



GOVERNOR'S OFFICE OF ENERGY

600 E. William Street, Suite 200 | Carson City, NV 89701
energy.nv.gov | (775) 687-7180

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

Sincerely,

Signature

Date

Print Name

3rd Party Administrator (to be completed by 3rd Party not the Employer)