

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: Borough of Hopatcong County: Sussex
 2 Employee Organization: Benovolent Assc. Number of Employees in Unit: 28
 3 Base Year Contract Term: 1/1/2017-12/31/2019
 4 New Contract Term: 1/1/2020-12/31/2020

SECTION II: Type of Contract Settlement (please 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 Arbitrator issue an Award? Yes No

SECTION III: Base Salary Calculation

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "'Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10 Salary Costs in base year \$2,803,773.39
 11 Longevity Costs in base year \$108,851.34
 12 Other base year salary costs
 Sr. Officer \$2,500.00
 Detective Stipend \$5,400.00
 College Credits \$14,400.00,
 \$
 Sum of "Other" Costs Listed in Line 12. \$22,300.00
 13 Total Base Salary Cost: (sum of lines 10, 11, 12): \$2,934,924.73

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 2,934,924.73

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2020</u>	<u>01/01/2021</u>	<u>01/01/2022</u>	<u>01/01/2023</u>	<u>01/01/2024</u>	<u>01/01/2021</u>
16 Cost of Salary Increments (\$)	<u>347840.60</u>	<u>18519.00</u>	<u>18892.00</u>	<u>19274.00</u>	<u>19662.00</u>	<u>20057.00</u>
17 Salary Increase Above Increments (\$)	<u>150610.94</u>	<u>139848.33</u>	<u>146921.35</u>	<u>158837.95</u>	<u>168460.94</u>	<u>178418.73</u>
18 Longevity Increase (\$)	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>
19 Total Increased Cost for "Other" Items (\$)	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>	<u>Rolled into Salary</u>
20 Total Increase (\$) (sum of lines 16-19)	<u>498451.54</u>	<u>158367.33</u>	<u>165813.35</u>	<u>178111.95</u>	<u>188122.94</u>	<u>198475.73</u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 1387342.84 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 47 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 7.8 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Academy 1	38,000	38,000	38,000	38,000	38,000	38,000	38,000
	Academy 2	42,000	42,000	42,000	42,000	42,000	42,000	42,000
	Grade 1	43,948	46,000	46,000	46,000	46,000	46,000	46,000
	Grade 2	50,819	52,000	52,000	52,000	52,000	52,000	52,000
	Grade 3	57,688	58,000	58,000	58,000	58,000	58,000	58,000
	Grade 4	64,557	64,000	64,000	64,000	64,000	64,000	64,000
	Grade 5	71,427	70,000	70,000	70,000	70,000	70,000	70,000
	Grade 6	78,296	82,000	82,000	82,000	82,000	82,000	82,000
	Grade 7	85,166	92,000	92,000	92,000	92,000	92,000	92,000
25	Totals (\$):	See pg 2	See pg 2	See pg 2	See pg 2	See pg 2	See pg 2	See Pg 2

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$628560	\$452880
27	Prescription Plan Cost	\$Included	\$Included
28	Dental Plan Cost	\$33584	\$31356
29	Vision Plan Cost	\$None	\$None
30	Total Cost of Insurance	\$661944	\$484236

Employer: Borough of Hopatcong

Employee Organization: Police

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>141,186.66</u>	\$ <u>135,018.60</u>
32	Contributions as % of Total Insurance Cost	<u>Depends</u> %	<u>Depends</u> %

33 Identify any insurance changes that were included in this CNA.
Changed to a high deductible plan

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Jeanmarie Kolaya-Flammia
Position/Title: Principal Payroll Clerk/Clerk 3
Signature: *Jeanmarie Kolaya-Flammia*
Date: 12-14-2020

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

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Grade 8	92,035	102,000	102,000	102,000	102,000	102,000	102,000
	Grade 9	98,905	115,000	115,000	115,000	115,000	115,000	115,000
	Grade 10	105,776	115,000	117,300	119,650	122,050	124,500	127,000
	Sgt 1	109,947	123,000	125,460	127,969	130,529	133,397	135,802
	Sgt 2	115,054	128,781	131,357	133,984	136,663	139,397	142,185
	Lieutenant 1	118,562	134,190	136,874	139,611	142,403	145,251	148,156
	Lieutenant 2	118,562	136,874	139,611	142,403	145,251	148,156	151,120
	Captain 1	123,314	142,622	145,475	148,384	151,352	154,379	157,467
	Captain 2	127,987	145,475	148,384	151,352	154,379	157,467	160,616
25	Totals (\$):	1,541,593	1,686,942	1,705,461	1,724,353	1,743,627	1,763,547	1,783,467

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
27	Prescription Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
28	Dental Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
29	Vision Plan Cost	\$ <input type="text"/>	\$ <input type="text"/>
30	Total Cost of Insurance	\$ <input type="text"/>	\$ <input type="text"/>

