

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

-----X

Plaintiff,  
-against-

Index No.: \_\_\_\_\_

Defendant,

AFFIDAVIT  
(DRL 177 Notice)

-----X

I, \_\_\_\_\_, fully understand that upon the entrance of this divorce agreement, I may no longer be allowed to receive health coverage under my former spouse's health insurance plan. I may be entitled to purchase health insurance on my own through a COBRA option, if available, otherwise I may be required to secure my own health insurance.

Dated, \_\_\_\_\_, 200

\_\_\_\_\_  
*Plaintiff's signature*

Subscribed and Sworn to  
before me on

\_\_\_\_\_  
*Print name*

\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

I, \_\_\_\_\_, fully understand that upon the entrance of this divorce agreement, I may no longer be allowed to receive health coverage under my former spouse's health insurance plan. I may be entitled to purchase health insurance on my own through a COBRA option, if available, otherwise I may be required to secure my own health insurance.

Dated, \_\_\_\_\_, 200

\_\_\_\_\_  
*Defendant's signature*

Subscribed and Sworn to  
before me on

\_\_\_\_\_  
*Print name*

\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC