New Jersey Public Employment Relations Commission NON-POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

C.	HC H				DALL LOWA	
	SECTION I: Parti	ies and Term of Co	ntracts			
1	Public Employer:	Cherry Hill		County: Cam	don	
2	Employee Organiza	ation: CHE A			LIV	
3	Base Year Contract		2-1	Number of Employ		7.5
			Page and the second second	New Contract Terr	n: 2021-203	5
	ГТ-У	of Contract Settle	ment (please chec	k only one)		
4	Contract s	settled without neutr	al assistance			
5		ettled with assistance				
6						
	Contract so	ettled with assistance	of fact-finder			
7	Contract se	ettled with assistance	of super-conciliator			
8	If contract was settl	ed in fact-finding, dic	the fact-finder issue	9 3 Fenort with		
	Yes No		1000	e a report with recon	nmendations?	
	SECTION III: Salar	y Rasa				
	the parties negotiate	e the salary increases	he final year of the e	xpired or expiring ag	reement. This is the	base cost from which
9	Salary Costs in Base	Year	\$ 89,469,	252		
10	Longevity Costs in Ba	se Year	\$			
11	Total Salary Base		\$ 89.469	,257		
	SECTION IV: Salar	y Increases for Eacl	Year of New Agre	Pement*		
		Year 1	Year 2	Year 3	Mar. A	
12	Effective Date (month/day/year)	1/1/21	7/1/22		Year 4	Year 5
13	Cost of Salary	20 1000		11/1/23	11/24	
1.0	Increments (\$)	2,192,325	2,128,229	2011,870	2,080,533	
14	Salary Increase Above Increments (\$)	117,602	861,195	1,011,633		
15	Longevity Increase (\$)			1,011,000	1,118,143	P
16	Total \$ Increase	2,909,927	0.600 ()			==
17	(sum of lines 13-15) New Salary Base (\$)		2989, 424	3,083,503	3,198,676	
		92379, 178	95,368,600	98,452,105	101,650,781	
18	Percentage increase over prior year	3.26 %	3.26 %	3.26	3.26	
	*If contract duration is	s language start of				<u> </u>
	*If contract duration is	i longer than five yea	rs, please add an adi	ditional page.		

Emp	over: Cherry H	ull	Emplo	yee Organization	CHEA		Page
	SECTION V: Incre	eases in Other Con	tractual Econ	omic Items or N	The state of the s	onomic Items*	. 05c
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						
	*if contract duration	n is longer than five y	ears, please ac	ld an additional p	page.		
	SECTION VI: Medi	ical Costs					
				Base Year	Year 1		
1	Health Plan Cost			\$ 26,87	5045 s 25.86	6,297	
2	Prescription Plan Co.	st		\$ 6,944	113 \$ 1,32		
3	Dental Plan Cost			\$ 1,759	971 \$ 1,88	3,248	
4	Vision Plan Cost			\$ 154,4	H7 \$ 151	996	
5	Total Cost of Insuran	ce		s 35,73	3546 35, 22	5,804	
6	Employee Insurance	Contributions		\$ 1,612	266 \$ 1,08	9,400	
7	Employee Contribut	tions as % of Total In	surance Cost	4.5	30	9	

Page 2 of 3 (complete all pages)

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identity any i	nsurance changes ti	hat were included in this	CALL	
Half -22 65 -23 55 -24 57 -25 5	h Benefits we	acver	May employee 9000 10,000 11,000	Contribution
Print Name: Position/Title: Signature:	Lynn E.S. Bus A.	ignature e foregoing figures are buyars dinen	true:	
Date:	1/24/22	S S		
Send this compl form to: contra	eted and signed fo	orm along with an ele	ctronic copy of the contract	and the signed certific

Revised 8/2016

Trenton, NJ 08625 Phone: 609-292-9898

