New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#							
	SECTION I: Parties	and Term of Contr	acts					
1	Public Employer: Township of Hopewell			County:				
2	Employee Organization	Employee Organization:		Number of Employees in Unit: 19 full time				
3	Base Year Contract Te	erm: 2015		New Contract Term: Jan 2016-Dec 2018				
	SECTION II: Type o	f Contract Settlem	ent (please check				-	
4	SECTION II: Type of Contract Settlement (please check only one) Contract settled without neutral assistance							
5	Contract set	Contract settled with assistance of mediator						
6	Contract set	Contract settled with assistance of fact-finder						
7	Contract sett	Contract settled with assistance of super-conciliator						
8			-	a report with recomm	mandations			
	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 cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which						which	
	the parties negotiate	the salary increases.						
9	Salary Costs in Base Y	ear	\$ 1,104,858.51					
10	Longevity Costs in Bas	evity Costs in Base Year \$21,000.0			**************************************			
11	Total Salary Base		ş 1,125,858.51					
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*				
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	01/01/2016	01/01/2017	01/01/2018			ere committee en e	
13	Cost of Salary Increments (\$) Salary Increase Above Increments (\$) Longevity Increase (\$)	26,778.60	45,765.36	29,929.64			omeway marke	
14							Cicololoscipa);	
15		2,500.00	2,000.00	0.00	A STATE OF THE STA			
16	Total \$ Increase (sum of lines 13-15) New Salary Base (\$)	29,278.60	47,765.36	29,929.64			AND	
17		1,155,137.11	1,202,902.47	1,232,832.11			CHARLES AND	
18	Percentage increase over prior year	2.6	4.1 %	2.48 %		CELLIFICATION AND PROPERTY OF THE PROPERTY OF	%	
	*If contract duration i	s longer than five yed	ars, please add an ac	dditional page.				

Empl	oyer: Township of	Hopewell	Employ	ee Organization:	CWA		Page 2
	SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*						
19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
		Account of the control of the contro					
		- Cartifolium and an administration of the cartifolium and an action of the cartifolium and action action of the cartifolium and action action action action					
20	*If contract duration	n is longer than fiv	e years, please aa	ld an additional p	age.	research of the contract of th	A finish the minimum in the state of the sta
	SECTION VI: Med	ical Costs					
21	Health Plan Cost			Base Year \$ 298,483	Year 1 .36 \$ 312,96	4.12	
22	Prescription Plan Co.	st		\$ <mark>81,934</mark>	.08 _{\$} 93,67	9.20	
23	Dental Plan Cost			\$ 12,424	.20 \$ 10,36	6.68	
24	Vision Plan Cost		•	\$	\$	CONTRACTOR DELICATION	
25	Total Cost of Insuran	ice		\$ 392,841	······································		
26	Employee Insurance	Contributions		ş <u>50,871</u>	.59 _{\$} 75,23	2.93	
27	Employee Contribu	tions as % of Tota	I Insurance Cost	12.94	_% 18.04	%	

Empl	_{oyer:} Township	of Hopewell	Employee Organization: CWA	Page 3		
Secti	ion VI: Medical C	osts (continued)		. 480 0		
28 Neg	Identify any ir gotiated higher	surance changes that were in copays on medical and	cluded in this CNA. Rx beginning contract year 2017			
	SECTION VII: (ertification and Signature				
29	The undersigned certifies that the foregoing figures are true:					
	Print Name:	Elaine Borges	aaktoopina puosa oli filosia naana ka purpuusia ka kirikkin myön vai ka kirikkin kanna puota maina kikorja.			
	Position/Title:	CFO	MERTING And the Control Contro			
	Signature:	Claime Borge				
	Date:	04/18/2017	even het der grote en kinnten ver-Australia in zur gerangste in dat zu geschoft dissipation zu zu zugert.			
	Send this comp form to: contr	leted and signed form alon acts@perc.state.nj.us	ng with an electronic copy of the contract and t	he signed certification		
	NJ Public Emplo	yment Relations Commissic	on			
	Conciliation and Arbitration					
	PO Box 429					
	Trenton NLOS6	25				

Revised 8/2016

Phone: 609-292-9898