***Health Insurance   
(Section 19AB Exemptions Guidelines) Determination 2019*Spousal provision application**

# Introduction

The *Health Insurance (Section 19AB Exemptions Guidelines) Determination 2019* (the Guidelines) include spousal provisions. These provisions allow the Department of Health and Aged Care (department) to consider granting a section 19AB(3) exemption to international medical graduates (IMG) who meet specific eligibility criteria, so they can access Medicare Benefits arrangements at a specific practice location near their spouse’s primary place of employment.

## Eligibility criteria

A section 19AB(3) exemption under these provisions may be granted to doctors who are Australian temporary residents or Australian permanent residents or citizens.

Where the applicant is an Australian permanent resident or citizen, the applicant **must hold specialist registration** with the Australian Health Practitioner Regulation Agency (Ahpra) **before** applying.

A section 19AB(3) exemption under these provisions may only be granted to an IMG who is the medically qualified spouse or de facto partner of:

* a medical practitioner who is not prevented by section 19AB of the *Health Insurance Act 1973* (Act) from rendering, or from having rendered on their behalf, a professional service for which a Medicare benefit is payable and who ordinarily resides in Australia; or
* a person who:
  + ordinarily resides in Australia.
  + has been granted a General Skilled Migration visa as defined in the *Migration Regulations 1994.*
  + has been assessed by a relevant assessing authority as having a General Skilled occupation in demand.
  + migrated to Australia within the last 10 years with the purpose to work in that General Skilled Migration occupation; and
  + is currently employed in, volunteers in or is undertaking a training placement in that General Skilled Migration occupation.

Please note, applicants who are permanent residents or citizens of Australia must hold specialist registration with the Medical Board of Australia to be eligible for consideration of a section 19AB(3) exemption under the spousal provisions.

### The application process

Applicants must complete the application form (five pages) and email this with their supporting documents to [19AB@health.gov.au](mailto:19AB@health.gov.au). The department aims to assess all applications within 28 business days of receipt of a complete application.

A successful application will result in the department issuing you with a letter of support for a section 19AB(3) exemption under the spousal provisions. You will need to attach this letter to your *Application for a Medicare provider number and/or prescriber number for a medical practitioner form* (HW019), which you then submit to Services Australia to the address on the form for processing.

#### Questions

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

Application form

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| --- | --- | --- | --- |
| **Applicant details** | | | |
| Surname |  | | |
| Given name/s |  | | |
| Residential address |  | | |
| Email address |  | | |
| Phone/mobile |  | | |
| Ahpra registration number |  | | |
| Existing Medicare provider number |  | | |
| Residency Status | Australian temporary resident. | Yes | No |
| Australian permanent resident. | Yes | No |
| Australian citizen. | Yes | No |
|  |  |  |  |
| Specialist qualifications | I am an Australian permanent resident or citizen and hold specialist registration with Ahpra | Yes | No |
| I am a temporary Australian resident and hold specialist registration with Ahpra | Yes | No |
| I am a temporary Australian resident registered to practise medicine after 18 October 2001 and do not hold specialist registration with Ahpra. | Yes | No |
| If you ticked no to all questions in specialist qualifications – you are not eligible to apply. | | |
| **Practice details – one place of practice per application** | | | |
| Practice name (must not be left blank) |  | | |
| Practice street address |  | | |
| **Is your partner** | | | |
| A medical practitioner subject to section19AB | I confirm my partner has an unrestricted section 19AB(3) exemption that provides full-time, ongoing access to Medicare rebates for their primary employment location.  *The following are considered restricted section 19AB exemptions:*   * *assistance at operations exemption* * *academic exemption* * *participation in a 3GA training program* * *working in a salaried hospital position* | Yes | No |
| A medical practitioner not subject to section 19AB | I confirm my partner is not subject to the 10-year moratorium restrictions under section 19AB at the time of this application. | Yes | No |
| **Non-medical practitioner** | | | |
| Non-medical practitioner | I confirm my partner was granted a General Skilled Migration visa as defined in the *Migration Regulations 1994* within the last 10 years to work in their relevant General Skilled Migration visa occupation, **AND** | Yes | No |
| Non-medical practitioner | I confirm my partner has had their skills assessed by a relevant authority; *refer to Skilled occupation list:* [*https://immi.homeaffairs.gov.au/visas/working-in-australia/skill-occupation-list*](https://immi.homeaffairs.gov.au/visas/working-in-australia/skill-occupation-list)**AND** | Yes | No |
| Non-medical practitioner | I confirm my partner is currently employed in relation to their General Skilled Migration visa. | Yes | No |
| If you selected **No** to any of the above criteria | You are not eligible to apply. | | |
| **Partner details** | | | |
| Surname |  | | |
| Given name/s |  | | |
| Name of primary employer |  | | |
| Address of primary employment location |  | | |
| Ahpra registration number  (if medical practitioner) |  | | |
| Existing Medicare provider number (if medical practitioner) |  | | |
| Occupation of spouse (if not a medical practitioner) |  | | |

### Supporting documents

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

|  |  |
| --- | --- |
| **Required for all applications.** | |
| Passport details page for applicant and spouse. |  |
| Applicant’s letter of offer or employment contract from proposed place of practice. |  |

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| **Required if your spouse is a medical practitioner** | |
| Current Ahpra registration of spouse. |  |
| Copy of spouse’s unrestricted section 19AB(3) exemption or class exemption, or evidence spouse is not subject to the 10-year moratorium. |  |
| Copy of spouse’s employment contract from their primary place of employment (where appointment is not full time, contract is required to state the number of hours worked at the primary place of employment). |  |
| **Required if your spouse is a non-medical practitioner, skilled migrant** | |
| Spouse’s signed and dated employment contract for their first position working in the General Skilled Migration visa occupation (including occupation name and physical location). |  |
| If working with a new employer in the General Skilled Migration visa occupation – a copy of the spouse’s signed and dated employment contract from their current employer. |  |
| Letter from your spouse’s current employer confirming:   * they are currently employed in relation to their General Skilled Migration visa, and * if ongoing work from home arrangements are in place, the letter must state number of contracted hours per week and number of hours working from home per week |  |
| Copy of spouse’s General Skilled Migration visa. |  |
| Copy of spouse’s skills assessment for migration. |  |
| Copy of spouse’s international movement record (available from immi.homeaffairs.gov.au). |  |

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| **Please attach at least one of the following – must be issued within the last 3 months** | |
| Residential lease/mortgage/tenancy agreement with both applicant and spouse’s name and address listed on the document. |  |
| Utility bill with both applicant and spouse’s name and address listed on the document (gas/electricity/rates etc). |  |
| Joint bank account statement/account confirmation, with both applicant and spouse’s name and address listed on the document. |  |
| **The following document must be supplied where applicable** |  |
| Marriage certificate. |  |
| Visa grant notice for applicant and spouse (if you are not Australian citizens). |  |

**Applicant declaration**

Full name:

Full name

Signature

Signature:

Date

Date:

I am aware of my legal obligation to provide true and accurate information in completing and submitting this form.

By submitting your spouse's supporting documents, the department understands the documents have been provided with their consent.