## New Jersey Public Employment Relations Commission POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #						
	SECTION I: Parties and Term of Contracts					
1	Public Employer: Township of Neptune	County: Monmouth				
2	Employee Organization: PBA #74	Number of Employees in Unit: 51				
3	Base Year Contract Term: 2013-2016					
4	New Contract Term: 2017-2020					
<u> </u>	SECTION II: Type of Contract Settlement (plea	ase check only one)				
5	Contract settled without neutral assistance					
6	Contract settled with assistance of mediator					
7	Contract settled with assistance of fact-finder					
8	Contract settled in Interest Arbitration					
9	If contract was settled in Interest Arbitration, did the Ar	bitrator issue an Award?				
3		prince, issue an Award Feet Seet Feet Feet Feet Feet Feet Feet				
	SECTION III: Base Salary Calculation					
	The "base year" refers to the final year of the expiring o	r expired agreement.				
	or table and any amount provided pursuant to a salary i It shall also include any other item agreed to by the part	'Base salary' means the salary provided pursuant to a salary guide ncrement, including any amount for longevity or length of service. cles, or any other item that was included in the base salary as lary shall not include non-salary economic issues, pension and				
10	Salary Costs in base year	\$ 4417948.00				
11	Longevity Costs in base year	<b>s</b> 61178.00				
12	Other base year salary costs	·				
	Holiday Pay <sub>\$</sub> 299278.20					
	SANCE CONTINUES					
	Contractive and contractive an	•				
	ş <u>i</u>					
	Sum of "Other" Costs Listed in Line 12.	\$ 299278.20				
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	<b>\$</b> 4778404.20				

Emp	loyer: Township of Nept	une	Employe	e Organization	n: PBA #74		Page 2
	SECTION IV: Increase	in Base Salary	/ Cost (for ead	ch year of Ne	w CNA)		
L4	Total Base Salary Cost fro	\$ 4778404.20					
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	01/01/2017	01/01/2018	01/01/2019	01/01/2020	**************************************	3460001444016164640161640161616161640606
16	Cost of Salary Increments (\$)	235047.68	241625,32	208881.00	186488.00	Spiritual plant and Arma Arma Arma Arma Arma Arma Arma Arma	the short has the factor for the control and the same properties and or display some
17	Salary Increase Above Increments (\$)	45290.28	46185.72	70125.00	92,000.00		
18	Longevity Increase (\$)	12500.00	0	0	0		
19	Total Increased Cost for "Other" Items (\$)	-3424.87	18430.69	18993.60	18527.40		described on a section of section
20	Total Increase (\$) (sum of lines 16-19)	289413.09	306241.73	297999.60	297015.40	generated an executive decision and an executive an executive and an executive and an executive and an executive an executive and an executive and an executive and an executive anext and an executive analysis and an executive and an executive a	
	SECTION V: Average I	ncrease Over	Term of New	CNA			
21	Dollar Increase Over Life		\$ 1190669.82	2 [Take sum	n of all amount	s listed on Line	20 above]
22	Percentage Increase Ove	r Life of Contra	Annough the second seco	% [Divide ar	mount on Line	21 by amount o	on Line 14]
23	Average Percentage Incr	ease Per Year	6.23	% [Divide po	-	ine 22 by numł	per of years of

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Township of Nontuno	DDA #74	
Employer. I ownship of Neptune	Employee Organization: FDA #/4	Dage 2
Employer: 11 of the of the production	Linployee Organization.	rages

## **SECTION VI: Other Economic Items Outside Base Salary and Increases**

## ←Increases→

			( moreuses /					
24	ltem Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Personal Days	84493.35	-16498.67	0			Semporaries of statement as solution in secretar.	
	Berevement Days	42246.68	-8249.35	0	0	0	A CONTRACTOR OF THE CONTRACTOR	THE COMMENT OF THE COMME
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	response en encopea que para en en primeiro combinación a cinación de cinación			A series out the series of the				end lasting individual apparatus and metroscopy of
25	Totals (\$):	126740.03	-24748.02	0	0	0		

## **SECTION VII: Medical Costs**

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	<b>\$</b> 754649.39	<b>\$</b> 733424.64
27	Prescription Plan Cost	\$ <u>156896.13</u>	\$ 183889.08
28	Dental Plan Cost	\$ <mark>32022.70</mark>	\$ 31155.12
29	Vision Plan Cost	<b>\$</b>	\$ 0
30	Total Cost of Insurance	\$ 943568,22	<b>\$</b> 948468.84

Page 3 of 4 (complete all pages)

Emple	oyer: Township of Neptune	Employee Organization: PBA Local #74	Page 4
SECT	ION VII: Medical Costs (continued)	·	
31 32	Employee Insurance Contributions  Contributions as % of Total Insurance	\$\begin{align*} \s\ 284406.73 & \s\ 29649.80 \\ \s\ 30.14 & \gamma & \s\ 31.27 & \gamma \end{align*}	
33	Identify any insurance changes tha	t were included in this CNA.	
34	SECTION VIII: Certification and Si The undersigned certifies that the  Brint Name: Michael Bascom		
	Print Name: IMICHAEI Bascom Position/Title: CFO		
	Signature:		
	Date: 1/30/2017	MARIAN-MENTALANAN TERMENAN MENTALAN MENTA	
	Send this completed and signed for certification form to: contracts@	orm along with an electronic copy of the contract and th perc.state.nj.us	e signed
	NJ Public Employment Relations C	ommission	
	Conciliation and Arbitration		
	PO Box 429		

Revised 8/2016

Trenton, NJ 08625 Phone: 609-292-9898