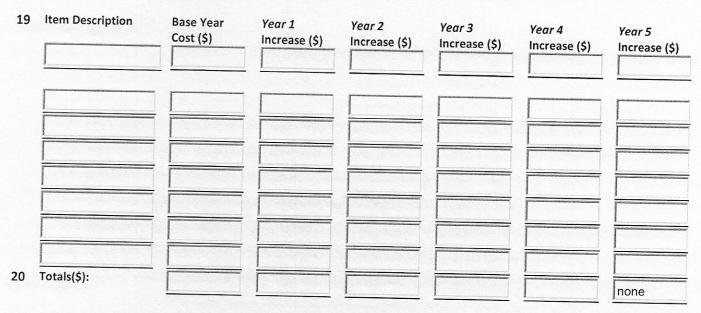
New Jersey Public Employment Relations Commission NON-POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

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1 2 3		Commercial Towns	ship	County: Cumberl	and County	
	Employee Organiza	AFSCME Co		County,	and County	
3		Employee Organization: AFSCME Council 63		Number of Employees in Unit: 12		
	Base Year Contract Term:		New Contract Term: 2025,2026,2027,2028			
	SECTION II: Type	of Contract Settle	ement (please chec			
4		ettled without neuti		, ,		
5	Contract se	ettled with assistanc	e of mediator			
6	Contract se	ettled with assistanc	e of fact-finder			
7	Contract se	ttled with assistance	e of super-conciliator			
8				r e a report with recon		
	Yes No	The triang, up	u the fact-finder issu	e a report with recon	nmendations?	
	SECTION III: Salar	y Base				
	The salary base is the the parties negotiate	e cost of salaries in t the salary increase	the final year of the ϵ	expired or expiring ag	reement. This is the	base cost from whic
9	Salary Costs in Base \	Year	\$ 598,302.00			
10	0 Longevity Costs in Base Year \$ 5,800.00					
11	Total Salary Base		\$ 604,102.00			
	SECTION IV: Salary	Increases for Eac	h Year of New Agr	eement*		Please Laboration
12		Year 1	Year 2	Year 3	Year 4	Year 5
12	Effective Date (month/day/year)	1/1/2025	1/1/2026	1/1/2027	1/1/2028	
13	Cost of Salary Increments (\$)	23,932.00	18,667.00	19,227.00	19,803.00	
14	Salary Increase Above Increments (\$)					
15	Longevity Increase (\$)	-0-	-0-	-0-	-0-	
	Total \$ Increase (sum of lines 13-15)	23,932.00	18,667.00	19,227.00	19,803.00	
	New Salary Base (\$)	628,034.00	646,701.00	665,920.00	685,723.00	
	Percentage increase over prior year	4 %	3 %	3 %	3 %	<u>*************************************</u>

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



^{*}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	\$ 218,525.00	\$ 250,453.00
22	Prescription Plan Cost	\$ 36,111.00	\$ 46,436.00
23	Dental Plan Cost	\$ 7,502.00	\$ 8,704.00
24	Vision Plan Cost	\$ 3,600.00	\$ 3,600.00
25	Total Cost of Insurance	\$ 265,738.00	\$ 309,193.00
26	Employee Insurance Contributions	\$ 42,643.00	\$ 53,000.00
27	Employee Contributions as % of Total Insurance Cost	15% %	17% %

Employer: Commercial Tpwnship		Employee Organization:	AFSCME Council 63	
Section V	l: Medical Costs (continued)			Page
28	Identify any insurance changes t	that were included in this CNA.		,
SEC	CTION VII: Certification and S	Signature		
	e undersigned certifies that th			
	nt Name: Pamela Humph	nries		
	nature: Pameles	Klamphus		
Sen forn	d this completed and signed in to: contracts@perc.state.n	form along with an electronic cop	y of the contract and the signed ce	rtification
	ublic Employment Relations C	Commission		
	ciliation and Arbitration Box 429			
	ton, NJ 08625			

Revised 8/2016

Phone: 609-292-9898