

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1 Public Employer:  County:

2 Employee Organization:  Number of Employees in Unit:

3 Base Year Contract Term:  New Contract Term:

**SECTION II: Type of Contract Settlement (please check only one)**

4  Contract settled without neutral assistance

5  Contract settled with assistance of mediator

6  Contract settled with assistance of fact-finder

7  Contract settled with assistance of super-conciliator

8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  
 Yes  No

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year

10 Longevity Costs in Base Year

11 Total Salary Base

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<input type="text" value="01/01/20"/>	<input type="text" value="01/01/21"/>	<input type="text" value="01/01/22"/>	<input type="text"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="43,279"/>	<input type="text" value="45,505"/>	<input type="text" value="48,599"/>	<input type="text"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="43,279"/>	<input type="text" value="45,505"/>	<input type="text" value="48,599"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="1,619,253"/>	<input type="text" value="1,664,758"/>	<input type="text" value="1,713,357"/>	<input type="text"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="2.75"/> %	<input type="text" value="2.8"/> %	<input type="text" value="2.9"/> %	<input type="text"/>	<input type="text"/>

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

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Membership Dues, Licenses	4,500	0	0	0		
	Conferences & Seminars	7,500	0	0	0		
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	\$ 144,095
27	Employee Contributions as % of Total Insurance Cost	33 %	34 %

Employer:

Employee Organization:

**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**

**29** The undersigned certifies that the foregoing figures are true:

Print Name:   
Position/Title:   
Signature:   
Date:

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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](mailto:contracts@perc.state.nj.us)

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Conciliation and Arbitration  
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