

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

SEP 05 2017

Line #

SECTION I: Parties and Term of Contracts

1	Public Employer: <input type="text" value="Township of Union"/>	County: <input type="text" value="Union"/>
2	Employee Organization: <input type="text" value="Local No. 46 Firefighters Mutual Beneficial Assoc"/>	Number of Employees in Unit: <input type="text" value="77"/>
3	Base Year Contract Term: <input type="text" value="01/01/2015-12/31/2015"/>	
4	New Contract Term: <input type="text" value="01/01/2016-12/31/2018"/>	

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

5	<input checked="" type="checkbox"/>	Contract settled without neutral assistance	
6	<input type="checkbox"/>	Contract settled with assistance of mediator	
7	<input type="checkbox"/>	Contract settled with assistance of fact-finder	
8	<input type="checkbox"/>	Contract settled in Interest Arbitration	
9	If contract was settled in Interest Arbitration, did the Arbitrator issue an Award?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SECTION III: Base Salary Calculation

The "base year" refers to the final year of the expiring or expired agreement.

N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary" means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs."

10	Salary Costs in base year	\$ <input type="text" value="6657513"/>
11	Longevity Costs in base year	\$ <input type="text" value="285411"/>
12	Other base year salary costs	
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>
	Sum of "Other" Costs Listed in Line 12.	\$ <input type="text" value="0"/>
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ <input type="text" value="69429924"/>

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 69492924

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2016</u>	<u>01/01/2017</u>	<u>01/01/2018</u>			
16 Cost of Salary Increments (\$)	<u>208697</u>	<u>2016174</u>	<u>215044</u>			
17 Salary Increase Above Increments (\$)	<u>41417</u>	<u>44254</u>	<u>56707</u>			
18 Longevity Increase (\$)	<u>30546</u>	<u>34213</u>	<u>30657</u>			
19 Total Increased Cost for "Other" Items (\$)						
20 Total Increase (\$) (sum of lines 16-19)	<u>280660</u>	<u>284644</u>	<u>302408</u>			

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 867712 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 12 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 4.1 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Stipend	0	0	38500	57750			
	Uniforms	36833	86833	41888	41888			
	Education	19000	19000	18000	18000			
	Seniority	43164	50031	53955	57879			
25	Totals (\$):	98997	105864	152343	175517			

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 1702417	\$ 1535102
27	Prescription Plan Cost	\$ 0	\$ 0
28	Dental Plan Cost	\$ 89950	\$ 899500
29	Vision Plan Cost	\$ 0	\$ 0
30	Total Cost of Insurance	\$ 1792367	\$ 1625052

Employer: Township of Union

Employee Organization: Local No. 46 Firefighters Mutual Benevolent Assoco

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SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>409128</u>	\$ <u>469027</u>
32	Contributions as % of Total Insurance Cost	<u>22.63</u> %	<u>28.86</u> %

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

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: KAREN J. CAULFIELD
Position/Title: DIRECTOR, HUMAN RESOURCES
Signature: Karen J. Caulfield
Date: Sept. 1, 2017

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

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