New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

LIII	e #								
	SECTION I: Partie	s and Term of Cor	ntracts						
1	Public Employer: TOWNSHIP OF DENNIS			County: CAPE MAY					
2	Employee Organization:			Number of Employees in Unit: 8					
3	Base Year Contract Term: 2016			New Contract Term: 2016-2021					
	SECTION II: Type	of Contract Settle	ment (please check	only one)					
4	SECTION II: Type of Contract Settlement (please check only one) Contract settled without neutral assistance								
5	Contract settled with assistance of mediator								
6	Contract settled with assistance of fact-finder								
7									
8	4	Contract settled with assistance of super-conciliator If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?							
Ü		ia in race in an ig, are							
	Yes No	<u></u>							
	SECTION III: Salary								
	The salary base is the the parties negotiate			xpired or expiring agr	reement. This is the	base cost from which			
9	Salary Costs in Base Y	Salary Costs in Base Year \$\\ 337,697.1							
10	Longevity Costs in Base Year \$		\$ 0						
11	Total Salary Base		ş 337,697.14						
	SECTION IV: Salary	Increases for Eac	h Year of New Agr	eement*					
		Year 1	Year 2	Year 3	Year 4	Year 5			
12	Effective Date (month/day/year)	4/1/16	4/1/17	4/1/18	4/1/19	14/1/20			
13		6,753.98	6,889.16	7,026.87	7,167.29	7,310.55			
14	Salary Increase Above Increments (\$)	0	0	0	0	0			
15	Longevity Increase (\$)	0	0	0	0	0			
16	Total \$ increase (sum of lines 13-15)	6753.98	6889.16	7026.87	7167.29	7310.55			
17		34,4451.12	35,1340.28	35,8367.15	36,5534.44	372,844.99			
18	Percentage increase over prior year	2 %	2 %	2 %	2 %	2 %			
	*If contract duration i	s longer than five ye	ears, please add an ac	dditional page.					

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Year 1

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ 181,322.76	, T
22	Prescription Plan Cost	Y	şlinc.
23	Dental Plan Cost	\$ 8,600.40	\$ 8,600.40
24	Vision Plan Cost	\$ 2,755.20	\$ 2,755.20
25	Total Cost of Insurance	\$ 192,678.36	
26	Employee Insurance Contributions	Υ	\$ 15,987.12
27	Employee Contributions as % of Total Insurance Cost	8.305	8.305

Emplo	yer: Township	of Dennis	Employee Organization:	Local Union 1293 Intil Brotherhood of Electrical Workers AFL-CIO	Page 3		
		osts (continued)					
28	Identify any insurance changes that were included in this CNA.						
n/a							
29		Certification and Signa ed certifies that the for	ture regoing figures are true:				
	Print Name: Position/Title:	Kyle D. Weinberg,	, Esquire				
	Signature:	5/2/2017					
	Date:	JOIZIZO 17					
	Send this comp form to: contr	pleted and signed form acts@perc.state.nj.us	n along with an electronic co	py of the contract and the signed certi	ification		
	Conciliation and	oyment Relations Comi d Arbitration	mission				
	PO Box 429 Trenton, NJ 086	525					

Phone: 609-292-9898

Revised 8/2016