

SUMMARY FORM

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

Section I: Agreement Details

Public Employer: Borough of Wildwood Crest County: Cape May
 Employee Organization: United Independent Union Local 1, NF1U Employees in Unit: 7
 Base Year Contract Term: 1/1/13 - 12/31/15 New Contract Term: 1/1/16 - 12/31/18
 Type of Settlement: Mediated Settlement Fact-Finder Recommendation Voluntary Settlement Super Conciliation

| | Column A Base Year - Total Costs (Last Year of Previous agreement) | Column B New Base Year - Total Costs (First Year of Successor agreement) |
|--|--|--|
| Section II: Economic | | |
| Item 1 <u>Salary</u> | <u>218,053</u> | <u>239,880</u> |
| Item 2 <u>Increment</u> | | |
| Item 3 <u>Longevity</u> | | |
| Item 4 <u>Lead Rate</u> | <u>5,005</u> | <u>6,615</u> |
| Item 5 <u>Clothing Maint.</u> | <u>0</u> | <u>1,750</u> |
| Item 6 _____ | | |
| Item 7 _____ | | |
| Item 8 _____ | | |
| Item 9 _____ | | |
| Item 10 _____ | | |
| Item 11 _____ | | |
| Item 12 _____ | | |
| Any additional items list on separate sheet Additional Items | | |
| Section III: Totals - Sum of costs in each column | <u>223,058</u> (Total) | <u>248,245</u> (Total) |

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

| | | | | |
|---|----------------|----------------|----------------|--|
| Total Base Year (previous agreement) | <u>223,058</u> | | | |
| Effective Date (m/d/yyyy) | <u>1/1/16</u> | <u>1/1/17</u> | <u>1/1/18</u> | |
| Percent Increase | <u>10.5%</u> | <u>3.0%</u> | <u>2.9%</u> | |
| Total cost of increase .. | <u>25,187</u> | <u>7,377</u> | <u>7,377</u> | |
| Total base salary (successor agreement) | <u>248,245</u> | <u>255,622</u> | <u>262,999</u> | |

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 5.7%
 Dollar Impact (average per year over term of agreement) 13,314

Section VI

Health Insurance (Indicate costs associated on each line)

| | Base Year | Year 1 | | |
|------------------------------|----------------|----------------|--|--|
| Cost of Health Plan | <u>119,066</u> | <u>127,201</u> | | |
| Employee Contributions | <u>5,615</u> | <u>9,810</u> | | |
| Prescription | <u>30,604</u> | <u>31,541</u> | | |
| Dental | <u>8,800</u> | <u>8,800</u> | | |
| Vision | <u>1,500</u> | <u>1,500</u> | | |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Alicia A. Belansen Title: CFO
 Signature: Alicia A. Belansen Date: 4/6/16