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: Twp of Neptune Fire District #1	County: Monmouth
2	Employee Organization: IAFF Local 2691	Number of Employees in Unit:
3	Employee Organization: IAFF Local 2691 Base Year Contract Term: 1-1-16 - 12-13-18	
4	New Contract Term: 1-1-19 - 12-31-21	
(SECTION II: Type of Contract Settlement (please	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	
9	If contract was settled in Interest Arbitration, did the Arbitr	rator issue an Award? Yes No
	SECTION III: Base Salary Calculation	
	The "base year" refers to the final year of the expiring or ex	pired agreement.
10	Salary Costs in base year	\$ 292,342
11	Longevity Costs in base year	\$
12	Other base year salary costs	
	\$	
	\$	
	\$	
	\$	
	Sum of "Other" Costs Listed in Line 12.	\$
13	Total Base Salary Cost: (sum of lines 10, 11, 12):	\$ <mark>292,342</mark>

		007.005
14	Total Base Salary Cost from Line 13:	\$ 297,965

	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15	Effective Date (month/day/year)	1-1-19	1-1-20	1-1-21			
16	Cost of Salary Increments (\$)	64,847	31,672	30,758			
17	Salary Increase Above Increments (\$)						
18	Longevity Increase (\$)						
19	Total Increased Cost for "Other" Items (\$)						
20	Total Increase (\$) (sum of lines 16-19)	64,847	31,672	30,758			

SECTION V: Average Increase Over Term of New CNA

21	Dollar Increase Over Life of Contract	\$ 127,277	÷	[Take sum of all amounts listed on Line 20 above]
22	Percentage Increase Over Life of Contract	.42	%	[Divide amount on Line 21 by amount on Line 14]
23	Average Percentage Increase Per Year	.14	%	[Divide percentage on Line 22 by number of years of
				the contract]

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←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Holiday Pay	5623	6804	7458	8090			
	<u></u>							
25	Totals (\$):	5623	6804	7458	8090			

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 87,543	\$ <mark>83,005</mark>
27	Prescription Plan Cost	\$ 22,795	\$ 16,686
28	Dental Plan Cost	\$ 67,12.56	\$ 10,541
29	Vision Plan Cost	\$ 2,349	\$ 3,636
30	Total Cost of Insurance	\$ <u>119,400</u>	\$ 113,868

Emplo	yer: Twp of Neptune Fire District #1 Employee Organization: IAFF Local 2691
SECTI	ON VII: Medical Costs (continued)
31 32 33 2019	Employee Insurance Contributions Contributions as % of Total Insurance Cost Identify any insurance changes that were included in this CNA. includes more single health rate coverages
Visio	n and Dental Plans upgraded
34	SECTION VIII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Cindy Warrick
	Einanga Clark
	1 ostalon, rate.
	Date: 8-19-19
	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, NL 08625

Revised 8/2016

Phone: 609-292-9898