SUMMARY FORM

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

Section I: Agreement Deta Public Employer:	ils Township of Lakewood					County: Ocean		
, ,	Lakewood Township Local No. 380 Firemen's Mutual Benevolent Association					Employees in Unit: 12		
Employee Organization Base Year Contract Term:	1/1/2010 12/31/2012		Now Cont	ract Term 1/1/20		12/31/2015		
Type of Settlement	☐ Mediated Settl	ement ∟ Fa	act-Finder Recomme	ndation	☑ Voluntary Settlement	☐ Super	Conciliation	
			Base Year	umn A - Total Costs revious agreement)	New Base Yea	mn B ur - Total Costs cessor agreement)		
Section II: Economic								
Item 1 Sal	ary		\$601,365		\$572,831			
Item 2 Inci	rement		ļ		\$3,443			
	gevity	_	\$14,968		\$7,634			
	cation Stipend	<u> </u>	\$1,500		\$1,500			
Item 5 Stipe	end				\$6,000			
Item 6		_			.			
Item 7					·			
Item 8					.			
Item 9			 					
Item 10					•			
Item 11		_	l		· 			
Item 12			l		· ———			
Any additional items list on separate st	neet	Additional Items			-			
Section III: Totals - Sum of costs in each column			\$617,833		\$591,408			
			(Total)			(Total)		
			'	rotaly	(100	**/		
				 				
Section IV: Analysis of new succes	sor agreement		NEW AGRE	EMENT ANALYSIS				
Total Base Year(previous agreement)	\$617,833							
Effective Date (m/d/yyyy)		1/1/2013	1/1/2014	1/1/2015				
Percent Increase		2.00%	2.00%	2.00%	· <u></u>			
Total cost of increase		-\$26,425	\$15,181	\$18,247				
Total base salary (successor agreeme	nt)	\$591,408	\$606,589	\$624,836				
Section V: Impact of Settlen	nent - average annual	increase over term of agr	reement					
Percentage Impact (average per year	over term of agreement)	0.37						
Dollar Impact (average per year over to	erm of agreement)	\$2,334.00						
Section VI								
Health Insurance (Indicate costs associ	ialed on each line)		:	···.		 		
Treath instrumed (margice about about	and on each many	Base Year	Year 1					
Cost of Health Plan		\$240,528	\$191,772	-				
Employee Contributions		\$15,677	\$16,537					
Prescription								
Dental				-				
Vision				<u> </u>				
The undersigned certifies t	hat the foregoing figu	res are true and is awar	re that if any of the	foregoing items are t	alse, s/he is subject to pu	nisment.		
Section VII								
Prepared by:	William 1	Rieker		П	itle: CFO			
		Print Name	$\overline{}$	-				
	_ thill	am Ct	Total	D:	ate: 2/5/2013		_	
_	. ———	Signature /		-			_	