

**SUMMARY FORM**

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

**Section I: Agreement Details**

Public Employer: Old Bridge Municipal Utilities Authority County: Middlesex  
 Employee Organization: Old Bridge Municipal Utilities Authority Association IPFTE, Local 196 Employees in Unit: 39  
 Base Year Contract Term: 6/1/2007 5/31/2012 New Contract Term 6/1/2012 5/31/2015  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

	Column A Base Year - Total Costs <i>(Last Year of Previous agreement)</i>	Column B New Base Year - Total Costs <i>(First Year of Successor agreement)</i>
<b>Section II: Economic</b>		
Item 1 ..... <u>Salary</u>	\$2,170,164	\$2,059,786
Item 2 ..... <u>Increment</u>	\$67,119	\$42,037
Item 3 ..... <u>Longevity</u>	\$174,462	\$142,787
Item 4 ..... _____		
Item 5 ..... _____		
Item 6 ..... _____		
Item 7 ..... _____		
Item 8 ..... _____		
Item 9 ..... _____		
Item 10 ..... _____		
Item 11 ..... _____		
Item 12 ..... _____		
Any additional items list on separate sheet Additional Items		
<b>Section III: Totals - Sum of costs in each column</b>	<b>\$2,411,745</b>	<b>\$2,244,610</b>
	(Total)	(Total)

**Section IV: Analysis of new successor agreement**

**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement) \$2,411,745

Effective Date (m/d/yyyy)	<u>6/1/2012</u>	<u>6/1/2013</u>	<u>6/1/2014</u>	_____	_____
Percent Increase .....	2.5	2.0	1.5		
Total cost of increase ..	\$67,119	\$42,037	\$33,038		
Total base salary (successor agreement) .....	\$2,170,164	\$2,059,786	\$2,101,823		

**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.00  
 Dollar Impact (average per year over term of agreement) \$47,398.00

**Section VI**

**Health Insurance (Indicate costs associated on each line)**

	Base Year	Year 1	_____	_____	_____
Cost of Health Plan .....	\$1,583,686	\$1,759,697			
Employee Contributions .....	\$143,522	\$266,677			
Prescription * .....	\$0	\$0			
Dental .....	\$114,909	\$113,291			
Vision .....	\$18,992	\$20,239			

**The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.**

**Section VII**

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