

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)

Project	AFN

I certify as the Third Party Provider of Insurance that 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: _____
3rd Party Administrator
Date: _____