Line #

SECTION I: Parties and Term of Contracts

1 Public Employer: Pine Hill Municipal Utilities Authority | County: Camden

2 Employee Organization: AFSCME Council 63 | Number of Employees in Unit: 7

3 Base Year Contract Term: 8/1/17 - 7/31/21 | New Contract Term: 8/1/21 - 7/31/24

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 | $372,315

10 Longevity Costs in Base Year | $8,950

11 Total Salary Base | $381,265

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)	8/1/21	8/1/22	8/1/23		
13	Cost of Salary Increments ($)	9,308	9,541	9,779		
14	Salary Increase Above Increments ($)	0	0	0		
15	Longevity Increase ($)	150	0	0		
16	Total $ Increase (sum of lines 13-15)	9,458	9,541	9,779		
17	New Salary Base ($)	390,723	400,264	410,043		
18	Percentage increase over prior year	3 %	3 %	3 %	%	%

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

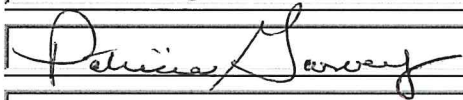|		Base Year	Year 1
21	Health Plan Cost	$207,315	$211,461
22	Prescription Plan Cost	$5,500	$5,500
23	Dental Plan Cost	$3,681	$3,865
24	Vision Plan Cost	$4,180	$4,180
25	Total Cost of Insurance	$220,676	$225,006
26	Employee Insurance Contributions	$32,931	$35,196
27	Employee Contributions as % of Total Insurance Cost	15 %	16 %

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: Patricia Garvey

Position/Title: Office Manager

Signature: *Patricia Garvey*

Date: 11/8/21

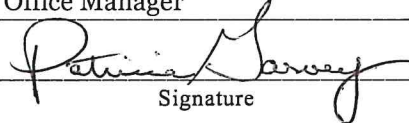**Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us**

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898   Revised 8/2016

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 __8/1/2021__ thru __7/31/2024__ .

Employer: __Pine Hill Municipal Utilities Authority__

County: __Camden__

Date: __11-8-21__

Name: __Patricia Garvey__
Print Name

Title: __Office Manager__

Signature