SUMMARY FORM

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

Section I: Agreement Deta Public Employer:	ils Township of Hamilton				County:	County: Atlantic	
Employee Organization	Teamsters Union	sters Union Local 331, IBT				Employees in Unit: 44	
Base Year Contract Term:	1/1/2012	12/31/2014 New Contract Term 1/1/					
Type of Settlement:	☐ Mediated Settl	lement	Fact-Finder Recommen	ndation	✓ Voluntary Settlement		
			Base Year	umn A - Total Costs revious agreement	Column B New Base Year - To (First Year of Successo	otal Costs	
Section II: Economic							
Item 1 Sal	ary		\$2,374,362		\$2,374,362		
Item 2 Inci	rement	_			\$47,487		
Item 3 Lon	gevity	_			.		
Item 4 Colle	ege Incentive	-	_\$6,953		\$6,953		
Item 5					.		
Item 6							
Item 7							
Item 8		_					
Item 9					.		
Item 10					.		
Item 11		_					
Item 12					.		
Any additional items list on separate sh	eet	Additional Items					
action III. Totals - Sum of coo	to in each column		\$2,381,315		\$2,429,902		
Section III: Totals - Sum of costs in each column						\$2,428,802	
				Total)	(Total)		
ection IV: Analysis of new succes	sor agreement		NEW AGREE	EMENT ANALYSIS			
Total Base Year(previous agreement)	\$2,381,315	5					
Effective Date (m/d/yyyy)		1/1/2015	1/1/2016	1/1/2017			
Percent Increase		2%	2%	2%			
Total cost of increase		\$47,487	\$48,437	\$49,406			
Total base salary (successor agreemen	t)	\$2,428,802	\$2,477,239	\$2,526,645			
ection V: Impact of Settlem	ent - average annual i	increase over term of ac	reement				
Percentage Impact (average per year o	ver term of agreement)	2.00					
Dollar Impact (average per year over te	rm of agreement)	\$48,443.00					
			-				
ection VI							
Health Insurance (Indicate costs associ	iated on each line)						
Cost of Health Plan		Base Year \$700,395	Year 1 \$765,664				
Employee Contributions \$57,413		\$85,109					
Prescription		\$183,225	\$197,518				
Dental		\$28,708					
Vision		\$10,980	\$6,608				
The undersigned certifies to	hat the foregoing figur	1.00		foregoing itoms are t	alse, s/he is subject to punism	ant	
ection VII		Jav Gla ij ave			and to subject to purifsili	<u>0,76</u>	
Prepared by:	Dorothy S	S. Gallagher		Ti	tle: Chief Financial O	fficer	
•		Print Name					
	Down	P. DIE	Book	Da Da	ate: 9/8/2015		
		Signature		Low			

Certification

executed collective negotiations agreement(s) and the included subargaining agreement for the term beginning $\frac{1}{1/2015}$	
Employer:	Township of Hamilton
County:	Atlantic
Date:	9/8/2015
Name:	Dorothy S. Gallagher Print Name

Title:

Chief Financial Officer

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the