



600 E William St #200  
Carson City, NV 89701

**Joe Lombardo**  
Governor

**Dwayne McClinton**  
Director

**Certification of Third-Party provider of Health Insurance**

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

|                |            |
|----------------|------------|
| <b>Project</b> | <b>AFN</b> |
|                |            |

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                       |  |       |  |
| Email                              |  | Phone |  |

Sincerely,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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