SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

| Public Employer: | Middlesex County Improvement Authority | | | | County | County: Middlesex Employees in Unit: 68 | |
|---|---|--|---|--|---|--|--|
| Employee Organization | A.F.S.C.M.E. Local | A.F.S.C.M.E. Local #3440 | | | | | |
| Base Year Contract Term: | 1/1/2009 | 12/31/2012 | Now Contro | act Term 1/1/2 | | 12/31/2016 | |
| Type of Settlement: | ☐ Mediated Settler | | *************************************** | | ✓ Voluntary Settlement ☐ Super Conciliation | | |
| Type of Cottonion | ma modulou ooliot | | | •••• | | | |
| *************************************** | | | Base Year - | mn A Total Costs evious agreement) | Column <u>New Base Year</u> - ⁻ (First Year of Success | Total Costs | |
| Section II: Economic | | | | | | | |
| Item 1 Sa | lary | | \$898,620 | | \$915,868 | | |
| Item 2 Inc | crement | | \$17,248 | | \$18,317 | | |
| Item 3 Lo | ngevity | _ | \$0 | | _ \$0 | | |
| Item 4 | | | | | | | |
| Item 5 | | | | | _ | | |
| Item 6 | | | | | | *************************************** | |
| Item 7 | | | | | | | |
| Item 8 | | | | | | | |
| Item 9 | | | | | | | |
| Item 10 | | | | | - | | |
| Item 11 | | | *************************************** | | | | |
| Item 12 | | | | | - | | |
| Any additional items list on separate s | sheet | Additional Items | | | | | |
| Section III: Totals - Sum of costs in each column | | \$915,868 | | \$934,186 | | | |
| | | | (T | otal) | (Total) | | |
| Section IV: Analysis of new successor agreement | | NFW AGREE | MENT ANALYSIS | | 1 | | |
| Total Base Year(previous agreement) | | | | | | | |
| | *************************************** | Andreas Control of the Control of th | | | | | |
| Effective Date (m/d/yyyy) | | 1/1/2013 | 1/1/2014 | 1/1/2015 | 1/1/2016 | | |
| Percent Increase | | 2 | 2 | 2 | | | |
| T (()) / | | \$18,317 | \$18,684 | \$19,057 | \$19,439 | | |
| | | \$934,186 | \$952,869 | \$971,927 | \$991,365 | | |
| Section V: Impact of Settle | | crease over term of agi | reement | | | | |
| Percentage Impact (average per year over term of agreement) 2.00 | | | | | | | |
| Dollar Impact (average per year over term of agreement) \$18,874.00 | | | | | | | |
| Section VI | | | | | | | |
| Health Insurance (Indicate costs asso | ociated on each line) | | | | | | |
| Cost of Health Plan | | Base Year \$94,239 | <i>Year 1</i> \$96,371 | | | | |
| Employee Contributions | | \$6,938 | \$12,125 | • | | | |
| Prescription | | \$47,699 | \$43,971 | | Marie | | |
| Dental | | \$8,639 | \$8,922 | <u> </u> | ····· | | |
| Vision | | \$1,608 | \$1.378 | | *************************************** | <u> </u> | |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punisment.