New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	: #				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	SECTION I: Parties	and Term of Cont	racts			
1	Public Employer: M	ount Laurel Tow	nship	County: Burlington		
2	Employee Organizati	on: AFSCME NJ C	Council 63	Number of Employe	es in Unit: 40	
3	Base Year Contract T	erm: 01/01/2019-1	2/31/2022	New Contract Term:	01/01/2022 12/21	/2026
	SECTION II: Type o	of Contract Settlem	ent (please check	only one)		
4	Contract set	ttled without neutral	assistance			
5	Contract set	tled with assistance	of mediator			
6	Contract set	tled with assistance	of fact-finder			
7	Contract set	tled with assistance o	of super-conciliator			
8	If contract was settle		•	a report with recom	mendations?	
	Yes No		the rade milaci pade	a report with recom	mendations.	
<u> Ankada wa Mara</u> a	SECTION III: Salary			A STATE OF THE STA		
	•		- final f +b		This is all t	. 6
	The salary base is the the parties negotiate			pired or expiring agr	eement. This is the t	base cost from which
9	Salary Costs in Base Y	ear	\$ 1,948,698.5			
10	Longevity Costs in Bas	se Year	\$ <u>44,400.00</u>	1 		
11	Total Salary Base		\$1,993,098.59)		
	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)	01/01/2023	01/01/2024	01/01/2025	01/01/2026	
13	Cost of Salary Increments (\$)	37,868.85	38,641.58	39,413.77	40,225.33	
14	Salary Increase Above Increments (\$)	1,800.00	1,000.00	800.00	1,200.00	
15	Longevity Increase (\$)	1,000.00	1,000.00	2,500.00	3,000.00	
16	Total \$ Increase (sum of lines 13-15)	40,668.85	40,641.58	42,713.77	44,425.33	
17	New Salary Base (\$)	2,033,767.44	2,074,409.02	2,117,122.79	2,161,548.13	
18	Percentage increase over prior year	2.04 %	2.00 %	2.06 %	2.10 %	%
	*If contract duration i	s longer than five yed	ars, please add an ad	ditional page.		

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

Tool Reimbursememt	Base Year Cost (\$) 1,600.00	Year 1 Increase (\$) 400.00	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
Totals(\$):	1 600 00	400.00				
	Tool Reimbursememt	Tool Reimbursememt 1,600.00	Tool Reimbursememt 1,600.00 400.00	Tool Reimbursement	Tool Reimbursememt 1,600.00 Increase (\$) Increase (\$) Increase (\$)	Tool Reimbursememt 1,600.00 400.00 Increase (\$) Increase

^{*}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	\$ 597,154.92	\$ <mark>741,396.36</mark>
22 Prescription Plan Cost	ş 111,055.44	\$ 113,171.04
23 Dental Plan Cost	ş 21,448.44	\$ 21,532.56
24 Vision Plan Cost	\$ 2,218.92	\$ <mark>2,218.92</mark>
25 Total Cost of Insurance	\$ 731,877.72	\$ 878,318.88
26 Employee Insurance Contributions	\$ 143,153.76	\$ 182,097.18
27 Employee Contributions as % of Total Insurance Cost	19.56	20.73
,		

Page 2 of 3 (complete all pages)

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016