New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	17										
	SECTION I: Parties	and Term of Cont	racts								
1	Public Employer: To	wnship of Neptune		County: Monmouth							
2	Employee Organization	on: AFSCME Loca	1#2792	Number of Employees in Unit: 50							
3	Base Year Contract Te	erm: 2013-2016	nterestingues and elicumentarior respect de construction de la constru	New Contract Term: 2017-2020							
	SECTION II: Type o	f Contract Settlem	ent (please check	only one)							
4	Contract settled without neutral assistance										
5	Contract settled with assistance of mediator										
6	Contract settled with assistance of fact-finder										
7	Contract settled with assistance of super-conciliator										
8		if contract was settled in fact-finding, did the fact-finder issue a report with recommendations?									
	Yes No										
	SECTION III: Salary	Base									
	The salary base is the the parties negotiate			spired or expiring agr	eement. This is the	base cost from v	which				
9	Salary Costs in Base Y	ear	\$ 2,209,999.00	Construction of the same of Construction of the Section of the Sec							
10	Longevity Costs in Base Year		\$ 0.00								
11	Total Salary Base	\$2,209,999.0	\$ 2,209,999.00								
	SECTION IV: Salary	Increases for Each	Year of New Agre	eement*							
12	Effective Date	Year 1	Year 2	Year 3	Year 4	Year 5	PHACE AND				
12	(month/day/year)	01/01/2017	01/01/2018	01/01/2019	01/01/2020						
13	Cost of Salary Increments (\$)	-1475.64	97692.79	56551.00	56811.24		historical				
14	Salary Increase Above Increments (\$)	The second secon	0	0	0						
15	Longevity Increase (\$)	0	/ 0	0	0	- Property Company Com	en einstellener-				
16	Total \$ Increase (sum of lines 13-15)	-1475.64	97692.79	56551.00	56811.24	An exercise the residence of the second	-				
17	New Salary Base (\$)	2208523.36	2306216.15	2362767.15	2419578.39	The state of the s					
18	Percentage increase over prior year	-0.07 %	4.42 %	2.45 %	2.40 %		%				

Employer: Township of Neptune			Emplo	Page 2			
	SECTION V: Increa	ases in Other Co	ontractual Econ	omic Items or N	ewly Added E	conomic Items*	
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	gelicit is film meter colonificación, mano, in volven este activición servicio servición este del productivo del colonificación				g berontoren ti sakuta karingga kanggapa kanggapa kanggapa Garankan kanggapa ka		
				A construction and the construction of the con	grade field of the month but you have you are one and on the tree. The state of th		
	Juli distance di la discriptiva di control de control d						
20	Totals(\$):			And the second s		America Consideration of the State Consideration	A A CANAL AND
	*If contract duration SECTION VI: Medi		re years, please a	dd an additional p	page.		
	SECTION VI: Wedi	car costs		Base Year	Year 1		
21	Health Plan Cost			\$ ⁸⁵³²¹⁸	.29 \$ 8074	199.56	·
22	Prescription Plan Cos	st		\$ 176029	29 \$ 2002	227.56	
23	Dental Plan Cost			\$ 34067.0	02 \$ 3462	25,28	
24	Vision Plan Cost			\$ 1299.80) s 913.	20	

25

26

27

Total Cost of Insurance

Employee Insurance Contributions

Employee Contributions as % of Total Insurance Cost

s 1064614.40

\$ 118608.52

11.14

s 1043265.60

\$ 115020.23

11.03

Section VI: Medical Costs (continued)

Identify any insurance changes that were included in this CNA. 28

Contributions for year 2017 will be based upon 2017 salary utilizing the final phase in rate of said law. Employee contributions for the balance of the term of this contract shall remain at the 2017 level with the exception of those who are promoted, who will pay the same rate as others earning a like amount. New hires will pay at the frozen rate. The 2017 rate will be struck on January 1, 2017 and will increase accordingly when employees receive their 2017 pay increase on their anniversary date. Employees will pay the lesser of the rate struck as described in this paragraph and the regular rate in any subsequent year, should the cost of health benefits decrease.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:

Michael J. Bascom

Position/Title:

Chief Financial Officer

Signature:

Date:

6/1/2017

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016