New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#								
	SECTION I: Parties	to the water are a resident		=					
1	Public Employer: To	wnship of Union		County: Union	or the command of the best of the command of the co				
2	Employee Organizatio	Union Council No 8 NJ Cin	vii Service Accoc	Number of Employee	s in Unit:	A CALL OF THE REAL PROPERTY.			
3	Base Year Contract Term: 01/01/2015-12/31/2015			New Contract Term: 01/01/2016-12/31/2018					
	SECTION II: Type of	Contract Settleme	ent (please check	only one)					
4	Contract set	tled without neutral	assistance						
5	Contract sett	led with assistance o	f mediator		#:				
6	Contract sett	led with assistance o	of fact-finder						
7	Contract sett	led with assistance o	f super-concillator						
8	If contract was settled	I in fact-finding, did t	he fact-finder issue	a report with recomm	nendations?				
	Yes No No								
	SECTION III: Salary	Base							
	The salary base is the the parties negotiate			pired or expiring agre	eement. This is the b	ase cost from which			
9	Salary Costs in Base Y	ear	ş 9181057						
10	Longevity Costs in Bas	se Year	\$ 181385						
11	Total Salary Base		\$ 9362442	1,000					
	SECTION IV: Salary	Increases for Each	Year of New Agre	ement*	XXX				
	F((B.).	Year 1	Year 2	Year 3	Year 4	Year 5			
12	Effective Date (month/day/year)	01/01/2016	01/01/2017	01/01/2018		<u></u> j			
13	Cost of Salary Increments (\$)	0	0	0					
14	Salary Increase Above Increments (\$)	0	0	0					
15	The second secon	190643	195881	180776					
16	Total \$ Increase (sum of lines 13-15)	190643	195881	180776					
17	New Salary Base (\$)	10246927	11014432	1172548					
18	Percentage increase over prior year	9.45 %	7.49 %	6.46 %	%	<u></u> %			

^{*}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	\$ 3667334	\$ 3928770
22	Prescription Plan Cost	\$ O	\$ O
23	Dental Plan Cost	\$ 149100	\$ 138600
24	Vision Plan Cost	\$ 0	\$ o
25	Total Cost of Insurance	\$ 3811434	\$ 4067373
26	Employee Insurance Contributions	\$ 431288	\$ 1124784
27	Employee Contributions as % of Total Insurance Cost	11.5	27.65 %

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	n VI: Medical Co	ests (continued)			115 6	10110	eroice.	143300
28	Identify any in	surance changes t	hat were include	ded in this CNA.				
				340				
		1						
		ed certifies that t	ne roregoing i	iguies are tide.				
		KAREN	J. C.	W.F. FIELD	1			
	Print Name: Position/Title:	KAREN DIRECTOR	T C/4 2. Huma	UNFIERD IN RESOUR	ecos			
)	Print Name:	RABEN DIRECTOR Haven	I Ch J. Denne J. Lieu	MUSIERD M RESOUR Ulfrild	eles			
,	Print Name: Position/Title:	TABEN DIRECTOR Haren Sept	J Ch J Huma J Lieu J J	MISTERD IN RESOUR USPIRE	eles			

NJ Public Employment Relations Commission Conciliation and Arbitration

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Phone: 609-292-9898

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