New Jersey Public Employment Relations Commission <u>POLICE AND FIRE</u>

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line#		
	SECTION I: Parties and Term of Contracts	
1	Public Employer: City of Sea Isle City	County: Cape May
2	Employee Organization: FOP Lodge #7 Sergeants	Number of Employees in Unit: 4
3	Base Year Contract Term: 1/1/2015-12/31/2017	,
4	New Contract Term: 1/1/2018-12/31/2023	
	SECTION II: Type of Contract Settlement (please	check only one)
5	Contract settled without neutral assistance	
6	Contract settled with assistance of mediator	
7	Contract settled with assistance of fact-finder	
8	Contract settled in Interest Arbitration	
9	If contract was settled in Interest Arbitration, did the Arbitra	ator issue an Award? Yes No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or ex	pired agreement.
	N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "'Bas or table and any amount provided pursuant to a salary incress it shall also include any other item agreed to by the parties, understood by the parties in the prior contract. Base salary health and medical insurance costs."	te salary' means the salary provided pursuant to a salary guide ement, including any amount for longevity or length of service. or any other item that was included in the base salary as shall not include non-salary economic issues, pension and
10	Salary Costs in base year	\$ 328452.20
11	Longevity Costs in base year	\$
12	Other base year salary costs	*
	\$	
	\$	
	\$	
	\$	
	Sum of "Other" Costs Listed in Line 12.	\$
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ 328452.20

mp	loyer: City of Sea Isle City		Employe	e Organization	n: FOP Lodge	#7 Sergeants	Page 2) .
L4	SECTION IV: Increase		Cost (for each \$328452.20		w CNA)			
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
15	Effective Date (month/day/year)	01/01/2018	01/01/2019	01/01/2020	01/01/2021	01/01/2022	1/01/2023	
16	Cost of Salary Increments (\$)	7554.40	7728.15	7905.90	8087.73	8273.75	8464.05	
17	Salary Increase Above Increments (\$)		About the control of		r arm r m um .			
18	Longevity Increase (\$)			The half is the Anna State				
19	Total Increased Cost for "Other" Items (\$)				8			
20	Total Increase (\$) (sum of lines 16-19)	7554.4	7728.15	7905.9	8087.73	8273.75	8464.05	
	SECTION V: Average In	ncrease Over	Term of New	CNA				
21	Dollar Increase Over Life	of Contract	\$ 48013.99	[Take sum	n of all amount	s listed on Line	20 above]	

21	Dollar Increase Over Life of Contract	48013.99	[Take sum of all amounts listed on Line 20 above]
22	Percentage Increase Over Life of Contract	14.62 %	[Divide amount on Line 21 by amount on Line 14]
23	Average Percentage Increase Per Year	2.44	[Divide percentage on Line 22 by number of years of
	* .		the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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25	Totals (\$):							

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 51525.05	\$ 48352.88
27	Prescription Plan Cost	\$ 12467.01	\$ 11288.64
28	Dental Plan Cost	\$ 2778.24	\$ 3156.14
29	Vision Plan Cost	\$ 211.80	\$ 245.19
30	Total Cost of Insurance	\$ 66982.10	\$ 63042.85

Page 3 of 4 (complete all pages)

Employ	er: City of Sea ISle City	_ Employee Organization: FOP Lodge #7 Sergeants Page
SECTIO	ON VII: Medical Costs (continued)	
31 32	Employee Insurance Contributions Contributions as % of Total Insurance Cost	\$\frac{12947.53}{19.32} \&\frac{\\$ \begin{array}{ c c c c c c c c c c c c c c c c c c c
33	Identify any insurance changes that wer	e included in this CNA.
	SECTION VIII: Certification and Signature The undersigned certifies that the fores	
	Print Name: George Savastano Position/Title: Administrator Signature: Leng Au Date: 1 / 12 / 2 / 1	noti
	Send this completed and signed form a certification form to: contracts@perc.	along with an electronic copy of the contract and the signed state.nj.us
	NJ Public Employment Relations Comm Conciliation and Arbitration PO Box 429 Trenton, NJ 08625	ission

Revised 8/2016

Phone: 609-292-9898