

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Atlantic County Utilities Authority County: Atlantic  
 Employee Organization: International Union of Operating Engineers Local 68 Employees in Unit: 92  
 Base Year Contract Term: 1/1/2013 12/31/2013 New Contract Term 1/1/2014 12/31/2016  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$3,727,409	\$3,780,484
Item 2 ..... <u>Increment</u>	\$78,490	\$75,610
Item 3 ..... <u>Longevity</u>	\$44,000	\$44,600
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	\$3,854,799	\$3,900,694
	(Total)	(Total)

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

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	\$3,854,799			
<b>Effective Date (m/d/yyyy)</b>	<u>1/1/2014</u>	<u>1/1/2015</u>	<u>1/1/2016</u>	_____
Percent Increase .....	<u>2%</u>	<u>2%</u>	<u>2%</u>	_____
Total cost of increase ..	\$75,610	\$77,122	\$78,664	_____
Total base salary (successor agreement) .....	\$3,856,094	\$3,933,216	\$4,011,880	_____

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

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$77,132.00

**Section VI**

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

	Base Year	Year 1			
Cost of Health Plan .....	\$1,581,313	\$1,754,775	\$1,842,514	\$1,934,640	_____
Employee Contributions .....	\$99,000	\$116,000	\$150,000	\$150,000	_____
Prescription .....	\$430,230	\$457,073	\$479,927	\$503,923	_____
Dental .....	\$106,886	\$98,341	\$100,307	\$102,313	_____
Vision .....	\$16,582	\$15,288	\$15,600	\$15,912	_____

*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: <u>Sandya Bourguignon</u>	Title: <u>Chief of Staff</u>
Print Name	Date: <u>9/12/2014</u>
Signature	