SUMMARY FORM

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

Rear 1	Section I: Agreement Details		1 0 0	× ^
Base Ver Contract Term:		Wildwood Cres		yay
Section II: Totals - surrelation roots for the first for the	Employee Organization Wildward Crest Rescue	2 Career Employees I	LAFF LOCAL 443 Unit: 8	/
Type of Sectionet Pack-Finder Recommendation Victoriary Sectionest Super Conclusion Rese Vera - Total Codes Research Vera - Total Cod	i/) ial- l ,	/	115-12/31/18	
Section II: Economic Section II: Economic Section II: Economic Section III: Economic Se			✓ Voluntary Sottlement	odilation
Section It Economic Section Sec	Type of detailments.	2014 Hitter Incoornationasson	A Annual Annual Control	Cilduoti
Section II: Economic Nom 1 Stary Nom 2 Leconomic Nom 3 Leconomic Nom 5 Stary Nom 6 Stary Nom 6 Stary Nom 6 Stary Nom 6 Stary Nom 7 Stary Nom 7 Stary Nom 7 Stary Nom 8 Stary Nom 1 Stary Nom 9 Stary Nom 1 Stary N				
Rear 1			New Base Year - Total Costs (First Year of Successor agreement)	
Nom 2	Section II: Economic	_		
The man of	Item 1 Salary	336,925	349,025	
Item 4	Item 2 Increment			
Ricer 5 Ricer 6 Ricer 7 Ricer 8 Ricer 9 Ricer 9 Ricer 19 Rice	1111001	3.0 6.0 6	- CO	
Section IV: And pass of one sectors agreement Section IV: The understagened certifies that the foregoing figures are true and is assured that the foregoing figures are true and is assured that if any of the foregoing figures are fore purchased. Section VI: And pass of one sectors agreement Section IV: And pa	112.00	18,000	18,100	
Richard 1				
Room 8 Room 9 Room 10 Room 1	<u> </u>			
Rem 19	**************************************			
Rem 10 Rem 11 Rem 12 Rem 12 Rem 12 Rem 13 Rem 14 Rem 15 Rem 15 Rem 16 Rem 17 Rem 17 Rem 18 Rem 18 Rem 19 Rem 19 Rem 10 Rem 10 Rem 11 Rem 12 Rem 12 Rem 10 Rem 12 Rem 10 Rem 10 Rem 11 Rem 12 Rem 10 Rem 10 Rem 12 Rem 10 Rem 10 Rem 10 Rem 10 Rem 10 Rem 11 Rem 12 Rem 10 Rem 12 Rem 10 Rem 12 Rem 10 R				
Rem 11 Iform 12 Iform 12 Iform 12 Application like to expanse sheet Additional lisero Section III: Totals - sund cross in each chumn 354 995				
Additional liters in an expansion sheet Additional liters Section III: Totals - Sum of costs in each column 35.4, 93.5 (Total) 36.7, 73.5 (Total) Section IV: Analysis of new successor agreement 13.75.0 10.54.0				
Section III: Totals - Sum of costs in each column 354,995	Item 12			
Section IV: Analysis of new successor agreement NEW AGREEMENT ANALYSIS Total Base Yest/privious agreement) 354 935 Effective Date (mM-Myyry)	Any additional items list on separate sheet Additional Items			
Section IV: Analysis of new successor agreement NEW AGREEMENT ANALYSIS Total Base Yest/privious agreement) 354 935 Effective Date (mM-Myyry)	Section III. Totale	254 005	2/7725	
Section IV: Analysis of new successor agreement NEW AGREEMENT ANALYSIS	Section III: Lotars - Sum of costs in each column		<u> </u>	
Effective Date (mid/wyv) Percent horoses 10,750 10,540 10,540 10,540 10,540 Total base salar/ successor agreement) 367,735 378,358 388,794 399,330 Section V: Impact of Settlement - average annual increases over term of agreement Percentage impact (severage per year over term of agreement) 2789 Titl 1,093 Section VI Health insurance (inficiale costs associated on each Bre) Cost of Health Plan		(Total)	(Tota!)	
