

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2017 thru 6/30/2021.

Employer: Lambertville MUA  
County: Hunterdon  
Date: 11/7/2017  
Name: Thomas F. Horn  
Print Name  
Title: Executive Director  
Thomas F. Horn  
Signature

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

Line #

**SECTION I: Parties and Term of Contracts**

1 Public Employer: Lambertville Municipal Utilities Authority County: Hunterdon  
 2 Employee Organization: Communications Workers of America, AFL-CIO Number of Employees in Unit: 4  
 3 Base Year Contract Term: 7/01/2013-6/30/2017 New Contract Term: 7/01/2017-6/30/2021

**SECTION II: Type of Contract Settlement (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

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year \$ 262,755  
 10 Longevity Costs in Base Year \$                       
 11 Total Salary Base \$ 262,755

**SECTION IV: Salary Increases for Each Year of New Agreement\***

|   | Year 1           | Year 2           | Year 3           | Year 4           | Year 5 |
|---|------------------|------------------|------------------|------------------|--------|
| 12 Effective Date (month/day/year)        | <u>7/01/2017</u> | <u>7/01/2018</u> | <u>7/01/2019</u> | <u>7/01/2020</u> |        |
| 13 Cost of Salary Increments (\$)         |                  |                  |                  |                  |        |
| 14 Salary Increase Above Increments (\$)  |                  |                  |                  |                  |        |
| 15 Longevity Increase (\$)                |                  |                  |                  |                  |        |
| 16 Total \$ Increase (sum of lines 13-15) | <u>7,860.96</u>  | <u>8,175.40</u>  | <u>6,377</u>     | <u>6,568.11</u>  |        |
| 17 New Salary Base (\$)                   | <u>204,385</u>   | <u>212,560</u>   | <u>218,937</u>   | <u>225,505</u>   |        |
| 18 Percentage increase over prior year    | <u>4</u> %       | <u>4</u> %       | <u>3</u> %       | <u>3</u> %       |        |

\*If contract duration is longer than five years, please add an additional page.

**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

| 19 | Item Description       | Base Year Cost (\$) | Year 1 Increase (\$) | Year 2 Increase (\$) | Year 3 Increase (\$) | Year 4 Increase (\$) | Year 5 Increase (\$) |
|----|------------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|    | After Hours Duty Phone | 75.00               | 25.00                | 0                    | 0                    | 0                    |                      |
|    |                        |                     |                      |                      |                      |                      |                      |
|    |                        |                     |                      |                      |                      |                      |                      |
|    |                        |                     |                      |                      |                      |                      |                      |
|    |                        |                     |                      |                      |                      |                      |                      |
|    |                        |                     |                      |                      |                      |                      |                      |
|    |                        |                     |                      |                      |                      |                      |                      |
|    |                        |                     |                      |                      |                      |                      |                      |
| 20 | Totals(\$):            | 75.00               | 100.00               | 100.00               | 100.00               | 100.00               |                      |

\*If contract duration is longer than five years, please add an additional page.

**SECTION VI: Medical Costs**

|  | Base Year | Year 1    |
|--|-----------|-----------|
| 21 Health Plan Cost                                    | \$ 73,365 | \$ 64,283 |
| 22 Prescription Plan Cost                              | \$        | \$        |
| 23 Dental Plan Cost                                    | \$        | \$        |
| 24 Vision Plan Cost                                    | \$        | \$        |
| 25 Total Cost of Insurance                             | \$        | \$        |
| 26 Employee Insurance Contributions                    | \$ 3,017  | \$ 1,439  |
| 27 Employee Contributions as % of Total Insurance Cost | 4.1 %     | 2.2 %     |

**Section VI: Medical Costs (continued)**

**28** Identify any insurance changes that were included in this CNA.  
None

**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

Print Name: Thomas F. Horn  
Position/Title: Executive Director  
Signature: Thomas F. Horn  
Date: 11/27/17

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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](mailto:contracts@perc.state.nj.us)

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NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

Revised 8/2016