disabilities) are eligible to be covered by the medical treatment system for senior citizens (koki-koreisha iryo seido)

(5) Insurance contributions

People who have entered the national health insurance programs must pay their contributions.

Contributors of national health insurance programs pay insurance contributions by themselves through financial institutions and by other means. They can bring the payment document sent from the municipal administrative office to a financial institution or the municipal administrative office and pay there or use an account transfer at financial institutions. In some cases, collectors visit contributors for the contribution payment.

The amount of insurance contributions differs among municipalities. It is determined every year based on the income level of the contributor's household and the number of family members. However, non-Japanese contributors in their first year in Japan are charged with the minimum level of the insurance contribution since these people have no income record in Japan. They are charged with different levels of contribution in their second year and afterwards of their residence in Japan. Contributors aged 40 or older and below 65 years pay an amount including the nursing care insurance (see [I Other welfare 2-1](#)).

If a contributor defaults in the contribution payment, he/she will return his/her insurance card and instead receives a certificate of the insured status. During his/her holding of the certificate, he/she will have to pay all of the medical fees incurred to him/her (at later times, he/she can claim what is dubbed "medical costs payments" at the municipal administrative office or at his/her workplace.) If contribution payments fall into arrears, property/assets may be seized. It is advised to pay the contribution regularly without default. In some cases, the contributor is exempted from the contribution payments when he/she is unable to pay due to a disaster, unemployment, bankruptcy of his/her workplace, etc. In such cases, the contributor is advised to consult staff in charge of national health insurance at the local municipal administrative office.





(6) Types and contents of national health insurance

Classification	Types of payment
In cases of sickness and injuries	
In cases of receiving treatment with the insured card	→ Medical benefit Medical expenses for food during hospitalization Medical expenses for food, heating, etc. during hospitalization Medical expenses for treatment outside that covered by insurance Expenses for home visiting nursing service expenses
In cases of paying the entire medical expenses	→ Medical expenses Sizable medical expenses Sizable medical and nursing expenses
In cases of being transported for emergency, etc.	→ Transportation fees
In cases of childbirth	→ Lump-sum payment for childbirth and childcare
In cases of death	→ Burial fees



(7) What notifications to make in various cases.

Once you enter into a national health insurance program, you will not be withdrawn from it automatically. If you have entered into your workplace health insurance program, you should notify this at the national health insurance counter of your local municipal administrative office within 14 days of its occurrence. Likewise a notification within 14 days is also necessary for events including the following: when insured persons have lost their insurance card or have it damaged; birth of a child; change in the head person of the household; death.

Notification is furthermore necessary when contributors have changed their address as a result of moving out from one place and moving into another place. When they move out, they present their insurance card at the local municipal administrative office governing the place they are to move out from and notify the date of moving out. When they have moved into a new place, they notify it at the local municipal administrative office governing their new address within 14 days of their moving in.

When you move out of Japan, you notify it in advance, bringing your insurance card, seal (if you have one), Residence Card or special permanent resident certificate, airplane ticket, etc. and follow the procedures for making a notification of leaving Japan (if you are leaving Japan for a short stay of less than 1 year, in principle, these procedures are not required). So long as you are registered as a resident in the municipality where you live (lived), even after you have left Japan, national health insurance premiums (payments) will incur.