Effective Date (mid/wyv) Percent horoses 10,750 10,540 10,540 10,540 Total base salar/ successor agreement) 357,735 378,558 388,794 393,330 Section V: Impact of Settlement - average annual increases over term of agreement) 2789 Data impact (siverage per year over term of agreement) 11,093 Section VI The horose (inficiale costs associated on each fing) Cost of Health Plan				
Effective Date (mid/ywy) Percent forcease 12,750 10,540 10,540 10,540 Total cost of forcease 13,750 10,540 10,540 10,540 Total base salary (successor agreement) Section V: Impact of Settlement - average annual increases over term of agreement Percentage inpact (average per year over term of agreement) Datar impact (average per year over term of agreement) Percentage inpact (average per year over term of agreement) Base Year Year 1 Cost of Health Pain A. PORSOLIDE SIGNAL PAIN SIGNAL		NEW AGREEMENT ANALYSIS		
Percent horosase	Total base featignerwas agreement)			
Total base salary (successor agreement) Total base salary (successor agreement) Section V: Impact of Settlement - average annual increase over term of agreement Percentage impact (sverage per year over term of agreement) Dollar impact (overage per year over term of agreement) Feath insurance (indicate costs associated on each ling) Cost of Health Plan A PRACE PLACE PLACE PLACE PRODUCE PRODUCE Contributions Dental Plan A PRACE PLACE PLACE PRODUCE PRODU	Effective Date (m/d/yyyy)	11/16 /1/17	1118	<u>.</u>
Total base salary (successor agreement) 367,725 378,558 388,794 399,330 Section V: Impact of Settlement - average annual increase over term of agreement Porcentage impact (average per year over term of agreement) Dobar impact (average per year over term of agreement) ###################################	Percent Increase	10,540 10,540	10,540	
Section V: Impact of Settlement - average annual increase over term of agreement Percentage impact (average per year over term of agreement) Deltar impact (average per year over term of agreement) ### ### ### #### ###################	101130			
Percentage Impact (average per year over term of agreement) Dollar Impact (average per year over term of agreement) ### ### ### #### ###################	Total base salary (successor agreement)	378, 258 388,794	399,330 1	***************************************
Dollar Impact (average per year over term of agreement) ###################################		eement		
Health Insurance (Indicate costs associated on each line) Cost of Health Plan. 7. PORSELL pt. 1.00. 14. 1.00. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	1 0 10 10			
Health Insurance (Indicate costs associated on each line) Base Year Year 1 Cost of Health Plan	Dollar Impact (average per year over term of agreement)			
Cost of Health Plan. 9. PRESCRIPTION. PHOLOGY 127.737 Employee Contributions. 10.0 Luded. above. 15.000 Dental 9.600 9.600 Vision 1800 1800 1800 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 VII Prepared by: Alicia A. Belance Title: FO Print Name Date: 6/3/15	Section VI			
Cost of Health Plan A. PRESCRIPTION. PALLOW 137.737 Employee Contributions. 10. HOD 15.000 Prescription 10. Lude d above Dental	Health Insurance (Indicate costs associated on each line)		15 Trailine had	
Employee Contributions Prescription In Charles and adore Dental	Cost of Health Plan A PCASC 12 TO 10 1 11	Year 1		
Vision	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	15 000		
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 VII Prepared by: Title: F O O O O O O	PrescriptionIncluded above	15,000		
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 VII Prepared by: Print Name Date: 6/3/15	9.1.00	9600	<u> </u>	
Prepared by: Alicia A. Belansen Title: CFO Date: 6/3/15	Vision	1.800		
Prepared by: Alicia A. Belanson Title: CFO Date: 6/3/15	The undersigned certifies that the foregoing figures are true and is awar	e that if any of the foregoing items are fals	e, s/he is subject to punisment.	
Date: 6/3/15			A. Managaran	
Wicin Hours Date: 6/3/15	Prepared by: Alicia A. Bel	ansen Title:	: <u>CFO</u>	
	Print Name	~ ^ /	1.1.1.	
Clanatura	Signature	MACO Date:	4/3/15	