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: Town of Hammonton County: Atlantic | | | | | | | |
| 2 | Employee Organization | Employee Organization: Municipal Utility Rept. Number of Employees in Unit: | | | | | | |
| 3 | Base Year Contract Te | rm: 12-31-20 |)9 \ | New Contract Term: | 1-1-2018 | | | |
| | SECTION II: Type of Contract Settlement (please check only one) | | | | | | | |
| 4 | Contract sett | Contract settled without neutral assistance | | | | | | |
| 5 | Contract sett | Contract settled with assistance of mediator | | | | | | |
| 6 | Contract settled with assistance of fact-finder | | | | | | | |
| 7 | Contract settl | Contract settled with assistance of super-conciliator | | | | | | |
| 8 | If contract was settled | in fact-finding, did t | he fact-finder issue a | a report with recomm | nendations? | | | |
| | If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? Yes No No No | | | | | | | |
| | SECTION III: Salary Base | | | | | | | |
| | The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which | | | | | | | |
| | the parties negotiate t | ne salary increases. | 22: 1541 | (4) | | | | |
| 9 | Salary Costs in Base Ye | | 331,476.00 | | | | | |
| 10 | Longevity Costs in Bas | e Year | \$ 6,000.00 | | | | | |
| 11 | Total Salary Base | Total Salary Base \$ 337, 476. の | | | | | | |
| | SECTION IV: Salary | Increases for Each | Year of New Agre | ement* | | | | |
| | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | | |
| 12 | Effective Date (month/day/year) | 1-1-9018 | 1-1-2019 | 1-1-2030 | 1-1-9091 | | | |
| 13 | Cost of Salary Increments (\$) | 2.43% | 2.25% | 2.25% | 2.75% | | | |
| 14 | Salary Increase Above Increments (\$) | | 43,000.00 | | | | | |
| 15 | Longevity Increase (\$) | .00 | .00 | .00 | 100.00 | | | |
| 16 | Total \$ Increase (sum of lines 13-15) | | | | | | | |
| 17 | New Salary Base (\$) | 335,173.00 | 315,604.00 | 322,706.00 | 331,476.00 | | | |
| 18 | Percentage increase over prior year | 243 % | <u> </u> | .0_% | <u>,50</u> % | <u></u> % | | |
| | *If contract duration is longer than five years, please add an additional page. | | | | | | | |

| Emplo | oyer: Town of 1 | tamoston | Emplo | yee Organization: | Musicipa | 1 Utility & | Page 2 | |
|-------|---|---------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------|--|
| | SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items* | | | | | | | |
| 19 | Item Description | Base Year Cost (\$) アラのいり | Year 1 Increase (\$) 2600.00 | Year 2 Increase (\$) 2300.00 | Year 3 Increase (\$) 2300.00 | Year 4 Increase (\$) 2300.00 | Year 5 Increase (\$) | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 20 | Totals(\$): | | | | | | | |
| 20 | *If contract duration | is longer than fi | l ve years, please d | l add an additional p | loage. | | 1 | |
| | SECTION VI: Medi | cal Costs | | | | | | |
| 21 | Health Plan Cost | | | Base Year | | 587.24 | | |
| 22 | Prescription Plan Cos | st | | \$ 21,341 | 6.86 \$ 19,4 | 06.24 | | |
| 23 | Dental Plan Cost | | | \$ 302° | 1.96 \$ 276 | 5.28 | | |
| 24 | Vision Plan Cost | | | \$ 1205 | 1.52 \$ 100 | 9.56 | | |
| 25 | Total Cost of Insuran | ce | | \$ 102, 16 | | 7 <i>9</i> 8. 32 —— | | |
| 26 | Employee Insurance | Contributions | | \$ 90,34 | 7.97 \$ 18,5 | 16.34 | | |
| 27 | Employee Contributions as % of Total Insurance Cost | | | | % 20 | % | | |

Page 2 of 3 (complete all pages)

Base health I RX Estimated of 10% increase

| Employe | er: Town D | f Hannoton | Employee Organization | : Municipy Utility | bept | Page 3 |
|---------|-----------------------------|---|---------------------------|---------------------------|----------------|-----------|
| Section | VI: Medical Co | sts (continued) | | · | 1 | |
| 28 | Identify any in Negoti | surance changes that were in afcol to go to 1.3018. | ncluded in this CNA. | From NO Direct | 15 | |
| 29 | | ertification and Signature ded certifies that the foregoi | | | | |
| | Print Name: Position/Title: | Deputy Muni | eipul Clerk | | | |
| | Signature: Date: | 11-18-2019 | 1 | | | |
| | - | oleted and signed form alo acts@perc.state.nj.us | ong with an electronic co | opy of the contract and t | he signed cert | ification |

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016