

SUMMARY FORM

**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

Section I: Agreement Details

Public Employer: OLD BRIDGE BOARD OF EDUCATION County: MIDDLESEX
 Employee Organization: OLD BRIDGE ADMINISTRATORS ASSOCIATION Employees in Unit: _____
 Base Year Contract Term: 2011-2012 New Contract Term: 7/1/2012 TO 6/30/2014
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic		
Item 1 Salary	_____	_____
Item 2 Increment	_____	_____
Item 3 Longevity	_____	_____
Item 4 _____	_____	_____
Item 5 _____	_____	_____
Item 6 _____	_____	_____
Item 7 _____	_____	_____
Item 8 _____	_____	_____
Item 9 _____	_____	_____
Item 10 _____	_____	_____
Item 11 _____	_____	_____
Item 12 _____	_____	_____
Any additional items list on separate sheet Additional Items	_____	_____
Section III: Totals - Sum of costs in each column	<u>3,289,238</u> (Total)	<u>3,355,023</u> (Total)

Section IV: Analysis of new successor agreement **NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) 3,289,238

Effective Date (m/d/yyyy)	<u>7/1/2012</u>	<u>7/1/2013</u>	_____	_____	_____
Percent Increase	<u>2%</u>	<u>2%</u>	_____	_____	_____
Total cost of increase	<u>65,785</u>	<u>67,100</u>	_____	_____	_____
Total base salary (successor agreement)	<u>3,355,023</u>	<u>3,422,133</u>	_____	_____	_____

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2%

Dollar Impact (average per year over term of agreement) 66,433

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan	<u>11,355,897</u>	<u>14,135,301</u>	_____	_____	_____
Employee Contributions	<u>0</u>	<u>1,162,595</u>	_____	_____	_____
Prescription	<u>4,367,676</u>	<u>4,728,358</u>	_____	_____	_____
Dental	<u>1,363,833</u>	<u>1,358,359</u>	_____	_____	_____
Vision	<u>72,351</u>	<u>72,097</u>	_____	_____	_____

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Joseph J. MARRA Title: BUSINESS ADMINISTRATOR
 Signature: [Signature] Date: 7-30-14

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 7/1/2012 thru 6/30/2014.

Employer: OLD BRIDGE BOARD OF EDUCATION

County: MIDDLESEX

Date: 7-30-14

Name: JOSEPH J. MARRA
Print Name

Title: BUSINESS ADMINISTRATOR


Signature