

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Middlesex County Improvement Authority County: Middlesex  
 Employee Organization: United Steel Workers Local 10-01426 Employees in Unit: 83  
 Base Year Contract Term: 1/1/2009 12/31/2013 New Contract Term 1/1/2014 12/31/2017  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A <u>Base Year - Total Costs</u> <i>(Last Year of Previous agreement)</i>	Column B <u>New Base Year - Total Costs</u> <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	<u>\$4,451,605</u>	<u>\$4,585,153</u>
Item 2 ..... <u>Increment</u>	<u>\$133,548</u>	<u>\$91,703</u>
Item 3 ..... <u>Longevity</u>	<u>\$0</u>	<u>\$0</u>
Item 4 ..... _____		
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals</b> - Sum of costs in each column	<u>\$4,585,153</u> (Total)	<u>\$4,676,856</u> (Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year(previous agreement)	<u>\$4,585,153</u>				
<u>Effective Date (m/d/yyyy)</u>	<u>1/1/2014</u>	<u>1/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>	
Percent Increase .....	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>	
Total cost of increase ..	<u>\$91,703</u>	<u>\$93,537</u>	<u>\$95,408</u>	<u>\$97,316</u>	
Total base salary (successor agreement) .....	<u>\$4,676,856</u>	<u>\$4,770,393</u>	<u>\$4,865,801</u>	<u>\$4,963,117</u>	

**Section V: Impact of Settlement** - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$94,491.00

**Section VI**

*Health Insurance (Indicate costs associated on each line)* \*Self-insured therefore costs are estimated per employee

	Base Year	Year 1			
Cost of Health Plan *	<u>\$1,169,599</u>	<u>\$1,269,035</u>			
Employee Contributions .....	<u>\$63,625</u>	<u>\$65,000</u>			
Prescription *	<u>\$398,708</u>	<u>\$458,856</u>			
Dental *	<u>\$12,224</u>	<u>\$12,945</u>			