

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: County:

2 Employee Organization: Number of Employees in Unit:

3 Base Year Contract Term: New Contract Term:

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

4 Contract settled without neutral assistance

5 Contract settled with assistance of mediator

6 Contract settled with assistance of fact-finder

7 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 No

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 \$

10 Longevity Costs in Base Year \$

11 Total Salary Base \$

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="1/1/2021"/>	<input type="text" value="1/1/2022"/>	<input type="text" value="1/1/2023"/>	<input type="text" value="1/1/2024"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="57,512"/>	<input type="text" value="66,878"/>	<input type="text" value="68,216"/>	<input type="text" value="78,277"/>	<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" value="3,394"/>	<input type="text" value="3,946"/>	<input type="text" value="34,525"/>	<input type="text" value="5,305"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="60,906"/>	<input type="text" value="70,824"/>	<input type="text" value="102,741"/>	<input type="text" value="83,582"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="3,541,210"/>	<input type="text" value="3,612,034"/>	<input type="text" value="3,714,775"/>	<input type="text" value="3,798,357"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="1.75"/> %	<input type="text" value="2.00"/> %	<input type="text" value="2.84"/> %	<input type="text" value="2.25"/> %	<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	\$	\$
22 Prescription Plan Cost	\$	\$
23 Dental Plan Cost	\$	\$
24 Vision Plan Cost	\$	\$
25 Total Cost of Insurance	\$ 799,779	\$ 843,767
26 Employee Insurance Contributions	\$ 213,973	\$ 225,741
27 Employee Contributions as % of Total Insurance Cost	26.75 %	26.75 %

Section VI: Medical Costs (continued)

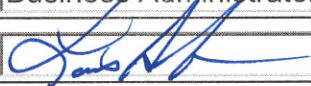
28 Identify any insurance changes that were included in this CNA.

Verbiage added:

The parties agree that the plans offered under the State Health Benefits Plan ("SHBP") meet the "substantially similar" requirement, thereby providing the Township with the option, at its sole discretion to convert to the SHBP. In the event of a transition to the SHBP, the Union will be offered, among the plan options, the NJDIRECT10 plan or its successor (such as NJ2019, for those employees hired after 2019), provided such plans remain available under the SHBP. Employees shall pay premium contributions toward these plans at the prevailing rates established by law or contract, without a requirement of a "buy up." Should the Township exercise this option, it will provide the Union with 60 days' written notice thereof, and will discuss the available SHBP programs with the members prior to implementation.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Louis A. Amoruso
Position/Title: Business Administrator
Signature: 
Date: 11-2-22

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
Phone: 609-292-9898

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