New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#					
	SECTION I: Parties	and Term of Con	tracts			
1	Public Employer:	Public Employer: The Brick Township Municipal Utilities Authority		County: Ocean		
2	Employee Organizatio	Employee Organization: Supervisory Group		Number of Employe	es in Unit: 15	
3	Base Year Contract Te	01/01/17-12	2/31/19	New Contract Terms	01/01/20 12/21/2	1022
	SECTION II: Type o		ment (please ched		2 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4	177	tled without neutra		monly one,		
5	Contract set	tled with assistance	e of mediator			
6	Contract set	tled with assistance	e of fact-finder			
7	Contract sett	led with assistance	of super-conciliato	r		
8				ue a report with recom	mendations?	
	Yes No			·		
	SECTION III: Salary	Base				
	The salary base is the the parties negotiate			expired or expiring agr	eement. This is the	e base cost from which
9	Salary Costs in Base Y	ear	\$ 1,575,974			
10	Longevity Costs in Bas	se Year	\$ 0			
11	Total Salary Base		\$ 1,575,974			
	SECTION IV: Salary	Increases for Eac	ch Year of New Ag	reement*		
		Year 1	Year 2	Year 3	Year 4	Year 5
12	Effective Date (month/day/year)	01/01/20	01/01/21	01/01/22	V	
13	Cost of Salary Increments (\$)	43,279	45,505	48,599		
14	Salary Increase Above Increments (\$)		generalised data in 2 miles on the control of the c	CONTRACTOR OF THE PROPERTY OF		The second secon
15	Longevity Increase (\$)					
16	Total \$ Increase (sum of lines 13-15)	43,279	45,505	48,599		
17	New Salary Base (\$)	1,619,253	1,664,758	1,713,357		
18	Percentage increase over prior year	2.75 %	2.8 %	2.9 %	<u>%</u>	%
	*If contract duration i	s longer than five y	ears, please add an	additional page.		

mployer:	The Brick Township Municipal Utilities Authority	Employee Organization: Supervisory Group	Page 2
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SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Membership Dues, Licenses	Base Year Cost (\$) 4,500	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Conferences & Seminars	7,500					
20	Totals(\$):	12,000					

^{*}If contract duration is longer than five years, please add an additional page.

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ 347,336	\$ 293,973
22	Prescription Plan Cost	\$ 97,927	\$ 110,673
23	Dental Plan Cost	\$ 24,248	\$ 21,365
24	Vision Plan Cost	\$ 2,564	\$ 2,304
25	Total Cost of Insurance	\$ 472,075	\$ 428,315
26	Employee Insurance Contributions	\$ 153,458	ş 144,095
27	Employee Contributions as % of Total Insurance Cost	33	_% 34
		***************************************	The state of the s

Page 2 of 3 (complete all pages)

Section VI: Medical Costs (continued) 28 Identify any insurance changes that were included in this CNA. 3 insurance waivers taken & 2 supervisors retired Dental premium renewal decrease 2020 Medical premium renewal decrease, RX premium renewal increase 2020 SECTION VII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Position/Title: Human Resource Supervisor Signature: Date: Send this completed and signed form along with an electronic copy of the contract and the signed certifical	Employ	er: The Brick Town	nship Municipal Utilities Authority	Employee Organization	Supervisory Group	Page 3
3 insurance waivers taken & 2 supervisors retired Dental premium renewal decrease 2020 Medical premium renewal decrease, RX premium renewal increase 2020 SECTION VII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Position/Title: Human Resource Supervisor Signature: Date: 3/17/21	Section	VI: Medical Co	osts (continued)			
The undersigned certifies that the foregoing figures are true: Print Name: Position/Title: Signature: Date: Teri Price Human Resource Supervisor 3/17/21	3 insu	urance waiver al premium re	rs taken & 2 supervisor newal decrease 2020	s retired	crease 2020	
Position/Title: Human Resource Supervisor Signature: 3/17/21	29			ng figures are true:		
Signature: Date: 3/17/21		Print Name:	Teri Price			
Date: 3/17/21		Position/Title:	Human Resource Super	visor		
Date:		Signature:	1 the			
Send this completed and signed form along with an electronic copy of the contract and the signed certificat		Date:	3/17/21			
form to: contracts@perc.state.nj.us		Send this comp form to: contra	lleted and signed form alor acts@perc.state.nj.us	ng with an electronic co	opy of the contract and the sign	ned certification

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016