NEVADA GOVERNOR'S OFFICE OF ENERGY

600 E William St #200
Carson City, NV 89701

Joe Lombardo
Governor

James Humm
Director

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

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:

3rd Party Company Name			
Address			
Contact Name			
Email		Phone	

Sincerely,

_____ _____
Signature Date

_____
Print Name

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