

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X

_____,
Plaintiff,

-against-

_____,
Defendant.

-----X

Index No.

NOTICE OF POSSIBLE
LOSS OF ELIGIBILITY
FOR HEALTH
INSURANCE COVERAGE

PLEASE TAKE NOTICE that, pursuant to Domestic Relations Law § 255, the defendant is hereby notified that once a judgment of divorce or separation, or a judgment annulling a marriage or declaring the nullity of a void marriage, is signed, a party to this action may or may not be eligible to be covered under the other party's health insurance plan, depending on the terms of the plan.

Dated: _____ 2009
_____, New York

Yours, etc
[Name]
[Attorney for]
[Office & P.O. Address]
[City, State & Zip]
[Telephone number]

