

New Jersey Public Employment Relations Commission  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1	Public Employer: <input type="text" value="The Brick Township Municipal Utilities Authority"/>	County: <input type="text" value="Ocean"/>
2	Employee Organization: <input type="text" value="Office &amp; Professional Employees International Union Local 32"/>	Number of Employees in Unit: <input type="text" value="65"/>
3	Base Year Contract Term: <input type="text" value="01/01/13-12/31/16"/>	New Contract Term: <input type="text" value="01/01/17-12/31/19"/>

**SECTION II: Type of Contract Settlement (please check only one)**

4	<input type="checkbox"/> Contract settled without neutral assistance
5	<input checked="" type="checkbox"/> Contract settled with assistance of mediator
6	<input type="checkbox"/> Contract settled with assistance of fact-finder
7	<input type="checkbox"/> Contract settled with assistance of super-conciliator
8	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

**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 the parties negotiate the salary increases.

9	Salary Costs in Base Year	\$ <input type="text" value="3,392,979"/>
10	Longevity Costs in Base Year	\$ <input type="text" value="0"/>
11	Total Salary Base	\$ <input type="text" value="3,392,979"/>

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<input type="text" value="1/1/17"/>	<input type="text" value="1/1/18"/>	<input type="text" value="1/1/19"/>	<input type="text"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="101,789"/>	<input type="text" value="113,579"/>	<input type="text" value="117,271"/>	<input type="text"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="101,789"/>	<input type="text" value="113,579"/>	<input type="text" value="117,271"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="3,494,768"/>	<input type="text" value="3,608,347"/>	<input type="text" value="3,725,618"/>	<input type="text"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="3"/> %	<input type="text" value="3.25"/> %	<input type="text" value="3.25"/> %	<input type="text"/>	<input type="text"/>

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

**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 (\$)
20	Totals(\$):						

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

**SECTION VI: Medical Costs**

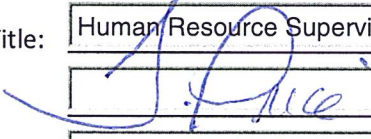
		Base Year	Year 1
21	Health Plan Cost	\$ 945,884	\$ 1,003,417
22	Prescription Plan Cost	\$ 260,967	\$ 287,366
23	Dental Plan Cost	\$ 76,566	\$ 72,270
24	Vision Plan Cost	\$ 9,102	\$ 8,227
25	Total Cost of Insurance	\$ 1,292,519	\$ 1,371,280
26	Employee Insurance Contributions	\$ 170,776	\$ 186,126
27	Employee Contributions as % of Total Insurance Cost	14 %	14 %

**Section VI: Medical Costs (continued)**

28 Identify any insurance changes that were included in this CNA.

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name: Teri Price  
Position/Title: Human Resource Supervisor  
Signature:   
Date: 7/6/18

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
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