



HUMAN RESOURCES

IMPORTANT HEALTH COVERAGE TAX DOCUMENTS

You are receiving this notice because you were enrolled in The City of Frankfort or Frankfort Municipal Utilities health coverage during 2025 or were a full-time employee. You may receive a copy of your Form 1095-C (Employer-Provided Health Insurance Offer and Coverage) or Form 1095-B (Health Coverage) by requesting it.

You may request a copy of your form by:

- EMAIL: cmartin@frankfort-in.gov or hr@frankfort-in.gov
- PHONE: 765-659-3454
- MAIL: City of Frankfort, 301 E. Clinton St., Frankfort, IN 46041

Please include your name and return phone number and email in your request. If you have questions, please contact us at the email or phone number listed above.