

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: City of Sea Isle City County: Cape May

2 Employee Organization: International Assoc. of EMT's & Paramedics Number of Employees in Unit: 18

3 Base Year Contract Term: 1/1/2022-12/31/2023 New Contract Term: 1/1/2024-12/31/2028

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 \$ 402,529

10 Longevity Costs in Base Year \$

11 Total Salary Base \$ 402,529

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)	<u>1/1/2024</u>	<u>1/1/2025</u>	<u>1/1/2026</u>	<u>1/1/2027</u>	<u>1/1/2028</u>
13 Cost of Salary Increments (\$)	<u>24,750</u>	<u>18,200</u>	<u>20,020</u>	<u>38,220</u>	<u>17,745</u>
14 Salary Increase Above Increments (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
15 Longevity Increase (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
16 Total \$ Increase (sum of lines 13-15)	<u>24,750</u>	<u>18,200</u>	<u>20,020</u>	<u>38,220</u>	<u>17,745</u>
17 New Salary Base (\$)	<u>427,279</u>	<u>445,479</u>	<u>465,499</u>	<u>503,719</u>	<u>521,464</u>
18 Percentage increase over prior year	<u>6</u> %	<u>4</u> %	<u>5</u> %	<u>8</u> %	<u>4</u> %

**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 (\$)
	Clothing Allowance	\$4,000	\$1,400	\$600	0	0	0
20	Totals(\$):	4000	1400	600	0	0	0

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

SECTION VI: Medical Costs

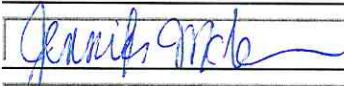
	Base Year	Year 1
21 Health Plan Cost	\$128703	\$134177
22 Prescription Plan Cost	\$	\$
23 Dental Plan Cost	\$6228	\$5564
24 Vision Plan Cost	\$493	\$439
25 Total Cost of Insurance	\$135424	\$140180
26 Employee Insurance Contributions	\$8579	\$11399
27 Employee Contributions as % of Total Insurance Cost	6%	8%

Section VI: Medical Costs (continued)

28 Identify any insurance changes that were included in this CNA.
None.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Jennifer McIver
Position/Title: Chief Financial Officer
Signature: 
Date: 6/28/2024

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

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

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