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

## COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #	7						
	SECTION I: Parties	and Term of Cont	racts				
1	Public Employer: Glou	ucester County Improv	rement Authority	County: Glouceste	er		
2	Employee Organizatio	CWA Local 1085 - Shad	y Lane Nursing Home	Number of Employe	ees in Unit: 42		
3	Base Year Contract Te	1.1.2017 - 1	2.31.2019	New Contract Term	1 1 2020 12 21	.2023	
-	SECTION II: Type of	Contract Settlem	ent (please che	ck only one)			
4	Contract set	tled 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		2 CALLES COMPANSANCE AND		nmendations?		
	Yes No No			,			
	SECTION III: Salary	Base				-	
				expired or expiring ag	reement. This is th	e base cost from which	
	the parties negotiate	the salary increases.					
9	Salary Costs in Base Yo	ear	\$ 2,321,429.18				
10	Longevity Costs in Bas	e Year	\$ 32,161.58	3			
11	Total Salary Base		\$ 2,353,590	.76			
	SECTION IV: Salary	Increases for Each	h Year of New A	greement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	1.1.2020	1.1.2021	1.1.2022	1.1.2023		
13	Cost of Salary			7			
	Increments (\$)			= ====			
14	Salary Increase Above Increments (\$)						
15	Longevity Increase (\$)						
16	Total \$ Increase			7	·	= ====	
17	(sum of lines 13-15) New Salary Base (\$)			=			
277224							
18	Percentage increase over prior year	2 %	2	<sub>%</sub> 2 %	2 9	%	
	*If contract duration i	s longer than five ve	ears, nlease add ai	n additional nage			

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Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
No Increase	0	0	0	0	0	
			<u> </u>		<u></u>	
			8. 1			
Totals(\$):						
		No Increase  Cost (\$)	No Increase (\$)  No Increase (\$)    O	No Increase   S	No Increase   S	No Increase   S

<sup>\*</sup>If contract duration is longer than five years, please add an additional page.

		Base Year	Year 1
21	Health Plan Cost	\$ 912,682.35	\$ 835,217.61
22	Prescription Plan Cost	\$	\$
23	Dental Plan Cost	\$ 34,363.68	\$ 31,457.88
24	Vision Plan Cost	\$ 5,690.64	\$ 5,210.16
25	Total Cost of Insurance	<b>\$</b> 952,736.67	\$ 871,885.65
26	Employee Insurance Contributions	\$ 99,464.37	\$ 85,095.00
27	Employee Contributions as % of Total Insurance Cost	10.44	9.76

Page 2 of 3 (complete all pages)

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

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016

## Certification

I declare to the best of my knowledge and beli	ef that the attac	ched docu	iment(s) are true electronic copies of the
executed collective negotiations agreement(s)	and the include	ed summa	ary is an accurate assessment of the collective
bargaining agreement for the term beginning	1/1/2020	thru	12/31/2023

Employer: Gloucester County Improvement Authority

County: Gloucester

Date: 7/2/2021

Name: George D. Strachan

Print Name

Title: Executive Director