

**ADDENDUM TO STIPULATION OF SETTLEMENT/AGREEMENT\***  
**RE: COMPLIANCE WITH DOMESTIC RELATIONS LAW 255(2) rev. 3/1/26**

\_\_\_\_\_ Vs \_\_\_\_\_ Index #: \_\_\_\_\_

Each party is aware that he or she will no longer be covered by the other party's health insurance plan and that each party shall be responsible for his or her own health insurance coverage, and may be entitled to purchase health insurance on his or her own through a COBRA option, if available.

Dated: \_\_\_\_\_, 20\_\_\_\_

I, \_\_\_\_\_ (print or type name), affirm this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, under the penalties of perjury, under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, except as to matters alleged on information and belief and as to those matters I believe it to be true, and I understand that this document may be filed in an action or proceeding in a court of law.

\_\_\_\_\_  
Plaintiff's Signature

Dated: \_\_\_\_\_, 20\_\_\_\_

I, \_\_\_\_\_ (print or type name), affirm this \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, under the penalties of perjury, under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, except as to matters alleged on information and belief and as to those matters I believe it to be true, and I understand that this document may be filed in an action or proceeding in a court of law.

\_\_\_\_\_  
Defendant's Signature

**\*This form is incorporated into and made part of the matrimonial agreement to which it is added.**