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: Wi | nslow Township | | County: Camden | | | | |
| 2 | Employee Organization: | | | Number of Employees in Unit; 62 | | | | |
| 3 | Base Year Contract Te | rm: 1/1/12-12/3 | 1/16 | 74 | 1/1/17-12/31/1 | 9 | | |
| | SECTION II: Type of | | | only one) | | | | |
| 4 | Contract set | tled without neutral | assistance | | | | | |
| 5 | Contract settled with assistance of mediator | | | | | | | |
| 6 | Contract sett | led with assistance o | f fact-finder | | | | | |
| 7 | Contract sett | led with assistance o | f super-conciliator | | | | | |
| 8 | If contract was settled | | 70 | report with recomm | mendations? | | | |
| | Yes No No | | | | | | | |
| | SECTION III: Salary | Base | | | | | | |
| | The salary base is the the parties negotiate | | e final year of the ex | oired or expiring agr | eement. This is t | he base cost fr | om which | |
| 9 | Salary Costs in Base Y | ear | \$ 3,471,758.00 |) | | | | |
| 10 | Longevity Costs in Base Year | | \$ | | | | | |
| 11 | Total Salary Base | | \$3,471,758.00 | | | | lii | |
| | SECTION IV: Salary | Increases for Each | Year of New Agre | ement* | 3 | | 100 | |
| 10000000 | 100 agreement to the contract of the contract | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | | |
| 12 | Effective Date (month/day/year) | 1/1/17 | 1/1/18 | 1/1/19 | | | 27 10 | |
| 13 | Cost of Salary | 0 | 0 | 0 | | | | |
| 14 | Increments (\$) Salary Increase Above | 00 405 40 | 70 000 00 | 70.040.04 | | | | |
| 14 | Increments (\$) | 69,435.16 | 70,823.86 | 72,240.34 | | | | |
| 15 | Longevity Increase (\$) | 0 | 0 | 0 | | | 1 | |
| 16 | Total \$ Increase (sum of lines 13-15) | 69,435.16 | 70,823.86 | 72,240.34 | | | i i | |
| 17 | New Salary Base (\$) | 3,541,193.16 | 3,612,017.02 | 3,684,257.36 | | | | |
| 18 | Percentage increase over prior year | 2.00 % | 2.00 % | 2.00 % | | % | % | |
| | *If contract duration i | s longer than five yed | ars, please add an ag | lditional page. | | | | |

| mployer: Winslow Township | | | | yee Organization | Communication | merica Page 2 | |
|---------------------------|-----------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | SECTION V: Incre | | | | | | |
| 19 | Item Description | Base Year Cost (\$) | Year 1 Increase (\$) | Year 2 Increase (\$) | Year 3 Increase (\$) | Year 4 Increase (\$) | Year 5 Increase (\$) |
| | N/A | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 20 | Totals(\$): | | | | | | |
| | *If contract duration | n is longer than j | five years, please | add an additional | page. | | |
| | SECTION VI: Med | ical Costs | | | | | |
| | | | | Base Yea | | | |
| 1 | Health Plan Cost | | | \$ 1,400,4 | \$ 1,469, | 324.04 | |
| 2 | Prescription Plan Co | ost | | \$ | \$ | - | |
| 3 | Dental Plan Cost | | | \$ | \$ | | |
| 4 | Vision Plan Cost | | | \$ | s | 1 | |
| 5 | Total Cost of Insurar | nce | | \$ 1,400,4 | 128.16 1,469, | 324.04 | |

26

27

Employee Insurance Contributions

Employee Contributions as % of Total Insurance Cost

\$ 247,208.01

17.65

\$ 254,012.50

_% 17.28

| Employer: Winslow T | ownship | Employee Organization: | Communications Workers of America | Page 3 | | | |
|--|--|--|---------------------------------------|--------------|--|--|--|
| Section VI: Medical Costs (continued) | | | | | | | |
| EAST TO THE RESERVE OF THE PARTY OF THE PART | nsurance changes that wer n and dental are incl | | llth care costs on the previous p | oage. | | | |
| | | | | | | | |
| | | | | | | | |
| | Certification and Signatured certifies that the fore | going figures are true: | | | | | |
| Print Name: Position/Title: | Stephen J. Dringus Cfief Financial Offi | The second secon | | | | | |
| Signature: | Mult | | | | | | |
| Date: | 7/30/18 | 13. | | | | | |
| | pleted and signed form racts@perc.state.nj.us | along with an electronic co | opy of the contract and the signed co | ertification | | | |
| NJ Public Empl Conciliation ar PO Box 429 | oyment Relations Comm nd Arbitration | nission | | | | | |

Revised 8/2016

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