

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Township of Brick County: Ocean  
 Employee Organization: Teamsters Employees in Unit: 26  
 Base Year Contract Term: 1/1/2008 12/31/2011 New Contract Term 1/1/2012 12/31/2015  
 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>
<b>Section II: Economic</b>		
Item 1 ..... Salary	\$1,483,154	\$1,813,579
Item 2 ..... Increment	\$170,149	
Item 3 ..... Longevity	\$86,640	
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		
<b>Section III: Totals</b> - Sum of costs in each column	\$1,739,943 (Total)	\$1,813,579 (Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$1,739,943

Effective Date (m/d/yyyy)	1/1/2012	1/1/2013	1/1/2014	1/1/2015
Percent Increase .....	2.5%	2.5%	2.5%	2.5%
Total cost of increase ..	\$73,636	\$45,339	\$46,473	\$47,635
Total base salary (successor agreement) .....	\$1,813,579	\$1,858,918	\$1,905,391	\$1,953,026

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

Percentage Impact (average per year over term of agreement) 2.50  
 Dollar Impact (average per year over term of agreement) \$53,270.00


**Section VI**

*Health Insurance (Indicate costs associated on each line)*

	Base Year	Year 1
Cost of Health Plan .....	\$249,332	\$282,233
Employee Contributions .....	\$19,809	\$25,721
Prescription .....	\$73,296	\$78,792
Dental .....	\$20,320	\$24,387
Vision .....	\$3,780	\$3,780

*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: Scott M. Pezanos Title: BA/CFO  
 Signature:  Date: 3-11-14

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Township of Brick County: Ocean  
 Employee Organization: Transport Workers Union Employees in Unit: 210  
 Base Year Contract Term: 1/1/2008 12/31/2011 New Contract Term 1/1/2012 12/31/2015  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

Section II: Economic	Column A	Column B
	Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
Item 1 ..... <u>Salary</u>	\$8,925,941	\$8,887,950
Item 2 ..... <u>Increment</u>	-\$698,701	
Item 3 ..... <u>Longevity</u>	\$53,680	
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		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$8,280,680</u> (Total)	<u>\$8,887,950</u> (Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$8,280,680</u>				
<b>Effective Date (m/d/yyyy)</b>	<u>1/1/2012</u>	<u>1/1/2013</u>	<u>1/1/2014</u>	<u>1/1/2015</u>	
Percent Increase .....	<u>2.0%</u>	<u>2.0%</u>	<u>2.0%</u>	<u>1.9%</u>	
Total cost of increase ..	<u>\$607,270</u>	<u>\$181,314</u>	<u>\$184,941</u>	<u>\$179,207</u>	
Total base salary (successor agreement) .....	<u>\$8,887,950</u>	<u>\$9,247,023</u>	<u>\$9,431,964</u>	<u>\$9,611,171</u>	

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

Percentage Impact (average per year over term of agreement) 1.98  
 Dollar Impact (average per year over term of agreement) \$288,183.00

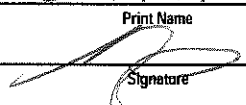
**Section VI**

*Health Insurance (indicate costs associated on each line)*

	Base Year	Year 1			
Cost of Health Plan .....	\$2,002,514	\$2,374,998			
Employee Contributions .....	\$85,390	\$128,287			
Prescription .....	\$591,552	\$665,508			
Dental .....	\$154,437	\$175,413			
Vision .....	\$22,272	\$22,790			

*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: Scott M. Pezarras Title: BA/CFO  
 Signature:  Date: 3-16-14