## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line	#						
	SECTION I: Parties	and Term of Cont	racts				
1	Public Employer: Bo	rough of Moonach	ie	County: Bergen			
2	Employee Organizatio	on: International Brotherhood of Te	amsters Local Union No. 11	Number of Employe	es in Unit: 3	- Company Comp	
3	Base Year Contract Te	Jan. 1, 2012-	Dec.31, 2015	New Contract Term:	Jan. 1, 2016-Dec	. 31, 2018	<u></u>
	SECTION II: Type o	-	ent (please check				
4		tled without neutral	•				
5	Contract set	tled with assistance	of mediator				
6	Contract set	tled with assistance	of fact-finder				
7 8		led with assistance of	•	a raport with racom	mondations?		
٥	If contract was settled		the fact-linder issue	a report with reconn	nenuations:		
	Yes No No						
	SECTION III: Salary	Base					
	The salary base is the the parties negotiate		·	xpired or expiring agr	eement. This is the	: base cost froi	m which
9	Salary Costs in Base Y	ear	\$ 352,741				
10	Longevity Costs in Bas	se Year	<b>\$</b> 0	-			
11	Total Salary Base		\$\square 352,741	,			
	SECTION IV: Salary	Increases for Each	1 Year of New Agr	eement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	1/1/2016	1/1/2017	1/1/2018			
13	Cost of Salary	0	0	0			min.ocumbetter
14	Increments (\$) Salary Increase Above	\$5,292	\$5,372	\$5,449		*	:
15	Increments (\$) Longevity Increase (\$)	0	0	0			
16	Total \$ Increase	\$5,292	\$5,372	\$5,449		J	: :
17	(sum of lines 13-15) New Salary Base (\$)	\$358,033	\$363,405	\$368,854			
18	Percentage increase	1.5 %	1.5 %	1.5 %	%		%
	over prior year						/
	*If contract duration i	is Ionaer than five ve	ars, please add an a	dditional page.			

nnlovori	Borough of Moonachie	Employee Organization:	International Brotherhood of Teamsters Local Union No. 11	

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

19	Item Description Clothing Allowance	Base Year Cost (\$) 3,450	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
						The state of the s	
							year and a second
20	Totals(\$):	3,450	0	0	0		

<sup>\*</sup>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	\$ 168,384	\$ <mark>170,384</mark>
22	Prescription Plan Cost	ş N/A	\$ N/A
23	Dental Plan Cost	\$ 6,576	<b>\$</b> [6,398
24	Vision Plan Cost	\$ N/A	\$ N/A
25	Total Cost of Insurance	\$ 174,960	\$ 176,782
26	Employee Insurance Contributions	\$ 36,020	\$ 40,821
27	Employee Contributions as % of Total Insurance Cost	20.6	_ <sub>%</sub> 23.1 %

Page 2 of 3 (complete all pages)

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <a href="mailto:contracts@perc.state.nj.us">contracts@perc.state.nj.us</a>

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

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