New Jersey Public Employment Relations Commission POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

| Line # | | AUG U 4 ZO | | | | |
|--|---|--|--|--|--|--|
| | SECTION I: Parties and Term of Contracts | | | | | |
| 1 | Public Employer: Township of Hamilton | County: Atlantic | | | | |
| 2 | Employee Organization: | Number of Employees in Unit: 36 | | | | |
| 3 | Base Year Contract Term: 01/01/2014 to 12/31/2016 | • | | | | |
| 4 | New Contract Term: 01/01/2017 to 12/31/2019 | | | | | |
| WATER CONTROL OF THE PARTY OF T | 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 Arbit | rator issue an Award? Yes No | | | | |
| | SECTION III: Base Salary Calculation | | | | | |
| The "base year" refers to the final year of the expiring or expired agreement. | | | | | | |
| | or table and any amount provided pursuant to a salary incr It shall also include any other item agreed to by the parties | se salary' means the salary provided pursuant to a salary guide rement, including any amount for longevity or length of service. It, or any other item that was included in the base salary as y shall not include non-salary economic issues, pension and | | | | |
| 10 | Salary Costs in base year | \$ 2,646,008.00 | | | | |
| 11 | Longevity Costs in base year | 89,677.00 | | | | |
| 12 | Other base year salary costs | ¥ | | | | |
| | College \$ 35,800.00 | | | | | |
| | \$ | | | | | |
| | | | | | | |
| | \$ | | | | | |
| | Sum of "Other" Costs Listed in Line 12. | \$ 35,800.00 | | | | |
| 13 | Total Base Salary Cost: (sum of lines 10, 11, 12): | \$ 2,771,485.00 | | | | |

| Employer: Township of Hamilton | | Employee Organization: | | NJ State Benevolent As | NJ State Benevolent Association Mainland Local #77 Rank and File | | | |
|---|--|--|------------|------------------------|---|--|--|--|
| 14 | SECTION IV: Increase Total Base Salary Cost fro | y Cost (for each year of New CNA) \$\frac{2,771,485.00}{} | | | | | | |
| | Increases | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | 5 |
| 15 | Effective Date (month/day/year) | 01/01/2017 | 01/01/2018 | 01/01/2019 | Management of the property of | gran historian. Uniform common consumer c | | Mention and adopting and pay |
| 16 | Cost of Salary Increments (\$) | 93,647.69 | 119,007.66 | 122,333.85 | | | | |
| 17 | Salary Increase Above Increments (\$) | Contraction and the second sec | | | | | | PARTICLE STREET, STREE |
| 18 | Longevity Increase (\$) | 8,974.14 | 13,638.99 | 6,213.85 | | | | |
| 19 | Total Increased Cost for "Other" Items (\$) | | | | | | | |
| 20 | Total Increase (\$) (sum of lines 16-19) | 102,621.83 | 132,646.65 | 128,547.70 | | | game and a finishment and a constraint of the second | |
| SECTION V: Average increase Over Term of New CNA | | | | | | | | |
| 21 Dollar Increase Over Life of Contract \$\frac{363,816.18}{}\$ [Take sum of all amounts listed on Line 2] | | | | | e 20 abov | /e] | | |

| 21 | Dollar Increase Over Life of Contract \$ | 363,816.18 | [Take sum of all amounts listed on Line 20 above] |
|----|---|------------|---|
| 22 | Percentage Increase Over Life of Contract | 13.13 % | [Divide amount on Line 21 by amount on Line 14] |
| 23 | Average Percentage Increase Per Year | 4.38 % | [Divide percentage on Line 22 by number of years of |
| | | | the contract] |

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Township of Hamilton

Employee Organization:

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

| | | | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ci cases / | | |
|----|---------------------|--|--------|--------|---|--|---|--------|
| 24 | ltem Description | Base Year Cost (\$) | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
| | | | | | | | | |
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| | | | | | | | | |
| 25 | Totals (\$): | | | | | | | |

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|-------|---------|--------|----------|---------|
| CECT | | /11. | Raadiaa | I Costs |
| 366.1 | ILJIN I | / 66 : | IVIPAICA | LLOSTS |

| | Insurance Costs | Base Year | Year 1 |
|----|-------------------------|----------------------|---------------|
| 26 | Health Plan Cost | \$ 496,659.39 | \$ 475,772.43 |
| 27 | Prescription Plan Cost | \$ 114,746.40 | \$ 110,050.20 |
| 28 | Dental Plan Cost | \$ 29,291.59 | \$ 29,291.59 |
| 29 | Vision Plan Cost | \$ 7,044.46 | \$ 7,044.46 |
| 30 | Total Cost of Insurance | \$ 647,741.84 | \$ 622,158.68 |

| Emp | loyer: Township of Hamilton | Employee Organization: NJ State Benevolent Association Mainland Local #77 Rank and File | Page 4 |
|----------|--|--|---------|
| SECT | FION VII: Medical Costs (continued) | , | 1 486 4 |
| 31 32 | Employee Insurance Contributions Contributions as % of Total Insurance Cost | \$\frac{142,488.99}{22.00} \frac{\\$ \frac{137,636.77}{22.12} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| 33 | Identify any insurance changes that were | e included in this CNA. | |
| | | | |
| 34 | SECTION VIII: Certification and Signatu The undersigned certifies that the foreg | | |
| | Print Name: Dorothy S. Gallagher Position/Title: Chief Financial Officer Signature: 05/01/2017 | Laliagra | |
| | Send this completed and signed form alcertification form to: contracts@perc.st | ong with an electronic copy of the contract and the sigr | ned |
| | NJ Public Employment Relations Commis Conciliation and Arbitration PO Box 429 Trenton, NJ 08625 | sion | |
| | Phone: 609-292-9898 | Revised 8/2016 | |