

**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: TOWNSHIP OF EGG HARBOR County: ATLANTIC  
 2 Employee Organization: COMMUNICATIONS WORKERS OF AMERICA LOCAL 1032 Number of Employees in Unit: 8  
 3 Base Year Contract Term: 1/1/2015 - 12/31/2017 New Contract Term: 1/1/2018 - 12/31/2021

**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 \$ 704,746  
 10 Longevity Costs in Base Year \$ 12,109  
 11 Total Salary Base \$ 716,855

**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>5/6/2018</u>	<u>1/1/2019</u>	<u>1/1/2020</u>	<u>2/8/2021</u>	
13 Cost of Salary Increments (\$)	<u>10,462</u>	<u>19,912</u>	<u>18,016</u>	<u>12,079</u>	
14 Salary Increase Above Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
15 Longevity Increase (\$)	<u>217</u>	<u>350</u>	<u>274</u>	<u>261</u>	
16 Total \$ Increase (sum of lines 13-15)	<u>10,679</u>	<u>20,262</u>	<u>18,290</u>	<u>12,340</u>	
17 New Salary Base (\$)	<u>727,534</u>	<u>747,796</u>	<u>766,086</u>	<u>778,426</u>	
18 Percentage increase over prior year	<u>1.5</u> %	<u>2.7</u> %	<u>2.4</u> %	<u>1.6</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 (\$)
	NONE						
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	\$ 155,711	\$ 145,671
22 Prescription Plan Cost	\$ 0	\$ 0
23 Dental Plan Cost	\$ 8,272	\$ 8,272
24 Vision Plan Cost	\$ 0	\$ 0
25 Total Cost of Insurance	\$ 163,983	\$ 153,943
26 Employee Insurance Contributions	\$ 44,496	\$ 42,026
27 Employee Contributions as % of Total Insurance Cost	27 %	27 %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.

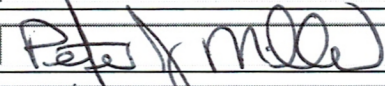
NONE

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: PETER J. MILLER

Position/Title: TOWNSHIP ADMINISTRATOR

Signature: 

Date: 4-6-2018

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  
 Trenton, NJ 08625  
 Phone: 609-292-9898

Revised 8/2016