Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning $\frac{1}{1/2024}$ thru $\frac{12}{31/2027}$.

Employer:	Absecon
County:	Atlantic
Date:	12/6/2024
Name:	Jessica Thompson Print Name
Title:	City Administrator/CFO Oppices Thompson
	Signature

New Jersey Public Employment Relations Commission POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#	
	SECTION I: Parties and Term of Contracts	
1	Public Employer: City of Absecon	County: Atlantic
2	Employee Organization: PBA Local #77 SOA	Number of Employees in Unit:
3	Base Year Contract Term: new unit	
4	New Contract Term: 1/1/2024 - 12/31/2027	
	SECTION II: Type of Contract Settlement (please	se check only one)
5	Contract settled without neutral assistance	
6	Contract settled with assistance of mediator	
7	Contract settled with assistance of fact-finder	
8	Contract settled in Interest Arbitration	
9	If contract was settled in Interest Arbitration, did the Arbi	trator issue an Award? Yes No
-	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: "B or table and any amount provided pursuant to a salary ind It shall also include any other item agreed to by the partie	ase salary' means the salary provided pursuant to a salary guide crement, including any amount for longevity or length of service. es, or any other item that was included in the base salary as ry shall not include non-salary economic issues, pension and
10	Salary Costs in base year	\$ <mark>0</mark>
11	Longevity Costs in base year	\$ <mark>0</mark>
12	Other base year salary costs	
	<u> </u>	
	ş 0	
	\$	
	\$	
	Sum of "Other" Costs Listed in Line 12.	\$ 0
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ 0

Emp	loyer: City of Absecon		Employ	ee Organizatio	n: PBA Loca	al #77 	Page 2
14	SECTION IV: Increase Total Base Salary Cost fro		ry Cost (for e	ach year of Ne	ew CNA)		
	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	1/1/2024	1/1/2025	1/1/2026	1/1/2027		
16	Cost of Salary Increments (\$)						
17	Salary Increase Above Increments (\$)	379,036	392,353	405,105	423,131		
18	Longevity Increase (\$)	8,200	8,200	8,200	8,200		
19	Total Increased Cost for "Other" Items (\$)						
20	Total Increase (\$) (sum of lines 16-19)	387,236	400,553	413,305	431,331		
	SECTION V: Average II	ncrease Over	Term of Nev	w CNA	W 200 - W		
21	Dollar Increase Over Life	of Contract	\$ 1,632,425	 [Take sur	n of all amoun	ts listed on Li	ne 20 above]
22	Percentage Increase Ove	r Life of Contr	act 100	% [Divide a	mount on Line	21 by amoun	t on Line 14]
23	Average Percentage Incre		20	% (Divide p	-	ine 22 by nur	mber of years of

City of Abassan	DDA 1 1 #77	
Employer: City of Absecon	Employee Organization: PBA Local #//	Page 3

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
25	Totals (\$):							

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 120,942	\$ 127,446
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$ <mark>3,780</mark>	\$ 3,780
29	Vision Plan Cost	ş 387	\$ <mark>387</mark>
30	Total Cost of Insurance	ş 125,109	\$ 131,613

Page 3 of 4 (complete all pages)

Emplo	yer: City of Absecon	Employee Organization: PBA Local #77	 Page 4
SECTIO	ON VII: Medical Costs (continued)		
31 32	Employee Insurance Contributions Contributions as % of Total Insurance Cost	\$\frac{42,330}{35}\times\frac{\\$^{44,606}}{35}\times\frac{35}{\%}	
33	Identify any insurance changes that were	e included in this CNA.	
	Transfered plan from State Health B	Benefits to Health Insurance Fund	
	3 Employees moved to Superior Off	icers Contract	
34	SECTION VIII: Certification and Signatu The undersigned certifies that the foreg		-
	Print Name: Jessica Thompson		
	Position/Title: City Administrator/CFC)	
	Signature: Jesus hom	poon	
	Date: 13/6/24		
	Send this completed and signed form a certification form to: contracts@perc.s	long with an electronic copy of the contract and the state.nj.us	signed

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016