

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 7/1/2020 thru 6/30/2023.

Employer: Lacey Township Board of Education

County: Ocean

Date: 1/27/2021

Name: Patrick S. DeGeorge

Print Name

Title: Business Administrator/Board Secretary


Signature

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Lacey Township Board of Education County: Ocean
 Employee Organization: Lacey Township Administrators and Supervisors Association Employees in Unit: 21
 Base Year Contract Term: 7/1/2019 6/30/2020 New Contract Term 7/1/2020 6/30/2023
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Section II: Economic		
Item 1 <u>Salary</u>	<u>\$2,509,622</u>	<u>\$2,578,637</u>
Item 2 <u>Increment</u>	<u>\$0</u>	<u>\$0</u>
Item 3 <u>Longevity</u>	<u>\$0</u>	<u>\$0</u>
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>\$2,509,622</u>	<u>\$2,578,637</u>
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>\$2,509,622</u>			
Effective Date (m/d/yyyy)	<u>7/1/2020</u>	<u>7/1/2021</u>	<u>7/1/2022</u>	
Percent Increase	<u>3.00%</u>	<u>3.00%</u>	<u>3.10%</u>	
Total cost of increase ..	<u>\$75,289</u>	<u>\$77,547</u>	<u>\$82,536</u>	
Total base salary (successor agreement)	<u>\$2,584,911</u>	<u>\$2,662,458</u>	<u>\$2,744,994</u>	

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

Percentage Impact (average per year over term of agreement) 3.03%
 Dollar Impact (average per year over term of agreement) \$78,457

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	<u>\$292,712</u>	<u>\$246,627</u>			
Employee Contributions	<u>\$130,892</u>	<u>\$110,056</u>			
Prescription	<u>\$103,666</u>	<u>\$86,877</u>			
Dental	<u>\$19,419</u>	<u>\$9,171</u>			
Vision	<u>\$0</u>	<u>\$0</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: Patrick S. DeGeorge Title: Business/Board Secretary

 Signature Date: 1/27/2021

Lacey Township School District
 LTASA
 Health Insurance Information for PERC

	FY17	FY18	FY19	FY20	FY21	Increase	
						\$	%
Medical	299,001	332,223	283,989	292,712	246,627	(46,085.41)	-15.74%
EE Contributions	134,904	149,893	121,678	130,892	110,056	(20,835.59)	-15.92%
Prescription	95,186	105,762	96,703	103,666	86,877	(16,789.32)	-16.20%
Dental	18,827	20,919	19,419	19,419	9,171	(10,247.64)	-52.77%
Vision	-	-	-	-	-	-	-
Total # of LTASA members with benefit coverage						11	
Total # of LTASA members						21	52%