POLICE AND FIRE COLLECTIVE BARGAINING AGREEMENT SUMMARY FORM

Pacient Sergionarian Pacient Sergionaria Paci	Section I: Agreement Deta							
Section IV: Additional Costs	Public Employer:	Borough of High Bri	dge		County: Hunterdon			
Section II: Statutory Definition of Bases Salary Section III: Statutory Opinition of Bases Salary as understood by the parties in the prior opinition of Salary Salary Section III: Sconnonic - Cura ratio tuse staty Section III: Sconnonic - Cura ratio t	Employee Organization	High Bridge Police Department Employees in Unit 6						
Section II: Statutory Definition of Base Salary MuSE, SA HAM-17(a): Base salary are the salary product to a salary guide or table and any amount provided parametrin to a salary guident or salary contract. Section 11: Base salary increment, including any amount provided to contract. Base salary shall not include non-asilary according issues, portion, and health and middle insurance coulse.	Base Year Contract Term:	1/1/2012	12/31/2014	New Contra	ct Term1/1/2015	12/	31/2017	
### Additional Costs Section III - Economic - Curs in side large yearded constraint to a side year or provided for promoting from growers or provided for the property or length of some that was excluded in the bases easily as understood by the parties in the	Type of Settlement:	☐ Arbitrator's Award		☐ Fact-Finder	Recommendation	G	☑ Voluntary Settlemen	t
Company Comp	Section II: Statutory Defin	ition of Base Salary						
Section III Economic - Coas Note base salary Section Coard Coard Section Coard Coard Section Coard Section Coard Coard Coard Section Coard Coard Section Coard Section Coard	longevity or length of service	. It shall also include any o	ther item agreed to by	the parties, or any ot	her item that was include	ursuant to a salary incr ed in the base salary a	ement, including any am as understood by the p	nount provided for parties in the prior
Section VI: Additional Costs Section VI: Additional forms Section VI: Additional forms Section VI: Additional Costs Section VI: Additional Institute Section VI: Additiona				(Last Year of Previous agreement)		(First Year of Successor agreement)		
Section IV: Additional Costs Section IV: Sectio	Section III: Economic - Cos	sts inside base salary						
Section IV: Additional Costs	Salary			\$532,625		\$564,754		
Section IV - Additional Costs Life accounts from include after interest from the foreign and the process of page where the service from include after interest from the process of the	Increment			\$12,754	N/A	\$0	N/A	
List common Para starters Section VI Contains Section VI	Longevity			\$8,304		\$0		
Rem 2	List economic Items: indicate either	inside or outside base salary						
Rem 3	Item 1 Ove	rtime			\$60,400		\$76,027	
Rem 4 Rem 5 Rem 8 Rem 8 Rem 8 Rem 8 Rem 9 Rem	Item 2 Unu	sed Sick Time					\$37,833	
Bear 6	Item 3							
Item 6 Item 8 Item 8 Item 9 Additional items Section V: Totals - Sum of costs in each column Section II at V Section III at V Totals Section III at V Section III	Item 4		•					
Rem 7	Item 5							
Rem 8 Section V: Totals - Sum of costs in each column S553,883 S100,585 Total Knon-salery Economic) Total Knon-salery Economic Total Knon-salery Econ	Item 6							
Rem 9 Any additional items lat on separate sheet	Item 7							
Section V: Totals - Sum of costs in each column S553.683	Item 8				-			
Section V: Totals - Sum of costs in each column	Item 9							
Closi Economic) Closi Economic) Closi Economic) Closi Non-salary Economic Non-salary Eco	Any additional items list on separ	ate sheet	Additional Items					
Section III & IV Economic) Section III & IV Economic)	Section V: Totals - Sum of co	osts in each column		\$553,683	\$100,565	\$564,754	\$113,860	
Total Economic Base Vsar(previous agreement) S553,683								
Total Economic Base Vsar(previous agreement) S553,683	Section VI: Analysis of new suc	coessor agreement		NEW AGREE	MENT ANALYSIS			
Percent Increase			_	NEW YORKE	MENT ANALISIS			
Actual dollar increase	Effective Date (m/d/yyyy)		1/1/2015	1/1/2016	1/1/2017			
Section VII: Impact of Settlement - average annual increase over term of agreement	Percent Increase	*************	2%	2%	2%	5		**************************************
Section VII: Impact of Settlement - average annual increase over term of agreement	Actual dollar increase		\$11,071	\$11,295	\$11,521			
Percentage Impact (average per year over term of agreement)	Total Economic Costs (successor agre	ement)	\$564,754	\$576,049	\$587,570			
Dollar Impact (average per year over term of agreement) 2% \$11,296	Section VII: Impact of Settle	ement - average annual inc	crease over term of ag	reement				
Section VIII Section VIII Section VIII		year over term of	2%					
Medical Costs Base Year Year 1 Cost of Health Plan \$92,693 \$116,673 Employee Contributions \$26,698 \$43,705 Prescription \$25,334 \$31,494 Dental \$7,732 \$8,458 Vision \$0 \$0 The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment. Section IX Prepared by: Bonnie Ann Fleming Title: CFO/CTC Print Name Date: 10/9/2015	Dollar Impact (average per year o	over term of agreement)						
Cost of Health Plan	Section VIII							
Employee Contributions \$26,698 \$43,705 Prescription \$25,334 \$31,494 Dental \$7,732 \$8,458 Vision \$0 \$0 The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment. Section IX Prepared by: Bonnie Ann Fleming Title: CFO/CTC Print Name Date: 10/9/2015	Medical Costs		Base Year	Year 1				
Employee Contributions \$26,698 \$43,705 Prescription \$25,334 \$31,494 Dental \$7,732 \$8,458 Vision \$0 \$0 The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment. Section IX Prepared by: Bonnie Ann Fleming Title: CFO/CTC Print Name Date: 10/9/2015	Cost of Health Plan		\$92,693	\$116 673				
Prescription \$25,334 \$31,494 Dental \$7,732 \$8,458 Vision \$0 \$0 The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment. Section IX Prepared by: Bonnie Ann Fleming Title: CFO/CTC Print Name Date: 10/9/2015	Employee Contributions				-			
Dental	Prescription				*		-	x ==
The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment. Section IX Prepared by: Bonnie Ann Fleming Title: CFO/CTC Print Name Date: 10/9/2015	Dental							
Section IX Prepared by: Bonnie Ann Fleming Title: CFO/CTC Print Name Date: 10/9/2015	Vision							
Section IX Prepared by: Bonnie Ann Fleming Title: CFO/CTC Print Name Date: 10/9/2015	The undersigned certifies t	hat the foregoing figures	are true and is awar	e that if any of the fo	regoing items are false	e, s/he is subject to p	unisment.	
Print Name Date: 10/9/2015	Section IX							
Date: 10/9/2015	Prepared by:	Bonnie Ann			Title:	CFO/CTC		
		11	2		Date:	10/9/2015		