New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line # **SECTION I: Parties and Term of Contracts** Union Cranford Board of Education 1 Public Employer: County: Cranford Administrative and Supervisor Assoc. 2 Employee Organization: Number of Employees in Unit: July 1, 2014-June 30, 2017 July 1, 2017-June 30, 2020 Base Year Contract Term 3 **New Contract Term** SECTION II: Type of Contract Settlement (please check only one) Contract settled without neutral assistance 4 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? 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. 2,694.634.00 9 Salary Costs in Base Year \$.00 10 Longevity Costs in Base Year \$ 2,694,634.00 11 **Total Salary Base** SECTION IV: Salary Increases for Each Year of New Agreement* Year 1 Year 2 Year 4 Year 5 12 Effective Date 7/1/2017 7/1/2018 7/1/2019 (month/day/year) Cost of Salary 13 67,366.00 69.050.00 70,776.00 Increments (\$) 14 Salary Increase Above .00 .00 .00 Increments (\$) 15 Longevity Increase (\$) .00 .00 .00 Total \$ Increase 16 67,366.00 69,050.00 70,776.00 (sum of lines 13-15) 17 New Salary Base (\$) 2,901,826.0 2,762,000. 2,831,050.0 18 Percentage increase 2.5 2.5 2.5 over prior year *If contract duration is longer than five years, please add an additional page.

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19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):	0	0	0			

^{*}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	\$ 382,297.00	\$ 367,701.00
22	Prescription Plan Cost	\$.00	\$.00
23	Dental Plan Cost	\$ 33,216.00	\$ 33,216.00
24	Vision Plan Cost	\$ 3,131.00	\$\\ 3,131.00
25	Total Cost of Insurance	\$ 418,644.00	\$ 404,048.00
26	Employee Insurance Contributions	\$ 109,345.00	\$ 105,500.00
27	Employee Contributions as % of Total Insurance Cost	26.11	26.11 _%

Page 2 of 3 (complete all pages)

Section VI: Medical Costs (continued)

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

Effective January 1, 2018, the base health benefit plan shall be Direct 15. All Administrators enrolled in Director 10 shall be placed in Direct 15. Should any Administrator seek to enroll in a plan which is more expensive than Direct 15, the Administrator shall bear 100% of the difference in cost between the plan enrolled and Direct 15. All Chapter 78 payments shall be based on Direct 15 rates.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Robert Carfagno, CPA, RMA, PSA

Position/Title:

Business Administrator/Board Secretary

Signature:

May 9, 2018

Date:

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

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Trenton, NJ 08625

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Revised 8/2016