## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line	<del>:</del> #							
	SECTION I: Parties			V				
1	Public Employer: N	orth Bergen To	wnship	County: Hudson				
2	Employee Organization: Teamsters Local 11			Number of Employees in Unit: 52				
3	Base Year Contract T	se Year Contract Term: Jan. 1, 2016 - Dec. 31, 2019		New Contract Term: Jan. 1, 2020 - Dec. 31, 2023				
	SECTION II: Type o	of Contract Settler	nent (please check	only one)				
4	Contract settled without neutral assistance							
5	Contract settled with assistance of mediator							
6	Contract settled with assistance of fact-finder							
7	Contract settled with assistance of super-conciliator							
8		If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?						
	Yes No No			,				
	SECTION III: Salary	/ Base						
	The salary base is the the parties negotiate		•	xpired or expiring agi	reement. This is the	base cost from which		
9	Salary Costs in Base Y	Salary Costs in Base Year \$ 2,						
10	Longevity Costs in Base Year		\$ 15,050					
11	Total Salary Base \$2,412,131		\$2,412,131	**************************************				
	SECTION IV: Salary	Increases for Eac	h Year of New Agre	eement*				
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	1/1/2020	1/1/2021	1/1/2022	1/1/2023			
13	Cost of Salary Increments (\$)	3,600	14,275	14,664	13,061			
14	Salary Increase Above Increments (\$)	0	0	0	0			
15	Longevity Increase (\$)	0	1,008	0	0			
16	Total \$ Increase (sum of lines 13-15)	3,600	15,283	14,664	13,061			
17		2,415,731	2,431,014	2,445,678	2,458,739			
18	Percentage increase over prior year	.15 %	.63 %	.60 %	.53 %	<u> </u>		
	*If contract duration i	is longer than five ye	ears, please add an ac	dditional page.				

	SECTION VI. IVIEUICAI COSCS		
		Base Year	Year 1
21	Health Plan Cost	ş <mark>986,455</mark>	ş 964,513
22	Prescription Plan Cost	\$ <mark>286,805</mark>	\$ <mark>281,928</mark>
23	Dental Plan Cost	ş 29,793	\$ 26,717
24	Vision Plan Cost	\$ 5,667	\$ <mark>5,112</mark>
25	Total Cost of Insurance	\$ 1,308,720	\$1,278,270
26	Employee Insurance Contributions	ş 162,428	\$ 159,262
27	Employee Contributions as % of Total Insurance Cost	12	12 %

Employer: North Bergen Township	Employee Organization: Teamsters Local 11	Page 3
Section VI: Medical Costs (continued)		
28 Identify any insurance changes that w There are no insurance changes to re		

**SECTION VII: Certification and Signature** 

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Position/Title:

Signature:

Date:

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016