SUMMARY FORM

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

Section I: Agreement Deta						_	
Public Employer:	Bridgewater-Raritan R	egional School	District County: Somerset				
Employee Organization	Bridgewater-Raritan E	ducation Assoc	iation		Employees in Unit: 1,080		
Base Year Contract Term:	7/1/2008	6/30/2011	New Contract Term 7/	/1/2011	6/30/2	012	
Type of Settlement:	Mediated Settlement	☐ Fa	act-Finder Recommendation		Voluntary Settlement Super Conciliation		
		<u> </u>	Column A Base Year - Total Costs (Last Year of Previous agreemen	4	Column B New Base Year - To (First Year of Successo	otal Costs	
Section II: Economic							
Item 1 Sal	ary		\$65,657,661	<u>_</u> s	65,657,661		
ttem 2 Inc	rement			_			
Item 3 Lor	ngevity			_			
ttem 4		*	ļ				
Nem 5				_			
Nem 6	· · · · · · · · · · · · · · · · · · ·			_			
Rem 7		•		_			
kem 8							
kem 9	· · · · · · · · · · · · · · · · · · ·						
Hem 10							
kem 11							
Item 12							
Any additional items list on separate st	heet	Additional Items		_			
Section III: Totals - sum of co	sts in each column		\$65,657,661 (Total)		65,657,661 (Total)		
Section IV: Analysis of new success	no acceptant		I NEWAGREEMENT ANALY	YSIS			******
Total Sase Year(previous agreement)	\$65,657,661						
Effective Date (m/d/yyyy)	;	7/1/2011				·	
Percent Increase)					
Total cost of increase	<u>.</u>	0					
Total base salary (successor agreeme	n)	65,657,661				III. TOON IN PURINING IN	
Section V: Impact of Settler	nent - average annual increas	se over term of ago	eement				
Percentage Impact (everage per year	over term of agreement)	0.00					
Dollar Impact (average per year over t	-	0.00					
Section VI * Benefi	it costs for en	tire dist	rict (approx. 106	0 employe	es receivi	ng benef	its)
Health Insurance (Indicate costs asso	count on each line)		/**				
Cost of Health Plan		8298 YAN 642,627,640	_{Year J} (A)				
Employee Contributions		\$13,627,649	\$18,794,395			*	
Prescription	-	\$1,027,930	\$1,085,560				*
Dental	•	\$2,886,114		· —			
Veion		\$1,261,868					
	•						
The undersigned certifies	that the foregoing figures ar	e true and is awa	re that if any of the foregoing iten	ns are false, s/he	is subject to punisi	ment.	
Section VII							
Prepared by:	Peter F. Starr	20		Tide: Bu	siness Admin	istrator/Bo	ard Sec
		PringName	gari -			,	
		J		Date:	11/4/1	سا	_

(A) sole provider of all health benefits - AETNA