

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

Line #

SECTION I: Parties and Term of Contracts

1 Public Employer: Borough of South Bound Brook County: Somerset
 2 Employee Organization: South Bound Brook Police Number of Employees in Unit: 13
 3 Base Year Contract Term: Jan. 1, 2019 to December 31, 2022
 4 New Contract Term: Jan. 1, 2019 to December 31, 2022

SECTION II: Type of Contract Settlement (please check only one)

5 Contract settled without neutral assistance
 6 Contract settled with assistance of mediator
 7 Contract settled with assistance of fact-finder
 8 Contract settled in Interest Arbitration
 9 If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? Yes No

SECTION III: Base Salary Calculation

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "'Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10 Salary Costs in base year \$ 8,000,000
 11 Longevity Costs in base year \$ 360,000
 12 Other base year salary costs
 Holiday Pay \$ 402,000
 Shift Differential \$ 15,000
 Education Incentive Pay \$ 23,000
 _____ \$ _____
 Sum of "Other" Costs Listed in Line 12. \$ 440,000
 13 Total Base Salary Cost: (sum of lines 10, 11, 12): \$ 8,800,000

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 8,800,000

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/16</u>	<u>1/1/17</u>	<u>1/1/18</u>			
16 Cost of Salary Increments (\$)	<u>75,000</u>	<u>50,000</u>	<u>45,000</u>			
17 Salary Increase Above Increments (\$)	<u>80,000</u>	<u>88,950</u>	<u>91,790</u>			
18 Longevity Increase (\$)	<u>25,000</u>	<u>22,000</u>	<u>15,000</u>			
19 Total Increased Cost for "Other" Items (\$)	<u>15,000</u>	<u>23,000</u>	<u>7,500</u>			
20 Total Increase (\$) (sum of lines 16-19)	<u>195,000</u>	<u>183,950</u>	<u>159,290</u>			

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 538,240 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 6.12 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 2.04 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

24	Item Description	Base Year Cost (\$)	←Increases→					
			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Uniform Allowance	125,000	0	5,000	0			
	Shoe/Boot Allowance	30,000	5,000	0	0			
	Shift Differential	24,000	480	590	500			
	Sick Leave Sellback	45,000	0	5,000	0			
	Special Duty Pay	7,500	500	500	500			
	EMT Certifications	12,500	500	0	1,000			
25	Totals (\$):	244,000	6,480	11,090	2,000			

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 2,027,175	\$ 2,189,349
27	Prescription Plan Cost	\$ 447,050	\$ 491,755
28	Dental Plan Cost	\$ 515,300	\$ 551,371
29	Vision Plan Cost	\$ 20,000	\$ 20,000
30	Total Cost of Insurance	\$ 3,009,525	\$ 3,252,475

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>842,667</u>	\$ <u>943,218</u>	
32	Contributions as % of Total Insurance Cost	<u>28.00</u> %	<u>29.00</u> %	

33 Identify any insurance changes that were included in this CNA.
Changed insurance carrier (which saved approximately \$210,000). Increased Rx co-pays from \$5/\$10 to \$10/\$20 (generic/brand). The base plan for employees hired after 1/1/17 will be Direct 15; employees may "buy-up" to Direct 10 by paying the difference in premium costs for the more expensive plan.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Jane Doe
Position/Title: Anytown Business Administrator
Signature: /s/ Jane Doe
Date: 8.22.16

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

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
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