

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

Line #

SECTION I: Parties and Term of Contracts

1 Public Employer: County:

2 Employee Organization: Number of Employees in Unit:

3 Base Year Contract Term: New Contract Term:

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 \$

10 Longevity Costs in Base Year \$

11 Total Salary Base \$

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)	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2019"/>	<input type="text" value="01/01/2020"/>	<input type="text" value="01/01/2021"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="96,163"/>	<input type="text" value="92,537"/>	<input type="text" value="90,459"/>	<input type="text" value="88,209"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text" value="104,181"/>	<input type="text" value="108,803"/>	<input type="text" value="113,133"/>	<input type="text" value="117,344"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="200,344"/>	<input type="text" value="201,340"/>	<input type="text" value="203,592"/>	<input type="text" value="205,553"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="6,497,165"/>	<input type="text" value="6,698,505"/>	<input type="text" value="6,902,097"/>	<input type="text" value="7,107,650"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="3.18"/> %	<input type="text" value="3.10"/> %	<input type="text" value="3.04"/> %	<input type="text" value="2.98"/> %	<input type="text"/>

**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 (\$)
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	\$ 1,951,628	\$ 2,160,364
22	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$ 102,322	\$ 102,322
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$ 2,053,960	\$ 2,262,596
26	Employee Insurance Contributions	\$ 383,110	\$ 382,651
27	Employee Contributions as % of Total Insurance Cost	18.65 %	16.91 %

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.
The maximum cost level of health insurance coverage provided by the Township in this agreement is Horizon Direct 15. Employees who want to remain in the Direct 10 health insurance coverage will be required to reimburse the Township the cost difference between the two plans. The anticipated amount of savings from this change in Township health insurance policy is approximately \$80,000 implemented for a full year period. This change is set to be effective with NJ Division of Pensions & Benefits on June 1, 2019. Based on the delay in implementation, the Township has adjusted its health insurance budget appropriation line item by \$30,000 to account for this change in the 2019 budget.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	<input type="text" value="Louis Palazzo"/>
Position/Title:	<input type="text" value="Chief Financial Officer"/>
Signature:	<input type="text" value="Louis Palazzo"/>
Date:	<input type="text" value="4/26/2019"/>

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