New Jersey Public Employment Relations Commission POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #					
	SECTION I: Parties and Term of Contracts				
1	Public Employer: City of Ocean City	Cape May			
2	Employee Organization: IAFF Local 4032	Number of Employees in Unit: 62			
3	Base Year Contract Term: 1/1/2015-12/31/2018				
4	New Contract Term: 1/1/2019 through 12/31/2022				
	SECTION II: Type of Contract Settlement (pleas	e 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				
	Processor Control Cont				
9	If contract was settled in Interest Arbitration, did the Arbit	rator issue an Award? Yes J No J No J No J			
D.V	SECTION III: Base Salary Calculation				
	The "base year" refers to the final year of the expiring or expired agreement.				
	or table and any amount provided pursuant to a salary inc It shall also include any other item agreed to by the parties	ase salary' means the salary provided pursuant to a salary guide rement, including any amount for longevity or length of service. s, or any other item that was included in the base salary as by shall not include non-salary economic issues, pension and			
10	Salary Costs in base year	\$			
11	Longevity Costs in base year	\$			
12	Other base year salary costs				
	\$				
	<u>\$</u>				
	\$				
	<u>\$</u>	p. 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -			
	Sum of "Other" Costs Listed in Line 12.	\$ <u></u>			
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	s			

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	The second secon							
			Value of the second sec					
25	Totals (\$):							

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$SHBP	\$SHBP
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$	\$
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$	\$

Emplo	oyer: City of Ocean City	Employee Organization: IAFF Local 4032	Page 4		
SECTI	ON VII: Medical Costs (continued)				
31 32	Employee Insurance Contributions Contributions as % of Total Insurance Cost	\$ \$ %			
33	Identify any insurance changes that wer	e included in this CNA.			
34	SECTION VIII: Certification and Signature The undersigned certifies that the foregoing figures are true:				
	Print Name: Elizabeth M. Woods, In Position/Title: Director, Human Resolution (Nature) Position (Natur				
l.	Send this completed and signed form a certification form to: contracts@perc.	along with an electronic copy of the contract and th .state.nj.us	ie signed		
	NJ Public Employment Relations Comm	nission			

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