

**ADDENDUM TO STIPULATION OF SETTLEMENT/AGREEMENT
RE: COMPLIANCE WITH DOMESTIC RELATIONS LAW 255(2)**

_____ 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____

Plaintiff's Signature

Print Name

SS: STATE OF _____, COUNTY OF _____

On this _____ day of _____ 20____, before me; the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

Dated: _____, 20____

Defendant's Signature

Print Name

SS: STATE OF _____, COUNTY OF _____

On this _____ day of _____ 20____, before me; the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC