## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

LITTE	п						
	SECTION I: Parties and Term of Contracts						
1	Public Employer: Salem County Special Services			County: Salem			
2	Employee Organization: Salem County Special Services Administrators			Number of Employees in Unit: 6			
3	Base Year Contract To	Base Year Contract Term: 3 yrs			. 5 yrs		
	SECTION II: Type o	f Contract Settlem	ent (please check	only one)			
4	Contract set	tled without neutral	assistance				
5	Contract set	tled with assistance	of mediator				
6	Contract set	tled with assistance	of fact-finder				
7	Contract sett	led with assistance of	of super-conciliator				
8	If contract was settle		ŕ	a report with recom	mendations?		
· · · · · · · · · · · · · · · · · · ·	Yes No						
	SECTION III: Salary Base					-	
	The salary base is the the parties negotiate			xpired or expiring ag	reement. This is the	base cost from which	
9	Salary Costs in Base Year \$ 542875						
10	Longevity Costs in Base Year \$ 4800						
11	Total Salary Base		\$ 547675			172.2	
	SECTION IV: Salary	Increases for Each	Year of New Agr	eement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	07/02/2019	07/01/2020	07/01/2021	07/01/2022	07/01/2023	
13	Cost of Salary Increments (\$)	25294	14207	14561	14937	15288	
14	Salary Increase Above Increments (\$)	5000					
15	Longevity Increase (\$)	4800	5400	5800	6000	6200	
16	Total \$ Increase (sum of lines 13-15)	35094	19607	20261	20937	21488	
17	New Salary Base (\$)	568269	582476	597037	611974	627262	
18	Percentage increase over prior year	2.5 %	2.5 %	2.5 %	2.5 %	2.5 %	

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

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 fiv	e years, please au	dd an additional p	page.		

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ <mark>81708.48</mark>	\$ 87782.36
22	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$ 231.12	\$ 167.04
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$ <mark>81939.60</mark>	\$ 87949.40
26	Employee Insurance Contributions	\$ 25932.72	\$25651.68
27	Employee Contributions as % of Total Insurance Cost	32 %	29 %

Page 2 of 3 (complete all pages)

Employe	<sub>r:</sub> Salem Co	unty Special Services	Employee Organization:	Salem County Special Services Administrarors	Page 3		
Section '	VI: Medical Co	osts (continued)					
28	Identify any ir	nsurance changes that were in	ncluded in this CNA.				
	SECTION VII: Certification and Signature  The undersigned certifies that the foregoing figures are true:						
F	Print Name:	Frank H. Maurer, III					
P	Position/Title:	Business Admin/Asst	. Superintendent				
S	Signature:	Frank H. Maurer, III					
	Date:	11/10/2020					
		pleted and signed form alogacts@perc.state.nj.us	ng with an electronic cop	by of the contract and the signed o	certification		
	IJ Public Emplo	oyment Relations Commissi d Arbitration	on				

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