

**SUMMARY FORM**

**COLLECTIVE BARGAINING AGREEMENT  
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

**Section I: Agreement Details**

Public Employer: Borough of Ridgefield County: Bergen  
 Employee Organization: Ridgefield Employee Association Employees in Unit: 10  
 Base Year Contract Term: 2 year New Contract Term: 2 year  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

|  | Column A<br>Base Year - Total Costs<br><i>(Last Year of Previous agreement)</i> | Column B<br>New Base Year - Total Costs<br><i>(First Year of Successor agreement)</i> |
|--|---|---|
| <b>Section II: Economic</b>                                  |   |   |
| Item 1 ..... Salary  | <u>393,324.22</u>   | <u>414,081.82</u>   |
| Item 2 ..... Increment                                       |   |   |
| Item 3 ..... Longevity                                       | <u>10,331.36</u>  | <u>12,707.76</u>  |
| Item 4 .....   |   |   |
| Item 5 .....   |   |   |
| Item 6 .....   |   |   |
| Item 7 .....   |   |   |
| Item 8 .....   |   |   |
| Item 9 .....   |   |   |
| Item 10 .....  |   |   |
| Item 11 .....  |   |   |
| Item 12 .....  |   |   |
| Any additional items list on separate sheet Additional Items |   |   |
| <b>Section III: Totals -</b> Sum of costs in each column     | <u>403,655.58</u><br>(Total)  | <u>426,789.58</u><br>(Total)  |

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \_\_\_\_\_  
 Effective Date (m/d/yyyy) \_\_\_\_\_  
 Percent Increase \_\_\_\_\_  
 Total cost of increase \_\_\_\_\_  
 Total base salary (successor agreement) \_\_\_\_\_

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2%  
 Dollar Impact (average per year over term of agreement) 24,000

**Section VI**

*Health Insurance (Indicate costs associated on each line)*

|                        | Base Year      | Year 1         |  |  |  |
|------------------------|----------------|----------------|--|--|--|
| Cost of Health Plan    | <u>165,865</u> | <u>178,390</u> |  |  |  |
| Employee Contributions | <u>12,559</u>  | <u>19,560</u>  |  |  |  |
| Prescription           | <u>43,175</u>  | <u>46,269</u>  |  |  |  |
| Dental                 | <u>10,490</u>  | <u>10,837</u>  |  |  |  |
| Vision                 | <u>2250</u>    | <u>2250</u>    |  |  |  |

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.*

**Section VII**

Prepared by: Isabelle Meurer Title: Human Resource/payroll officer  
 Signature: Isabelle Meurer Date: June 9, 2015