

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 7/1/2017 thru 6/30/2020.

Employer: Lacey Township Board of Education

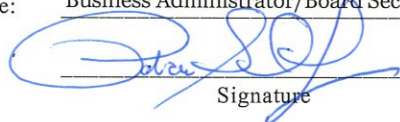
County: Ocean

Date: 3/21/2019

Name: Patrick S. DeGeorge

Print Name

Title: Business Administrator/Board Secretary


Signature

SUMMARY FORM

**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

Section I: Agreement Details

Public Employer: Lacey Township Board of Education County: Ocean
 Employee Organization: Lacey Township Administrators and Supervisors Association Employees in Unit: 22
 Base Year Contract Term: 7/1/2016 6/30/2017 New Contract Term 7/1/2017 6/30/2020
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Section II: Economic		
Item 1 <u>Salary</u>	\$2,413,712	\$2,483,712
Item 2 <u>Increment</u>	\$0	\$0
Item 3 <u>Longevity</u>	\$0	\$0
Item 4 _____		
Item 5 _____		
Item 6 _____		
Item 7 _____		
Item 8 _____		
Item 9 _____		
Item 10 _____		
Item 11 _____		
Item 12 _____		
Any additional items list on separate sheet Additional Items		
Section III: Totals - Sum of costs in each column	\$2,413,712 (Total)	\$2,483,712 (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	\$2,413,712			
Effective Date (m/d/yyyy)	<u>7/1/2017</u>	<u>7/1/2018</u>	<u>7/1/2019</u>	
Percent Increase	<u>2.90%</u>	<u>2.90%</u>	<u>2.95%</u>	
Total cost of increase ..	<u>\$69,998</u>	<u>\$72,078</u>	<u>\$75,394</u>	
Total base salary (successor agreement)	<u>\$2,483,712</u>	<u>\$2,555,788</u>	<u>\$2,631,182</u>	

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.92
 Dollar Impact (average per year over term of agreement) \$72,490.00

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1			
Cost of Health Plan	\$299,001	\$332,223			
Employee Contributions	\$134,904	\$149,893			
Prescription	\$95,186	\$105,762			
Dental	\$18,827	\$20,919			
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 punishment.

Section VII

Prepared by: Patrick S. DeGeorge Title: Business/Board Secretary

 Signature: _____ Date: 3/21/2019

Lacey Township School District
 LTASA

Health Insurance Information for PERC

	FY17	FY18	FY19	FY20	Increase \$	Increase %
Medical	299,001	332,223	283,989	292,712	33,222.30	11.6984474
EE Contributions	134,904	149,893	121,678	130,892	14,989.34	12.31886496
Prescription	95,186	105,762	96,703	103,666	10,576.20	10.93674964
Dental	18,827	20,919	19,419	19,419	2,091.92	10.77276267
Vision	-	-	-	-	-	0

Total # of LTASA members with benefit coverage

13

Total # of LTASA members

21

62%