New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

	SECTION I: Partie	s and Term of Con	tracts						
1	-	Public Employer: BOROUGH OF FAIR LAWN			County: BERGEN				
2		Employee Organization: BLUE/WHITE UNION			Number of Employees in Unit: 87				
3	Base Year Contract 1	100000000000000000000000000000000000000		New Contract Term	04/04/40 40/04/04				
-	SECTION II: Type	of Contract Settler	nent (please check		1. /				
4	Contract settled without neutral assistance								
5	Contract se	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			a report with recon	miendations;				
	SECTION III: Salary	/ Base							
	The salary base is the the parties negotiate	e cost of salaries in the	ne final year of the e	xpired or expiring ag	reement. This is the	base cost from which			
9	Salary Costs in Base \	'ear	\$ 5881811.76						
10	Longevity Costs in Base Year \$ 26		\$ 268020.59	268020.59					
11	Total Salary Base		\$ 6149832.35						
	SECTION IV: Salary	Increases for Each	h Year of New Agre	ement*	The second secon				
		Year 1	Year 2	Year 3	Year 4	Year 5			
2012									
12	Effective Date (month/day/year)	07/01/2018	01/01/2019	01/01/2020	01/01/2021				
12 13	(month/day/year) Cost of Salary	07/01/2018	01/01/2019	01/01/2020	01/01/2021				
	(month/day/year) Cost of Salary Increments (\$) Salary Increase Above								
13	(month/day/year) Cost of Salary Increments (\$)	0	0	0	0				
13 14	(month/day/year) Cost of Salary Increments (\$) Salary Increase Above Increments (\$) Longevity Increase (\$) Total \$ Increase	0	0	0	0				
13 14 15	(month/day/year) Cost of Salary Increments (\$) Salary Increase Above Increments (\$) Longevity Increase (\$)	0	0	0	[O [O				

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	SECTION V: Incr	eases in Other C	ontractual Econ	omic Items or N	Newly Added Ed	onomic Items*	
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
0	Totals(\$):						
	*If contract duration		ve years, please a	dd an additional p	page.		-
				Base Year			
	Health Plan Cost			\$ 154958	38.32 \$ 15495	88.32	
	Prescription Plan C	ost		\$ 384237	.94 \$ 38423	7.94	
	Dental Plan Cost			\$ 86207.	26 _{\$} 86207	.26	
	Vision Plan Cost			ş 0	\$ [0		
	Total Cost of Insura	nce		\$ 202003	33.51 \$ 20200	33.51	
	Employee Insurance	e Contributions		s 184494	.97 \$25091	3.16	

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Employee Contributions as % of Total Insurance Cost

27

9.13

% 12.42

yer: BOROUGH O	F FAIR LAWN	Employee Organization: BLUE/WHITE UNION	Page 3	
on VI: Medical Cost	s (continued)			
Identify any insurance changes that were included in this CNA.				
			в и У	
3				
rincivanie.				
Position/Title: C	CFO CALLI PA	dunk		
Date:	07/26/2018			
Send this complet	ed and signed form	n along with an electronic copy of the contract and the sign	ed certification	
	SECTION VII: Cer The undersigned Print Name: Position/Title: Signature: Date:	SECTION VII: Certification and Signature: Date: SECTION VII: Certification and Signature KAREN PALERMO CFO 07/26/2018	Identify any insurance changes that were included in this CNA. SECTION VII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: KAREN PALERMO Position/Title: CFO Signature: Date: 07/26/2018	

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016