# New Jersey Public Employment Relations Commission

### **NON-POLICE AND FIRE**

## **COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM**

Line	#								
	SECTION I: Parties	and Term of Cont	racts						
1	Public Employer: Sor	merset Hills Board	of Education	County: Somerset					
2	Employee Organization	Somerset Hills	Admin Assn	Number of Employees in Unit: 12					
3	Base Year Contract Te	July 1, 2015	June 30, 2018	New Contract Term: July 1, 2018 - June 30, 2021					
	SECTION II: Type o	f Contract Settlen	nent (please check	only one)					
4	Contract set	Contract settled without neutral assistance							
5	Contract sett	Contract settled with assistance of mediator							
6	Contract sett	Contract settled with assistance of fact-finder							
7	Contract settled with assistance of super-conciliator								
8	If contract was settled	d in fact-finding, did	the fact-finder issue	e a report with recom	mendations?				
	Yes No No								
	SECTION III: Salary	Base							
	·		·	xpired or expiring agr	eement. This is the	base cost from which			
0	the parties negotiate the salary increases.  Salary Costs in Base Year  \$ 1,549,825								
9	Salary Costs in Base Year								
10	Longevity Costs in Bas	Longevity Costs in Base Year		\$ 0					
11	Total Salary Base	Total Salary Base		\$ 1,549,825					
	SECTION IV: Salary	Increases for Eac	h Year of New Agr	eement*					
4.2	Effective Date	Year 1	Year 2	Year 3	Year 4	Year 5			
12	(month/day/year)	07/01/2018	07/01/2019	07/01/2020	<u></u>				
13	Cost of Salary Increments (\$)	39,142	49,978	47,900		Autoritation in the second sec			
14	Salary Increase Above Increments (\$)	0	0	0		glidder tilde derwin			
15	Longevity Increase (\$)	0	0	0		www.discharacterisconnections.com.com.com.com.com.com.com/delice_com.com.com/delice_com.com.com.com.com.com.com.com.com.com.			
16	Total \$ Increase (sum of lines 13-15)	39,142	49,978	47,900	gittelitikkin om det men for blikket men blikket men de men et men en se plante en se plante en se plante en s				
17	New Salary Base (\$)	1,588,967	1,638,945	1,686,845	outbroked-respiration will desert the committee of the co	per brown attacks and and an amount accept			
18	Percentage increase over prior year	2.46 %	3.05 %	2.84 %	%	grantine international contraction and a second sec			
	marin a sur di sur di		,	t President					

<sup>\*</sup>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 (\$)	<i>Year 2</i> Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	<i>Year 5</i> Increase (\$)
	Chapter 78 & Benefit Waiver	0	0	16,809	16,239		and the second s
		2,0000c000-0000c0cc0ndatacasasasasasasasasasasasasasasas E	MORROSCHICAGONIA SPIC ANGGRANE M		and the Control of th	ijalina sanjaliki	
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20	Totals(\$):	Spanisher Ind. in Spanish (SSS) was been de-	MAN PARA NASA	16,809	16,239	wholesacov	

<sup>\*</sup>If contract duration is longer than five years, please add an additional page.

#### **SECTION VI: Medical Costs Base Year** Year 1 279,780 21 Health Plan Cost included in Health 22 Prescription Plan Cost s 15,090 \$ 15,543 23 **Dental Plan Cost** sn/a s n/a 24 Vision Plan Cost \$ 295,323 \$266,302 25 **Total Cost of Insurance** \$ 78,059 \$66,831 **2**6 **Employee Insurance Contributions** <sub>%</sub> 23 29 27 Employee Contributions as % of Total Insurance Cost

Page 2 of 3 (complete all pages)

Section VI: Medical Costs (continued)

28	Identify any	insurance	changes	that were	included	in this	: CNA
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Effective July 1, 2019, maximum Chapter 78 employee contribution shall be 25% of the premium cost. Employee Waiver for waiving their health and dental insurace: hired prior to 7/1/2016 recieve 20% of premium savings or \$5,000, which ever is less. Hired 7/1/2016 - 7/1/2019 will received 15% of premium savings or \$5,000, which ever is less. Hired after 7/1/2019 will not be eligible for any waiver. Employee waiving medical insurance, but opting to participate in the dental plan, will continue to pay 100% of the dental premium.

#### SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

> Jinnee DeMarco Print Name: Business Administrator Position/Title: Signature: Date:

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.ni.us

NJ Public Employment Relations Commission Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016