New Jersey Public Employment Relations Commission POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #		
	SECTION I: Parties and Term of Contracts	
1	Public Employer: The Borough of Wildwood Crest	County: Cape May
2	Employee Organization: PBA Local #59	Number of Employees in Unit: 18
3	Base Year Contract Term: January 1, 2013 - December 31, 2015	
4	New Contract Term: January 1, 2016 - December 31, 2019	
	SECTION II: Type of Contract Settlement (please	check only one)
5	Contract settled without neutral assistance	
6	Contract settled with assistance of mediator	
7	Contract settled with assistance of fact-finder	
8	Contract settled in Interest Arbitration	
9	If contract was settled in Interest Arbitration, did the Arbitra	itor issue an Award? Yes No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or exp	-
10	Salary Costs in base year	\$ 1,085,222.00
11	Longevity Costs in base year	\$
12	Other base year salary costs	
	Detective Duties § 2,100.00	
	Overtime § 51,677.24	
	Officer in Charge 5,000.00	
	\$	
	Sum of "Other" Costs Listed in Line 12.	\$ 58,777.24
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ 1,143,999.24

23

Page 2 of 4 (complete all pages)

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SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

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24	item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Detective Duties	2,100.00						, , ,
	Overtime	51,677.24	2,512.48	2,796.14	2,021.95	2,765.48		
	Officer in Charge	5,000.00						
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		Contract of the					:	
25	Totals (\$):	58,777.24	2,512.48	2,796.14	2,021.95	2,765.48		

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 281,481.36	\$ 302,682.72
27	Prescription Plan Cost	\$ 72,354.24	\$ 75,255.12
28	Dental Plan Cost	\$ 22,200.00	\$ 22,200.00
29	Vision Plan Cost	\$ 3,400.00	\$ 3,400.00
30	Total Cost of Insurance	\$ 379,435.6	\$ 403,537.84

Page 3 of 4 (complete all pages)

Employ	Ver: The Borough of Wildwood Crest Employee Organization: PBA Local # 59 Page 4
	ON VII: Medical Costs (continued)
31 32	Employee Insurance Contributions \$\frac{53,158.80}{14.01} \\$\frac{74,244.48}{18.40} \%
33	Identify any insurance changes that were included in this CNA.
34	SECTION VIII: Certification and Signature The undersigned certifies that the foregoing figures are true:
	Print Name: Constance A. Mahon Position/Title: Business Administrator Signature: Constance a Mahon Date: 10/3/17
	Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us
	NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429 Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016