## SUMMARY FORM

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

Section I: Agreement Deta							
Public Employer:	Old Bridge Municipal Utilities Authority County Middlesex						
Employee Organization	Old Bridge Munic	ipal Utilities Author	y Association IFPTE Local 196		Employees in Unit: 31		
Base Year Contract Term:	6/1/2012	5/31/2015	New Contract Term6/1/2015		5/31/2018		
Type of Settlement:	Mediated Settle	ement 🔲 Fa	act-Finder Recommend	dation	Voluntary Settlement	☐ Super Co	nciliation
			Colum		Column		
		Base Year - Total Costs (Last Year of Previous agreement)		New Base Year - Total Costs (First Year of Successor agreement)			
Section II: Economic							
Item 1 Sala	an,		\$2,101,823		\$2,134,861		
	Increment		\$33,038		\$64,046		
<del></del>	lem 3 Longevity		\$134,091		\$140,357		
	gevity	_	410-4,001		4.10,000		
Item 4	·						
Item 5		_				<del></del>	
Item 6		_					
Item 7		<del></del>					
Item 8		<del></del>					
Item 9						i	
Item 10		_					
Item 11		_	l <del></del>				
Item 12							
Any additional items list on separate sh	eel	Additional Items					
Section III: Totals - Sum of costs in each column		\$2,268,952		\$2,339,264			
			(1)	otal)	(Total)	-	
			<u> </u>				
Section IV: Analysis of new succes	sor agreement		<b>NEW AGREE</b>	MENT ANALYSIS			
Total Base Year(previous agreement)	\$2,268,952	<u> </u>					
Effective Date (m/dtase)				- 1 1			
Effective Date (m/d/yyyy)		6/1/2015	6/1/2016	6/1/2017			
Percent increase		3.0	2.5	2.0			
Total cost of increase		\$64,046	\$55,098	\$45,080			
Total base salary (successor agreemen	10	\$2,134,861	\$2,198,907	\$2,254,005			
Section V: Impact of Settlen	nent - average annual	increase over term of ag	reement				
Percentage impact (average per year o	over term of agreement)	2.50					
Dollar impact (average per year over to	erm of agreement)	\$54,741.00					
Section VI							
			<del></del>			<del></del>	
Health Insurance (Indicate costs associ	ialed on each line)	Base Year	Year 1				
Cost of Health Plan		\$757,346	\$767,731				
Employee Contributions		\$119,996	\$172,679				
Prescription		\$0	\$0			,	
Dental		\$9,257	\$11,603				
Vision		\$1,758	\$2,259				
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The undersigned certifies t	hat the foregoing figu	res are true and is awa	re that if any of the f	oregoing items are false	, s/he is subject to punis	ment.	
Section VII		_			- "-		
Prepared by:	Michelle			Title:	Comptroller		
		Print Name	pioned by Michella Caria		-11		
	Michelle	Officer Date: 20	signed by Michelle Smith 16.02.24 09:25:41 -05'00'	Date:	2/24/2016		
		Signature					