

**Certification of Third Party Provider of Health Insurance**

To:  
The Nevada Governor's Office of Energy  
755 North Roop Street, Suite 202  
Carson City, NV 89701-3115

Re: Health Insurance required by NRS 701(A).365(1)(d&e)(4)(I&II)

<b>Project</b>	<b>AFN</b>

The health insurance plan provided by \_\_\_\_\_ (Name of Employer):

- Includes health insurance coverage for dependents of the employees and;
- Includes, without limitation:
  - (a) Emergency care;
  - (b) Inpatient and outpatient hospital services;
  - (c) Physicians' services;
  - (d) Outpatient medical services;
  - (e) Laboratory services;
  - (f) Diagnostic testing services; and
  - (g) For an in-network provider, a minimum employer contribution of at least 80 percent of medical expenses after the employee's deductible limit is met.

If additional information is needed my contact information is:

Company:	
Address:	
Contact Name:	Phone:
Email:	Fax:

Sincerely,

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_