SUMMARY FORM

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

Section I: Agreement Deta								
Public Employer: Borough of Helmetta						County: Middlesex		
Employee Organization	Local 210 International Brotherhood of Teamsters					Employees in Unit: 5		
Base Year Contract Term:	1/1/2007	New Contract Term1/1/2010			12/31/2014			
Type of Selllement:	☐ Mediated Settle	ment 🔲	Fact-Finder Recomm	endation	☑ Voluntary Settleme	ent 🔲 Super	Conciliation	
			Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)		New Base	Column B New Base Year - Total Costs (First Year of Successor agreement)		
Section II: Economic								
Item 1 Salary		_	\$116,519		\$116,519			
	ement	_	A. 101					
	gevity		\$4,481		\$6,642			
	on Reimbursement	_			·			
	orm Allowance	-	\$1,500		\$1,500		 	
Item 6		-			· 		i	
Item 8		-	-		·] ———		i	
Item 9	,	_	ļ 		•		í	
Item 10		_					ı	
Item 11		_						
Item 12	•	_						
Any additional items list on separate sh	eel	Additional Items						
Section III: Totals - Sum of costs in each column			\$122,500		\$124,661			
			(Total)		-			
			'	, rotal)	1	(Total)		
Section IV: Analysis of new success	or agreement		NEW AGRE	EMENT ANALYSIS	<u> </u>			
Total Base Year(previous agreement)	\$122,500							
	-							
Effective Date (m/d/yyyy) Percent increase		1/1/2010	1/1/2011	1/1/2012	1/1/2013			
Total cost of increase		0.0%	1.5%	2%	2%			
Total base salary (successor agreement)	\$0	\$1,838	\$2,489	\$2,537	\$2,587		
•	•	\$122,500	\$124,338	\$126,827	\$129,364	\$131,951		
Section V: Impact of Settlem Percentage Impact (average per year or	•		preement					
Dollar Impact (average per year over term of agreement) 1.5% \$1,890.20			•	Contributi	one based on pla	an costs and	¬	
\$1,890.2		\$1,050.20			ons based on plan costs and o Chapter 78, P.L. 2011			
Section VI				4	·			
Health Insurance (Indicate costs associa	iled on each line)		··					
Cost of Health Plan		Base Year	Year 1					
Employee Contributions		\$19,295	\$23,199			- —		
Prescription		\$390	. <u>\$195</u>		-	-		
Dental		\$0 \$1,745	\$1 221				•	
Vision		\$0	\$1,221 \$0	. ——		-		
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The undersigned certifies the	at the foregoing figure	s are true and is awa	re that if any of the	foregoing items are fa	ilse, s/he is subject to	punisment.		
ection VII		,			ario.			
Prepared by:	Lori A. Ry) 	_ TiU	le: CFO			
	has	Print Name	N	Dat	10: 9/In	1/12		
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