## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

| Line | #  |                        |                        |                       |                         |                        |
|------|--|------------------------|------------------------|-----------------------|-------------------------|------------------------|
|      | SECTION I: Parties                           | and Term of Contr      | acts                   |                       |                         |                        |
| 1    | Public Employer: LAK                         | EWOOD BOARD OF E       | DUCATION               | County: OCEAN         |                         |                        |
| 2    | Employee Organizatio                         | LAKEWOOD ADMINISTE     | RATORS ASS'N           | Number of Employee    | es in Unit: 29          |                        |
| 3    | Base Year Contract Te                        | 2018-2021              |                        | New Contract Term:    | 2021-2024               |                        |
|      | SECTION II: Type o                           | f Contract Settlem     | ent (please check      | only one)             |                         |                        |
| 4    | Contract set                                 | tled without neutral   | assistance             |                       |                         |                        |
| 5    | Contract sett                                | led with assistance of | of mediator            |                       |                         |                        |
| 6    | Contract sett                                | led with assistance of | of fact-finder         |                       |                         |                        |
| 7    | Contract sett                                | led with assistance o  | of super-conciliator   |                       |                         |                        |
| 8    | If contract was settled                      |                        | •                      | a report with recomi  | mendations?             |                        |
|      | Yes No                                       |                        |                        | • 90                  |                         | 14399                  |
|      | SECTION III: Salary                          | Base                   |                        |                       |                         |                        |
|      |  |                        | e final year of the ex | pired or expiring agr | eement. This is th      | e base cost from which |
|      | the parties negotiate                        | •                      | 3,998,039              |                       |                         |                        |
| 9    | Salary Costs in Base Y                       | ear                    | 7                      |                       |                         |                        |
| 10   | Longevity Costs in Bas                       | se Year                | \$ <mark> 0</mark>     |                       |                         |                        |
| 11   | Total Salary Base                            |                        | \$ 3,998,039           |                       |                         |                        |
|      | SECTION IV: Salary                           | Increases for Each     | Year of New Agre       | ement*                |                         |                        |
|      |  | Year 1                 | Year 2                 | Year 3                | Year 4                  | Year 5                 |
| 12   | Effective Date (month/day/year)              | 07/01/21               | 07/01/22               | 07/01/23              | Augus mar Audri ann aig |                        |
| 13   | Cost of Salary<br>Increments (\$)            | 139,931                | 148,967                | 160,760               |                         |                        |
| 14   | Salary Increase Above                        | 0                      | 0                      | 0                     |                         |                        |
| 15   | Increments (\$) Longevity Increase (\$)      | 0                      | 0                      | 0                     |                         |                        |
| 16   | Total \$ Increase                            | 139,931                | 148,967                | 160,760               |                         |                        |
| 17   | (sum of lines 13-15)<br>New Salary Base (\$) | 4,137,970              | 4,286,937              | 4,447,697             |                         |                        |
| 18   | Percentage increase over prior year          | 3.50 %                 | 3.60 %                 | 3.75 %                |                         | %                      |
|      | *If contract duration                        | is longer than five ye | ars, please add an ac  | dditional page.       |                         |                        |

## SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\*

| 19 | NONE        | Base Year<br>Cost (\$) | Year 1<br>Increase (\$) | Year 2<br>Increase (\$) | Year 3<br>Increase (\$) | Year 4<br>Increase (\$) | Year 5<br>Increase (\$) |
|----|-------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
|    |             |                        |                         |                         |                         |                         |                         |
|    |             |                        |                         |                         |                         |                         |                         |
| 20 | Totals(\$): |                        |                         |                         |                         |                         |                         |

<sup>\*</sup>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                                    | \$ 659,863 \$ 659,863               |
| 22 | Prescription Plan Cost                              | \$ 143,721 \$ 169,591               |
| 23 | Dental Plan Cost                                    | \$ 39,848 <b>\$</b> 37,856          |
| 24 | Vision Plan Cost                                    | \$ 3,888 \$ 3,888                   |
| 25 | Total Cost of Insurance                             | \$ 847,320 \$ 871,198               |
| 26 | Employee Insurance Contributions                    | ş (270,519) <sub>\$</sub> (279,194) |
| 27 | Employee Contributions as % of Total Insurance Cost | 31.92 % 32.04 %                     |
|    |   |                                     |

Page 2 of 3 (complete all pages)

Employer:

LAKEWOOD BOARD OF EDUCATION

Section VI: Medical Costs (continued)

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

A. Subject to provisions of C. 44, P.L. 2020 and C. 78, P.L. 2011 the Board of Education shall pay full premium costs for medical and prescription coverage for all employees and dependents. Each administrator shall contribute toward the cost of insurance premiums pursuant to the requirements of C. 44, P.L, 2020 and C. 78, P.L. 2011 in accordance with their choice of health plan. Should said laws expire or change during the term of this contract, such that employee contributions are no longer required, it is agreed that employee contributions shall continue through the term of this contract and until a successor agreement is ratified by both parties in accordance with the law in effect at that time.

## **SECTION VII: Certification and Signature**

The undersigned certifies that the foregoing figures are true:

Print Name:

ROBERT S. FINGER

Position/Title:

COORDINATOR OF FISCAL SERVICES

Signature:

Date:

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a>

NJ Public Employment Relations Commission

**Conciliation and Arbitration** 

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