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GOVERNOR'S OFFICE OF ENERGY

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

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

**Project**

**AFN**

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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, (for the following) 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:

3 <sup>rd</sup> Party Company Name:	
Address:	
Contact Name:	Phone:
Email:	Fax:

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

3<sup>rd</sup> Party Administrator (to be completed by 3<sup>rd</sup> Party not the Employer)