

Spousal exemptions

Introduction

The *Health Insurance (Section 19AB Exemptions) Guidelines 2017* (the Guidelines) include spousal provisions. These allow overseas trained doctors (OTDs) and foreign graduates of accredited medical schools (FGAMS) who meet specific eligibility criteria to apply for a s19AB(3) exemption, so that they can either:

- Access the Medicare Benefits arrangements at a specific practice location within a reasonable distance of their spouse's primary place of employment.
- Apply to undertake competitive assessment for a training placement on the general pathway of the Australian General Practice Training Program (AGPTP) in their state or territory.

Eligibility criteria

An exemption under these provisions may be granted to an OTD or FGAMS who is the medically qualified spouse or de facto partner of:

- A registered medical practitioner who is not subject to s19AB of the *Health Insurance Act 1973* (the HIA);
- An OTD or FGAMS who has received an unrestricted exemption under s19AB(3) of the HIA for an employment engagement; or
- A person (who is not a medical practitioner) who has:
 - been assessed by the Department of Home Affairs, the Department of Immigration and Border Protection, or the Department of Immigration and Citizenship as a skilled migrant within the ten years preceding the spousal application;
 - been assessed by a relevant assessing authority as having a skilled occupation in demand; and
 - is currently employed, training, or volunteering in that skilled occupation in Australia.

Please note that applicants who are permanent residents or citizens of Australia must hold a Fellowship qualification that is recognised in Australia to be eligible for a spousal exemption, **unless** they are seeking a transfer to or placement on the AGPTP general pathway.

The application process

Applicants must complete the attached application form (two pages) and submit it with their supporting documents via email to 19AB@health.gov.au. Applications are assessed by Health within 28 days of receipt of a complete application.

A successful application will result in Health issuing you with a letter of support. You will need to attach this letter to your Medicare provider number application, which you then submit to the Department of Human Services for processing.

Questions

If you have any questions about the spousal provisions, please contact 19AB@health.gov.au before you submit your application for assistance.

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Application form

Applicant details	
Full name	
Email address	
Phone (business hours)	
AHPRA Registration number	
Existing Medicare provider number	
Residency status	<input type="checkbox"/> Australian temporary resident <input type="checkbox"/> Australian permanent resident <input type="checkbox"/> Australian citizen
Compliance with s19AA	<input type="checkbox"/> I hold a Fellowship qualification that is recognised in Australia <input type="checkbox"/> I am a temporary resident registered to practise medicine after 18 October 2001 <input type="checkbox"/> Application has been made to request placement on the general pathway of the AGPTP <input type="checkbox"/> None of the above – you are not eligible to apply
Location of practice	<input type="checkbox"/> Specific location – provide practice name and full street address <input type="checkbox"/> State or territory for general pathway application:
Partner details	
Full name	
AHPRA registration number (if applicable)	
Existing Medicare provider number (if applicable)	
Occupation	
Primary place of employment (full street address)	
Is your partner:	Your partner must meet one of the following categories
A doctor subject to s19AB	<input type="checkbox"/> I confirm that my partner has an unconditional s19AB exemption in relation to their employment
A doctor not subject to S19AB	<input type="checkbox"/> I confirm that my partner is not subject to the moratorium restriction at the time of this application
Non-doctor	<input type="checkbox"/> I confirm that my partner was granted a skilled migrant visa in the last ten years <input type="checkbox"/> I confirm that my partner has had their skills assessed by a relevant authority <input type="checkbox"/> I confirm that my partner is currently employed in relation to those skills

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Supporting documents

Before you submit your application, make sure you have attached the following supporting documents. If you do not provide all of the required documents, your application will be returned to you as incomplete.

Required for all applications

- Passport details page for applicant and spouse

Required if your spouse is a doctor

- Current medical registration of spouse
- Copy of spouse's unrestricted s19AB(3) exemption or class exemption, or evidence that spouse is not subject to the moratorium

Required if your spouse is not a doctor and is a skilled migrant

- Spouse's work contract, including the occupation name and physical location
- Spouse's skills assessment for migration

Please attach at least one of the following to demonstrate a shared residence

- Lease/mortgage/tenancy agreement, with both names and address listed
- Utility bill, with both names and address listed
- Joint bank account statement/account confirmation, with both names and address listed

The following documents must also be supplied, where applicable

- Marriage certificate, if you are married
- Visa grant notice for applicant and spouse, if you are not an Australian citizen
- Applicant's Fellowship certificate, if you hold Fellowship
- Letter of offer or employment contract from proposed practice location (not required for AGPTP applicants)

I certify that I have attached true and accurate copies of each of the required documents to my application.

Signed: _____ Date: ____/____/20__

Office use only	
Location	<input type="checkbox"/> Specific location – within reasonable distance of spouse's primary employment <input type="checkbox"/> Specific location – not within reasonable distance of spouse's primary employment <input type="checkbox"/> Not applicable – AGPTP
Supporting documents	<input type="checkbox"/> Verified
AHPRA Registration	<input type="checkbox"/> Registration verified <input type="checkbox"/> Applicant does not have conditions that would prevent this request.
Decision	
	<input type="checkbox"/> Granted for specific location <input type="checkbox"/> Granted for AGPTP <input type="checkbox"/> Not granted
Reason/s for decision	
Assessment officer	Delegate
Name	Name
Date	Date