## New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line	#							
	SECTION I: Parties			<u></u>				
1	Public Employer: Bo	Public Employer: Borough of Moonachie			County: Bergen			
2	Employee Organization: Moonachie Public Safety Tele-Communicators			Number of Employees in Unit: 3				
3	Base Year Contract Te	erm: Jan. 1, 2012-	Dec.31, 2015	New Contract Term: Jan. 1, 2016-Dec. 31, 2018			_	
	SECTION II: Type of Contract Settlement (please check only one)							
4	Contract set	Contract settled without neutral assistance						
5	Contract set	tled 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	If contract was settled	d in fact-finding, did	the fact-finder issu	e a report with recom	mendations?			
	Yes No							
	SECTION III: Salary	Base						
	-		•	expired or expiring agr	eement. This is the	base cost from	which	
	the parties negotiate	the salary increases.						
9	Salary Costs in Base Y	ear	\$ 132,264					
10	Longevity Costs in Base Year \$\begin{array}{c} 0 \\ \ext{\$}							
11	Total Salary Base							
	SECTION IV: Salary	Increases for Each	n Year of New Ag	reement*				
	500	Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	1/1/2016	1/1/2017	_ 1/1/2018	<u> </u>	_		
13	Cost of Salary Increments (\$)	0	0	0				
14	Salary Increase Above Increments (\$)	\$5,830	\$2,762	\$2,818				
15	Longevity Increase (\$)	0	О	0			MINISTER AND ADDRESS OF	
16	Total \$ Increase (sum of lines 13-15)	\$5,830	\$2,762	\$2,818				
17	New Salary Base (\$)	138,094	140,856	143,674			~~~~~	
18	Percentage increase over prior year	4.4 %	2.0 %	2.0 %	%		%	
	*If contract duration i	is longer than five ye	ars, please add an	additional page.				

## SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\*

19	Item Description Clothing Allowance	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):	1,650	0		0		

<sup>\*</sup>If contract duration is longer than five years, please add an additional page.

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	<b>\$</b> 63,288	\$ 65,868
22	Prescription Plan Cost	\$ N/A	\$ N/A
23	Dental Plan Cost	\$ 2,436	\$ 2,436
24	Vision Plan Cost	\$N/A	\$ N/A
5	Total Cost of Insurance	\$ 65,724	\$ 68,304
6	Employee Insurance Contributions	\$ 9,827	\$ 10,543
27	Employee Contributions as % of Total Insurance Cost	14.95	<sub>%</sub> 15.4

Page 2 of 3 (complete all pages)

Borough of I	Moonachie	Employee Organization:	Moonachie Public Safety Tele-Communicators	Page 3
VI: Medical Co	osts (continued)			
Identify any in	surance changes that w	vere included in this CNA.		
form to: contr	acts@perc.state.nj.us	<u>S</u>	py of the contract and the signed cert	ification
	SECTION VII: Control of the undersigned Print Name: Position/Title: Signature: Date: Send this component or control of the undersigned Print Name:	SECTION VII: Certification and Signature:  Date:  Send this completed and signed form to: contracts@perc.state.nj.us	SECTION VII: Certification and Signature The undersigned certifies that the foregoing figures are true:  Print Name:  Supriya Sanyal  Position/Title:  Signature:  Date:    O   U   O   T	Employee Organization:   VI: Medical Costs (continued)  Identify any insurance changes that were included in this CNA.  SECTION VII: Certification and Signature  The undersigned certifies that the foregoing figures are true:  Print Name: Supriya Sanyal  Position/Title: Borough Clerk  Signature: Date:   O   U   O   T    Send this completed and signed form along with an electronic copy of the contract and the signed cert form to: contracts@perc.state.nj.us

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016