

## Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 07/01/21 thru 06/30/24.

Employer: Lacey Township Board of Education

County: Ocean

Date: 02/02/2022

Name: Patrick S. DeGeorge  
Print Name

Title: Business Administrator/Board Secretary

  
Signature

**New Jersey Public Employment Relations Commission**  
**NON-POLICE AND FIRE**  
**COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line #

**SECTION I: Parties and Term of Contracts**

1 Public Employer:  County:

2 Employee Organization:  Number of Employees in Unit:

3 Base Year Contract Term:  New Contract Term:

**SECTION II: Type of Contract Settlement (please check only one)**

4  Contract settled without neutral assistance

5  Contract settled with assistance of mediator

6  Contract settled with assistance of fact-finder

7  Contract settled with assistance of super-conciliator

8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?  
 Yes  No

**SECTION III: Salary Base**

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year \$

10 Longevity Costs in Base Year \$

11 Total Salary Base \$

**SECTION IV: Salary Increases for Each Year of New Agreement\***

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<input type="text" value="7/1/2021"/>	<input type="text" value="7/1/2022"/>	<input type="text" value="7/1/2023"/>	<input type="text"/>	<input type="text"/>
13 Cost of Salary Increments (\$)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>
14 Salary Increase Above Increments (\$)	<input type="text" value="30,277"/>	<input type="text" value="31,225"/>	<input type="text" value="32,275"/>	<input type="text"/>	<input type="text"/>
15 Longevity Increase (\$)	<input type="text" value="0"/>	<input type="text" value="300"/>	<input type="text" value="300"/>	<input type="text"/>	<input type="text"/>
16 Total \$ Increase (sum of lines 13-15)	<input type="text" value="30,277"/>	<input type="text" value="31,525"/>	<input type="text" value="32,575"/>	<input type="text"/>	<input type="text"/>
17 New Salary Base (\$)	<input type="text" value="991,950"/>	<input type="text" value="1,023,175"/>	<input type="text" value="1,055,450"/>	<input type="text"/>	<input type="text"/>
18 Percentage increase over prior year	<input type="text" value="3.15"/> %	<input type="text" value="3.15"/> %	<input type="text" value="3.15"/> %	<input type="text"/>	<input type="text"/>

*\*If contract duration is longer than five years, please add an additional page.*

**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(\$):						

*\*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	\$ 220,989.78	\$ 215,970.04
22	Prescription Plan Cost	\$ 70,378.74	\$ 68,586.12
23	Dental Plan Cost	\$ 14,976.00	\$ 14,976.00
24	Vision Plan Cost	\$ 0	\$ 0
25	Total Cost of Insurance	\$ 306,344.52	\$ 299,532.16
26	Employee Insurance Contributions	\$ 61,993.98	\$ 56,929.82
27	Employee Contributions as % of Total Insurance Cost	20.24 %	19.00 %

Employer:

Employee Organization:

**Section VI: Medical Costs (continued)**

28 Identify any insurance changes that were included in this CNA.  
No insurance changes were included in this CNA.

**SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name:   
Position/Title:   
Signature:   
Date:

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: [contracts@perc.state.nj.us](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
Phone: 609-292-9898

Revised 8/2016

Lacey Township School District  
 Health Insurance Information for PERC

	FY21	FY22	Increase		% of LTCSTA FY21	% of LTCSTA FY22
			\$	%		
Medical	220,989.78	215,970.04	(5,019.74)	-2.27148	147,326.52	143,980.03
EE Contributions	61,993.98	56,929.82	(5,064.16)	-8.16879	41,329.32	37,953.21
Prescription	70,378.74	68,586.12	(1,792.62)	-2.54710	46,919.16	45,724.08
Dental	14,976.00	14,976.00	-	0	9,984.00	9,984.00
Vision	-	-	-	-	-	-

Total # of LTCSTA members with benefit coverage 8

Total # of LTCSTA members 12

67%