## New Jersey Public Employment Relations Commission POLICE AND FIRE

# **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

| Lille #  |   |                                 |
|--|---|---------------------------------|
|  | SECTION I: Parties and Term of Contracts                        |                                 |
| 1  | Public Employer: Cherry Hill Fire District #13                  | County: Camden                  |
| 2  | Employee Organization:  | Number of Employees in Unit: 72 |
| 3  | Base Year Contract Term: 2015                                   |                                 |
| 4  | New Contract Term: 2016-2019                                    |                                 |
|  | SECTION II: Type of Contract Settlement (please                 | 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 Arbitr | ator issue an Award? Yes No No  |
| The second secon | SECTION III: Base Salary Calculation                            |                                 |
|  | The "base year" refers to the final year of the expiring or ex  | pired agreement.                |
|  |   |                                 |
| 10   | Salary Costs in base year                                       | \$ 6,439,503.00                 |
| 11   | Longevity Costs in base year                                    | <b>\$</b>                       |
| 12   | Other base year salary costs                                    |                                 |
|  | \$ 0  |                                 |
|  | \$ 0  |                                 |
|  | \$ 0  |                                 |
|  | \$ 0  |                                 |
|  | Sum of "Other" Costs Listed in Line 12.                         | \$ 0                            |
| 13   | Total Base Salary Cost: (sum of lines 10, 11, 12):              | \$ 6,439,503.00                 |

14 Total Base Salary Cost from Line 13: s 6,439,509

|    | Increases                                   | Year 1   | Year 2   | Year 3   | Year 4   | Year 5 | Year 6 |
|----|---|----------|----------|----------|----------|--------|--------|
| 15 | Effective Date<br>(month/day/year)          | 1/1/2016 | 1/1/2017 | 1/1/2018 | 1/1/2019 |        |        |
| 16 | Cost of Salary Increments (\$)              | 128,790  | 131,366  | 133,993  | 136,673  |        |        |
| 17 | Salary Increase Above Increments (\$)       | 0        |          | 0        | O        |        |        |
| 18 | Longevity Increase (\$)                     | 0        | 0        | 0        | 0        |        |        |
| 19 | Total Increased Cost for "Other" Items (\$) | 10       |          | 0        | O        |        |        |
| 20 | Total Increase (\$)<br>(sum of lines 16-19) | 128,790  | 131,366  | 133,993  | 136,673  |        |        |

### SECTION V: Average Increase Over Term of New CNA

\$ 530,822.00 Dollar Increase Over Life of Contract [Take sum of all amounts listed on Line 20 above] 21 Percentage Increase Over Life of Contract  $\frac{8}{8}$ % [Divide amount on Line 21 by amount on Line 14] 22 2 % [Divide percentage on Line 22 by number of years of Average Percentage Increase Per Year 23 the contract]

### SECTION VI: Other Economic Items Outside Base Salary and Increases

### ←Increases→

|    |                     |                        |         |         | ,       |  |  |   |
|----|---------------------|------------------------|---------|---------|---------|--|--|---|
| 24 | Item<br>Description | Base Year<br>Cost (\$) | Year 1  | Year 2  | Year 3  | Year 4   | Year 5   | Year 6  |
|    | Uniform             | 34,117                 | 2,000   | 2,000   | 2,000   | 2,000  | of section and an investment of the court of a relativistic clothold and the court of a relativistic clothold and the court of the cour | galancia (maria da  |
|    | Wellness            | 68,500                 | 0       | 0       | 0       |  | generic existed personal dispersion and dispersion  |   |
|    | Actors Pay          | 30,000                 | 10      | O       | 0       | 0  |  |   |
|    | EMT Cert.           | 48,000                 | 1,000   | 1,000   | 1,000   | 1,000  |  |   |
|    | Comp Time           | 24,350                 | 2,000   | 2,000   | 2,000   | 2,000  | pallication beginning when heart and or an inference con   | The Add in Artist and another bright and an |
|    | Overtime            | 233,000                | 425,242 | 300,000 | 300,000 | 300,000  |  |   |
|    | Carry Over          | 59,627                 | 1000    | 2000    | 1000    | 2000   |  |   |
|    | College Incentive   | 15,670                 | 5000    | 5000    | 5000    | 0  |  |   |
|    |                     |                        |         |         |         | i de cincincia din cinincia di contra di cinincia di contra di cinincia di contra di cinincia di contra di cini<br>Il contra di cinincia di | Consecutive attractor of delegacy and part of management   |   |
| 25 | Totals (\$):        | 513,264                | 434,242 | 312,000 | 312,000 | 307,000  |  |   |

### **SECTION VII: Medical Costs**

|    | Insurance Costs         | Base Year    | Year 1       |
|----|-------------------------|--------------|--------------|
| 26 | Health Plan Cost        | \$ 1,244,675 | \$ 1,348,311 |
| 27 | Prescription Plan Cost  | \$ 323,285   | \$ 358,733   |
| 28 | Dental Plan Cost        | \$ 63,406    | \$ 63,349    |
| 29 | Vision Plan Cost        | <b>\$</b> 0  | <b>\$</b> 0  |
| 30 | Total Cost of Insurance | \$ 1,631,366 | \$ 1,770,394 |

| Employer: Cherry Hill Fire Dist. #13   |   | Employee Organization: Cherry Hill Professional Firefighters Association I.A.F.F. Local No. 2863 And |        |  |                |   | Page 4 |  |
|--|---|--|--------|--|----------------|---|--------|--|
| SECT   | ION VII: Medical Costs (continued)  |  |        |  |                |   |        |  |
| 31   | Employee Insurance Contributions  | <b>\$</b> 450,00   | 0      | \$ 481,000   | 0              |   |        |  |
| 32   | Contributions as % of Total Insurance Cost  | 28%  | %      | 27%  | %              |   |        |  |
| 33   | Identify any insurance changes that were  | e included in t  | his Cl | ۱A.  |                |   |        |  |
|  |   |  |        |  |                |   |        |  |
| T-1  |   |  |        |  |                |   |        |  |
| ***************************************  |   |  |        |  |                |   |        |  |
| And the second s |   |  |        |  |                |   |        |  |
|  |   |  |        |  |                |   |        |  |
|  |   |  |        |  |                |   |        |  |
| 34   | SECTION VIII: Certification and Signatu<br>The undersigned certifies that the foreg |  | ara tr | no.  |                |   |        |  |
| 34   | The undersigned certifies that the foreg  | onig ngures o  | aic ti | ue.  |                |   |        |  |
|  | Print Name: John C. Foley   |  |        | estimates cuair  |                |   |        |  |
|  | Position/Title: Chief Financial Officer   |  |        |  |                |   |        |  |
|  | Signature: John C. John   |  |        | Soldand State William  |                |   |        |  |
|  | Date: 01/125/2017   |  |        | Andrew Control of the |                |   |        |  |
|  | Date.   | ***************************************  |        |  |                |   |        |  |
|  |   |  |        |  |                | <u> agranda a compressione de la comp</u> |        |  |
|  | Send this completed and signed form a certification form to: contracts@perc.        | _  | elect  | tronic copy  | y of the contr | act and the sig   | gned   |  |
|  | certification form to: contracts@perc.  | state.nj.us  |        |  |                |   |        |  |
|  |   |  |        |  |                |   |        |  |
|  | NJ Public Employment Relations Commission   |  |        |  |                |   |        |  |
|  | Conciliation and Arbitration PO Box 429   |  |        |  |                |   |        |  |
|  |   |  |        |  |                |   |        |  |

Revised 8/2016

Trenton, NJ 08625

Phone: 609-292-9898