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: TC	lic Employer: TOWN OF WESTNEW YORK			County: COUNTY OF HUDSON		
2	Employee Organization	Employee Organization: CWA LOCAL 1045		Number of Employees in Unit:			
3		Base Year Contract Term: 01/01/2016-12/31/2020		New Contract Term: 01/01/2021-12/31/2025			
	SECTION II: Type of Contract Settlement (please check only one)						
4	Contract settled without neutral assistance						
5	Contract settled with assistance of mediator						
6	Contract settled with assistance of fact-finder						
7	Contract sett	tled with assistance of	of super-conciliator				
8	If contract was settled	d in fact-finding, did	the fact-finder issue	a report with recom	mendations?		
	Yes No No						
	SECTION III: Salary	Base					
	The salary base is the			pired or expiring agr	eement. This is the	base cost from which	
	the parties negotiate	the salary increases.					
9	Salary Costs in Base Y	alary Costs in Base Year \$ 9,272,050					
10	Longevity Costs in Bas	se Year	\$ 457,864				
11	Total Salary Base		\$ 9,729,914		···		
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	01/01/2021	01/01/2022	01/01/2023	01/01/2024	01/01/2025	
13	Cost of Salary	388,153	289,809	223,883	228,914	234,061	
14	Increments (\$) Salary Increase Above						
17	Increments (\$)	0	0	0	0	0	
15	Longevity Increase (\$)	153,636	103,300	88,100	62,000	36,200	
16	Total \$ Increase (sum of lines 13-15)	541,789	393,109	311,983	290,914	270,261	
17	New Salary Base (\$)	10,271,703	10,664,812	10,976,795	11,267,709	11,537,970	
18	Percentage increase over prior year	5.57 %	3.83 %	2.93 %	2.65 %	2.40 %	

^{&#}x27;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 (\$)
20	Totals(\$):						

^{*}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	\$ 5,600,640 \$ 3,391,878
22 Prescription Plan Cost	\$ 1,397,432 \$ 698,716
23 Dental Plan Cost	\$\$
24 Vision Plan Cost	\$\$
25 Total Cost of Insurance	\$ 6,998,072 \$ 4,090,594
26 Employee Insurance Contributions	\$ 365,387 \$ 383,056
27 Employee Contributions as % of Total Insurance Cost	5.22 % 9.36 %

Page 2 of 3 (complete all pages)

Employ	TOWNOF WESTNEW YORK	Employee Organization: CWA LOCAL 1045	Page 3
Section	n VI: Medical Costs (continued)		-
28	Identify any insurance changes that were	e included in this CNA.	
MoA	included agreed upon transition fr	rom Self Insured to State Health Benefit Plan	
	SECTION VII: Certification and Signatur	re	
29	The undersigned certifies that the foreg	oing figures are true:	
	Print Name: JONATHAN CASTANE	-DA	
	Fillit Name.		
	Position/Title: MUNICIPAL ADMINIST	FRATOR	
	Signature:		
	Date: JÜNE 25, 2021		
			-77
	Send this completed and signed form a	long with an electronic copy of the contract and the signed	
	form to: contracts@perc.state.nj.us	nong with an electronic copy of the contract and the signed	certification
	NJ Public Employment Relations Commi	ission	

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016