National Health Insurance Premium Payment Amount Certificate Issuance Application Form

To:Mayor of Shibuya City

I hereby apply for issuance of the Payment Amount Certificate as follows.

Application date		２０２６ (year) ６ (month) １(date)	
Person liable for payment (Household head)	Name	Shibuya Taro	
	Address	Shibuya-ku Udagawacho 1-1	
	Health Insurance Card Number	１３ － １２３４５６	
Applicant	Name	Shibuya Taro	
	Address	Same as above Phone number ０９０（１２３４）５６７８	
	Relationship to person liable	Self * A power of attorney is required when the applicant is not a member of the same household.	
Certificate item ※Certificates can be issued only for the past five years.		**Premium amount paid during 2026**	Required copies １ copy/copies
		Premium amount paid during 2025	Required copies １ copy/copies
		Premium amount paid during 2024	Required copies copy/copies
		Premium amount paid during 2023	Required copies copy/copies
		Premium amount paid during 2022	Required copies copy/copies
		Total	２ copy/copies

For Shibuya City Office Use

受付日	申請方法	本人確認書類	手数料	受付	確認
		その他（ ）	現金払い PayPay・ハチペイ		

Please do not fill in this section.