## 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: Cit	Public Employer: City of Linwood			County: Atlantic			
2	Employee Organization	Employee Organization: Teamsters Local #331		Number of Employees in Unit: 7				
3	Base Year Contract Te	erm: 1/1/2017-12	/31/2017	New Contract Term: 1/1/2018-12/31/2022				
	SECTION II: Type o	f Contract Settlem	ent (please check	only one)				
4	Contract set	Contract settled without neutral assistance						
5	Contract set	tled with assistance	of mediator					
6	Contract set	Contract settled with assistance of fact-finder						
7	Contract sett	led with assistance o	of super-conciliator					
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recom	mendations?			
	Yes No 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 Y	ear	\$ 429,041					
10	Longevity Costs in Base Year \$		\$ O					
11	Total Salary Base \$ 429,04		\$ <mark>429,041</mark>	Materia et allemanda (Materia) alleman (Materia)				
	SECTION IV: Salary	Increases for Each	n Year of New Agre	ement*				
4.5	- F((-,1) - , D )	Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	1/1/2018	1/1/2019	1/1/2020	1/1/2021	1/1/2022		
13	Cost of Salary Increments (\$)	0	9,879	10,124	10,379	0		
14	Salary Increase Above Increments (\$)	0	0	0	0	0		
15	Longevity Increase (\$)	0	0	0	0	0		
16	Total \$ Increase (sum of lines 13-15)	0	9,879	10,124	10,379	0		
17	New Salary Base (\$)	429,041	438,920	449,044	459,423	459,423		
18	Percentage increase over prior year	0.0 %	2.5	2.5 %	2.5 %	0.0 %		
	*If contract duration is longer than five years, please add an additional page.							

			1					
Empl	oyer: City of Linwood		Employ	ree Organization:	Teamsters Loc	cal #331		Page 2
	SECTION V: Increase	ses in Other Co						
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increas	ie (\$)
20	Totals(\$):							
	*If contract duration	is longer than fiv	e years, please ad	dd an additional p	page.			
	SECTION VI: Medic	al Costs						
				Base Year				
21	Health Plan Cost			\$ 159,10	71			
22	Prescription Plan Cost	t		<b>\$</b> 39,452	<b>\$</b> 37,09	5		
23	Dental Plan Cost			\$ <mark>7,870</mark>	\$ 7,870			
24	Vision Plan Cost			\$ 1,231	\$ 1,225			
25	Total Cost of Insuranc	ce		<b>s</b> 207,65	8 <b>s</b> 195,79	90		

15.1

\$ 30,710

<sub>%</sub> 15.7

25

26

27

**Total Cost of Insurance** 

**Employee Insurance Contributions** 

Employee Contributions as % of Total Insurance Cost

Employ	er: City of Linwo	ood	Employee Organization:	Teamsters Local #331	Page 3
	No VI: Medical Co				
28 No ch	Identify any in	surance changes that v	vere included in this CNA.		
29		ertification and Signated certifies that the fo	ature oregoing figures are true:		
	Print Name:	Anthony Strazzeri			
	Position/Title:	CFO			
	Signature:	anton A			
	Date:	11-27-2018			
	· ·	pleted and signed for acts@perc.state.nj.u		py of the contract and the signe	d certification

NJ Public Employment Relations Commission

**Conciliation and Arbitration** 

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016