

New Jersey Public Employment Relations Commission  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1	Public Employer: <input type="text" value="Township of Medford"/>	County: <input type="text" value="Burlington"/>
2	Employee Organization: <input type="text" value="UAW Local 1612 Water &amp; Sewer Employees"/>	Number of Employees in Unit: <input type="text" value="6"/>
3	Base Year Contract Term: <input type="text" value="1/1/2013 12/31/2015"/>	New Contract Term: <input type="text" value="1/1/2016 12/31/2018"/>

**SECTION II: Type of Contract Settlement (please check only one)**

4	<input checked="" type="checkbox"/> Contract settled without neutral assistance
5	<input type="checkbox"/> Contract settled with assistance of mediator
6	<input type="checkbox"/> Contract settled with assistance of fact-finder
7	<input type="checkbox"/> Contract settled with assistance of super-conciliator
8	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ <input type="text" value="211493"/>
10	Longevity Costs in Base Year	\$ <input type="text" value="0"/>
11	Total Salary Base	\$ <input type="text" value="211493"/>

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<input type="text" value="1/1/2016"/>	<input type="text" value="1/1/2017"/>	<input type="text" value="1/1/2018"/>	<input type="text"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="4230"/>	<input type="text" value="4314"/>	<input type="text" value="4401"/>	<input type="text"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="4230"/>	<input type="text" value="4314"/>	<input type="text" value="4401"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="215723"/>	<input type="text" value="220037"/>	<input type="text" value="224438"/>	<input type="text"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="2"/> %	<input type="text" value="2"/> %	<input type="text" value="2"/> %	<input type="text"/>	<input type="text"/>

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

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

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	On Call	9100	12740	12740	12740		
	Uniforms	1950	1950	1950	1950		
20	Totals(\$):	11050	14690	14690	14690		

*\*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	\$ 121504	\$ 128284
22	Prescription Plan Cost	\$ 0	\$ 0
23	Dental Plan Cost	\$ 4188	\$ 4657
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 125692	\$ 132941
26	Employee Insurance Contributions	\$ 5895	\$ 8376
27	Employee Contributions as % of Total Insurance Cost	5 %	6 %

**Section VI: Medical Costs (continued)**

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

G. Employees covered by this agreement hired on or before January 1, 2013 who retire with twenty-five years of service in the New Jersey State Pension System and with twenty years of actual service with the Township shall receive health benefits in accordance with the benefits provided by the plan for current employees until the retiree reaches ages sixty-five (65) or the death of the retiree and shall contribute either (1) 25% of the cost of the coverage; (2) the percentage of premium cost contained in the schedule attached hereto as Addendum A, or 1.5% of the retiree's monthly retirement pension allowance including cost of living adjustment, whichever amount is greater. These benefits shall cease upon the retirees eligibility for Medicare/Medicaid Part B coverage at which point the Township shall pay the amount required for Part B coverage for the life of the retiree. All other benefits coverage, if any, shall be at the retiree's sole cost and expense.

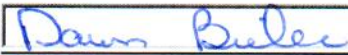
Employees covered by this agreement hired after January 1, 2013 who retire with twenty-five years of service in the New Jersey State Pension System and with twenty-five years of actual service with the Township shall receive retiree health benefits in accordance with the benefits provided by the plan in place for current employees until the retiree reaches age sixty-five (65) or the death of the retiree and shall contribute either (1) 50% of the cost of the coverage; (2) the percentage of premium cost contained in the schedule attached hereto as Addendum A, or 1.5% of the retiree's monthly retirement pension allowance including cost of living adjustment, whichever amount is greater. These benefits shall cease upon the retirees eligibility for Medicare/Medicaid Part B coverage at which point the Township shall pay the amount required for Part B coverage for the life of the retiree. All other benefits coverage, if any, shall be at the retiree's sole cost and expense.

**SECTION VII: Certification and Signature**

**29** The undersigned certifies that the foregoing figures are true:

Print Name: Dawn Bielec

Position/Title: HR Coordinator

Signature: 

Date: 8/30/2016

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Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

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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 belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 1/1/2016 thru 12/31/2018.

Employer: Township of Mefdord

County: Burlington

Date: 8/30/2016

Name: Dawn Bielec

Print Name

Title: HR Coordinator



Signature