

**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: Raritan Township County: Hunterdon

2 Employee Organization: CWA 1040 Higher Level S Number of Employees in Unit: 3

3 Base Year Contract Term: 1/1/16 - 12/31/19 New Contract Term: 1/1/20 - 12/31/24

**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 \$ 327,801

10 Longevity Costs in Base Year \$

11 Total Salary Base \$ 327,801

**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>1/1/20</u>	<u>1/1/21</u>	<u>1/1/22</u>	<u>1/1/23</u>	<u>1/1/24</u>
13 Cost of Salary Increments (\$)	<u>3,800</u>	<u></u>	<u></u>	<u></u>	<u></u>
14 Salary Increase Above Increments (\$)	<u>3,760</u>	<u>7,460</u>	<u>7,332</u>	<u>6,926</u>	<u>7,065</u>
15 Longevity Increase (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
16 Total \$ Increase (sum of lines 13-15)	<u>7,560</u>	<u>7,460</u>	<u>7,332</u>	<u>6,926</u>	<u>7,065</u>
17 New Salary Base (\$)	<u>331,561</u>	<u>339,021</u>	<u>346,343</u>	<u>353,269</u>	<u>360,334</u>
18 Percentage Increase over prior year	<u>2.3</u> %	<u>2.2</u> %	<u>2.16</u> %	<u>2</u> %	<u>2</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 (\$)
20	Totals(\$):						

*\*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	\$42,033	\$42,033
22 Prescription Plan Cost	\$	\$
23 Dental Plan Cost	\$2,063	\$2,063
24 Vision Plan Cost	\$	\$
25 Total Cost of Insurance	\$44,096	\$44,096
26 Employee Insurance Contributions	\$14,714	\$14,714
27 Employee Contributions as % of Total Insurance Cost	33.4 %	33.4 %

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

**28** Identify any insurance changes that were included in this CNA.  
Health and RX combined plan  
Fully self insured

**SECTION VII: Certification and Signature**

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

Print Name:	<u>Donald E. Hutchins</u>
Position/Title:	<u>Administrator</u>
Signature:	
Date:	<u>2/4/20</u>

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)

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

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