New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

| Line | e # | | | | | | | |
|------|---|---|--------------------------------------|------------------------------------|---------------------|----------------------|--|--|
| | SECTION I: Parties | and Term of Con | tracts | | | | | |
| 1 | Public Employer: B | Public Employer: Borough of Fort Lee | | | County: Bergen | | | |
| 2 | Employee Organizat | ion: The Borough | | Number of Employees in Unit: 12 | | | | |
| 3 | Base Year Contract T | 1/1/13-12/3 | 31/16 | New Contract Term: 1/1/17-12/31/21 | | | | |
| | | | | | : ! | | | |
| 4 | SECTION II: Type of Contract Settlement (please check only one) | | | | | | | |
| 4 | Contract settled without neutral assistance | | | | | | | |
| 5 | Contract set | Contract settled with assistance of mediator | | | | | | |
| 6 | Contract settled with assistance of fact-finder | | | | | | | |
| 7 | Contract set | Contract settled with assistance of super-conciliator | | | | | | |
| 8 | If contract was settle | | | a report with recom | mendations? | | | |
| | Yes No | | | | | * | | |
| | SECTION III: Salary | Base | | | | | | |
| | The salary base is the | cost of salaries in th | ne final year of the ex | xpired or expiring agr | eement. This is the | base cost from which | | |
| | the parties negotiate | the salary increases | year or an arrangement of the second | | | | | |
| 9 | Salary Costs in Base Y | ear | \$ 1,410,744.0 | 10 | | | | |
| 10 | Longevity Costs in Ba | gevity Costs in Base Year \$ 0.00 | | | | | | |
| 11 | Total Salary Base | | \$\\\1,410,744.0 | 0 | | | | |
| | SECTION IV: Salary | Increases for Each | h Year of New Agre | eement* | | | | |
| | | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | | |
| 12 | Effective Date (month/day/year) | 1/1/17 | 1/1/18 | 1/1/19 | 1/1/20 | 1/1/21 | | |
| 13 | Cost of Salary Increments (\$) | 65,179 | 29,516 | 30,108 | 30,711 | 31,324 | | |
| 14 | Salary Increase Above Increments (\$) | 24,000 | 24,000 | 24,000 | 24,000 | 24,000 | | |
| 15 | Longevity Increase (\$) | 0 | 0 | 0 | 0 | 0 | | |
| 16 | Total \$ Increase | 89,179 | 53,516 | 54,108 | 54,711 | 55,324 | | |
| 17 | (sum of lines 13-15) New Salary Base (\$) | 1,499,923 | 1,553,439 | 1,607,547 | 1,662,258 | 1,717,582 | | |
| 18 | Percentage increase over prior year | 6.32 % | 3.5 % | 3.5 % | 3.4 % | 3.3 % | | |
| | *If contract duration i | s longer than five ye | ars, please add an ad | 3.00 | ~~~ | | | |

| Emp | loyer: Borough of F | ort Lee | Emplo | yee Organization | The Boroug | gh | Page 2 |
|-----|---|------------------------|-------------------------|-------------------------|---|--|-------------------------|
| | 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(\$): | n is longer than fi | ve years, please a | dd an additional p | page. | | |
| | SECTION VI: Med | ical Costs | | | | | |
| 21 | Health Plan Cost | | | Base Year | \$2.5555000000000000000000000000000000000 | 1.20 | |
| 22 | Prescription Plan Co | st | | \$ 51,056 | | | |
| 23 | Dental Plan Cost | | | \$ 10,536 | 5.00 _{\$} 10,53 | 6.00 | |
| 24 | Vision Plan Cost | | | \$ 0 | ş O | ************************************** | |
| 25 | Total Cost of Insuran | ce | | \$ 234,364 | \$259,10 | 4.12 | |
| 26 | Employee Insurance | Contributions | | s 81,533 | 8.65 \$87,83 | 3.16 | |

Employee Contributions as % of Total Insurance Cost

27

35

_% 34

| Empl | oyer: Borough of Fort Lee Employee Organization: The Borough | |
|-------|--|------------|
| Secti | on VI: Medical Costs (continued) | Page |
| 28 | Identify any insurance changes that were included in this CNA. | |
| N/A | | |
| 29 | SECTION VII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Matthew Rutch Position/Title: Chief Financial Officer Signature: March 20, 2018 | |
| | Send this completed and signed form along with an electronic copy of the contract and the signed cer form to: contracts@perc.state.nj.us | tification |
| | NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429 Trenton, NJ 08625 | |

Revised 8/2016

Phone: 609-292-9898