# New Jersey Public Employment Relations Commission POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

#### Line#

	SECTION I: Parties and Term of Contracts					
1	Public Employer: Township of Mount Olive	County: Morris				
2	Employee Organization: FOP Lodge #122 Superior Officer	Number of Employees in Unit: 5				
3	Base Year Contract Term: 1/1/2015 - 12/31/2016					
4	New Contract Term: 1/1/2017 - 12/31/2019					
	SECTION II: Type of Contract Settlement (pleas	e check only one)				
5	Contract settled without neutral assistance					
6	Contract settled with assistance of mediator					
7	Contract settled with assistance of fact-finder					
8	Contract settled in Interest Arbitration					
9	If contract was settled in Interest Arbitration, did the Arbit	trator issue an Award? Yes No No				
	SECTION III: Base Salary Calculation					
	The "base year" refers to the final year of the expiring or e	expired agreement.				
	N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "'Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."					
10	Salary Costs in base year	\$ 657,447				
11	Longevity Costs in base year	\$ 39,446				
12	Other base year salary costs					
	\$					
	S S					
	\$					
	Sum of "Other" Costs Listed in Line 12.					
L <b>3</b>	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ 696,893				

Employer: Township of Mount Olive			Employee Organization:		n: FOP Lodge #	FOP Lodge #122 Superior Officers Page		
14	SECTION IV: Increase in Base Salary Total Base Salary Cost from Line 13:		y Cost (for each year of New \$ 696,893		w CNA)			
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
15	Effective Date (month/day/year)	01/01/2017	01/01/2018	01/01/2019		grants (OC and a has brinked discorpedit, but a top, par		
16	Cost of Salary Increments (\$)	13,149	13,411	13,681		to announce of the control of the co		
17	Salary Increase Above Increments (\$)		0				spiriturinan positi saeli suncioli ballicini elektrisia pontienet, es usassono elektrisia positi suncioni di producti del producti del producti di pr	
18	Longevity Increase (\$)	789	805	821		Spiriteges de la manière na suma principal de la deplacação de la descripción de la companya del companya del companya de la companya del la companya de la	gickelinism technicism edines (signed acid match internation	
19	Total Increased Cost for "Other" Items (\$)	0		0	gibbi dalami kemidaka hiriki kemataka kana da sari kana da			
20	Total Increase (\$) (sum of lines 16-19)	13,938	14,216	14,502	graduation for the state of the			
SECTION V: Average Increase Over Term of New CNA								
21	Dollar Increase Over Life	of Contract	<b>\$</b> 42,656	[Take sum	of all amounts	listed on Line	20 above]	
22	Percentage Increase Over	Life of Contra	gramman and an analysis of the same and the	% [Divide am	nount on Line 2	.1 by amount o	on Line 14]	
23	Average Percentage Increase Per Year 2.04 % [Divide percentage on Line 22 by number of years of the contract]						er of years of	

## SECTION VI: Other Economic Items Outside Base Salary and Increases

## ←Increases→

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			( mcreases /					
24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
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				And the second sec				
25	Totals (\$):	0	0	0	0	0	0	0

## **SECTION VII: Medical Costs**

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	ş 140,033	\$ 139,893
27	Prescription Plan Cost	ş n/a	\$ n/a
28	Dental Plan Cost	<b>\$</b> 7,050	\$ 7,050
29	Vision Plan Cost	<b>\$</b> 0	<b>\$</b> 0
30	Total Cost of Insurance	<b>\$</b> 147,083	\$ 146,943

Page 3 of 4 (complete all pages)

Emplo	yer: Township o	of Mount Olive	Employee Organiz	ation: FOP Lod	ge #122 Super	ior Officers	Page 4
SECTI	ON VII: Medica	al Costs (continued)					
31	Employee Insu	rance Contributions	<b>\$</b> 45,378	\$ 20,439			
32	Contributions a	as % of Total Insurance Cost	30.85 %	13.90 %			
Aetna Any	a 2030. Any e	e plan for employees be employee choosing the b osing a plan higher than	ase plan would p	ay 1.5% of s	alary as a c	ontribution	٦.
34		Certification and Signature the foregoing the certifies that the certifies the certifies that the certifies the certifies that the certifies the certifi		e:		***************************************	
	Print Name: Position/Title: Signature: Date:	Sherry Kolody  Director of Finance/CFO/Tr  08/15/20 7	reasurer				
		pleted and signed form alorm to: contracts@perc.st		onic copy of t	he contract :	and the sign	ned

NJ Public Employment Relations Commission

**Conciliation and Arbitration** 

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Revised 8/2016