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

Line# **SECTION I: Parties and Term of Contracts** Borough of Collingswood Public Employer: 1 Camden County: Number of Employees in Unit: 3 2 **Employee Organization:** 01/01/2019-12/31/2019 Base Year Contract Term: 3 01/01/2020-12/31/2024 New Contract Term: SECTION II: Type of Contract Settlement (please check only one) 5 Contract settled without neutral assistance 6 Contract settled with assistance of mediator Contract settled with assistance of fact-finder 8 Contract settled in Interest Arbitration 9 If contract was settled in Interest Arbitration, did the Arbitrator issue an Award? **SECTION III: Base Salary Calculation** The "base year" refers to the final year of the expiring or expired agreement. N.J.S.A. 34:13A-16.7(a) defines base salary as follows: "Base salary' means the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs." 246,333 10 Salary Costs in base year 11 10,801 Longevity Costs in base year 12 Other base year salary costs Sum of "Other" Costs Listed in Line 12. s 257,134

Total Base Salary Cost: (sum of lines 10, 11, 12):

13

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13:

257,134

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	01/01/2020	01/01/2021	01/01/2022	01/01/2023	01/01/2024	
16	Cost of Salary Increments (\$)	18,121	5,505	5,681	-546	5,784	
17	Salary Increase Above Increments (\$)	0	3,300	0		0	
18	Longevity Increase (\$)	0	0	0	0	0	
19	Total Increased Cost for "Other" Items (\$)	0	8,805	0	0	0	
20	Total Increase (\$) (sum of lines 16-19)	18,121	8,805	5,681	-546	5,784	

SECTION V: Average Increase Over Term of New CNA

Dollar Increase Over Life of Contract \$\frac{37,846}{6.8}\$ [Take sum of all amounts listed on Line 20 above]

Percentage Increase Over Life of Contract 6.8 [Divide amount on Line 21 by amount on Line 14]

Average Percentage Increase Per Year 1.36 [Divide percentage on Line 22 by number of years of the contract]

Page 3

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6

25	Totals (\$):							

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 51,000	\$ 51,823
27	Prescription Plan Cost	\$ 0	\$ [0
28	Dental Plan Cost	\$ 2,500	\$ 2,500
29	Vision Plan Cost	\$ 0	\$ 0
30	Total Cost of Insurance	\$ 53,500	\$ 54,323

SECTION VII: Medical Costs (continued) 31		oyer: Borough of	Collingswood	Employee Organizatio	On: Career Fire Officers of Collingswood IAF	F 3249 Page
33 Identify any insurance changes that were included in this CNA. None SECTION VIII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature:	SECT	ION VII: Medica	al Costs (continued)			
33 Identify any insurance changes that were included in this CNA. None SECTION VIII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature:						
33 Identify any insurance changes that were included in this CNA. None SECTION VIII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature:	31	Employee Insu	rance Contributions	\$ 15,000 \$ 1	16,110	
SECTION VIII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature: CFO	32	Contributions a	as % of Total Insurance	Cost 28 % 30	%	
SECTION VIII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature: (CFO)	33	Identify any i	insurance changes that	t were included in this CNA.		
The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature: CFO	Non	e				
The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature: CFO						
The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature: CFO						
The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature: CFO						
The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature: CFO						
The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature: CFO						
The undersigned certifies that the foregoing figures are true: Print Name: Elizabeth Pigliacelli Position/Title: CFO Signature: CFO						
Position/Title: CFO Signature:	34					
Signature:	84	The undersign	ed certifies that the f	foregoing figures are true:		
	34	The undersign	ed certifies that the f	foregoing figures are true:		
40.07.10004	34	The undersign Print Name:	Elizabeth Pigliacelli	foregoing figures are true:		
Date: 12/07/2021	34	The undersign Print Name: Position/Title:	Elizabeth Pigliacelli	foregoing figures are true:		
	3 4	The undersign Print Name: Position/Title:	Elizabeth Pigliacelli CFO	foregoing figures are true:		
	34	The undersign Print Name: Position/Title: Signature:	Elizabeth Pigliacelli CFO	foregoing figures are true:		
	34	The undersign Print Name: Position/Title: Signature:	Elizabeth Pigliacelli CFO	foregoing figures are true:		
Send this completed and signed form along with an electronic copy of the contract and the signe	34	The undersign Print Name: Position/Title: Signature: Date: Send this comp	Elizabeth Pigliacelli CFO 12/07/2021 pleted and signed for	foregoing figures are true:	copy of the contract and t	he signed
Send this completed and signed form along with an electronic copy of the contract and the signe certification form to: contracts@perc.state.nj.us	34	The undersign Print Name: Position/Title: Signature: Date: Send this comp	Elizabeth Pigliacelli CFO 12/07/2021 pleted and signed for	foregoing figures are true:	copy of the contract and t	the signed
Send this completed and signed form along with an electronic copy of the contract and the signe certification form to: contracts@perc.state.nj.us	34	The undersign Print Name: Position/Title: Signature: Date: Send this comp	Elizabeth Pigliacelli CFO 12/07/2021 pleted and signed for	foregoing figures are true:	c copy of the contract and t	the signed
certification form to: contracts@perc.state.nj.us	34	The undersign Print Name: Position/Title: Signature: Date: Send this componential component	Elizabeth Pigliacelli CFO 12/07/2021 pleted and signed form to: contracts@p	rm along with an electronic erc.state.nj.us	copy of the contract and t	he signed
NJ Public Employment Relations Commission	34	Print Name: Position/Title: Signature: Date: Send this componential control of the component of the compone	Elizabeth Pigliacelli CFO 12/07/2021 pleted and signed form to: contracts@p	rm along with an electronic erc.state.nj.us	copy of the contract and t	he signed:
certification form to: contracts@perc.state.nj.us	34	Print Name: Position/Title: Signature: Date: Send this componential control of the component of the compone	Elizabeth Pigliacelli CFO 12/07/2021 pleted and signed form to: contracts@p	rm along with an electronic erc.state.nj.us	copy of the contract and t	he signed

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016