



## **AGENDA**

### **Legislative Special Meeting for December 7, 2017 at 11:55AM**

**Call to Order**

**Pledge of Allegiance**

**Roll Call of Legislators**

**Reading of Meeting Notice:**

There will be a Special Meeting of the Legislature **for Thursday, December 7, 2017 at 11:55AM** in the Legislative Chambers, 100 North Street, Monticello, New York. The purpose of the meeting is to Authorize the County Manager to execute an Interim Agreement with the New York State Nurses Association for continuation of health Insurance Benefits through the New York State Nurses Association Benefits Fund.

**Business in Order:**

1. Authorize the County Manager to execute an Interim Agreement with the New York State Nurses Association for Continuation of Health Insurance Benefits through the New York State Nurses Association Benefits Fund

**Public Comment**

**Adjournment or Close**

**RESOLUTION NO. INTRODUCED BY NADIA RAJSZ, CHAIR OF THE PERSONNEL COMMITTEE TO AUTHORIZE THE COUNTY MANAGER TO EXECUTE AN INTERIM AGREEMENT WITH THE NEW YORK STATE NURSES ASSOCIATION FOR CONTINUATION OF HEALTH INSURANCE BENEFITS THROUGH THE NEW YORK STATE NURSES ASSOCIATION BENEFITS FUND.**

**WHEREAS**, the County of Sullivan (“County”) and the New York State Nurses Association (“NYSNA” or “Union”), are parties to a Collective Bargaining Agreement (“Agreement”) for the term January 1, 2013 through December 31, 2017; and

**WHEREAS**, the parties are in the process of negotiating, but have not executed, a new collective bargaining agreement; and

**WHEREAS**, by operation of law, the terms and conditions of employment continue until such time as a new collective bargaining agreement is in place, requiring the County to continue to provide health insurance benefits through the NYSNA Benefits Fund (“Fund”); and

**WHEREAS**, the Trustees of the Fund have established for the period from the date of expiration of the current agreement on December 31, 2017 through December 31, 2018 a new rate of \$17,672 per annum for continuation of coverage for the full-time employees, and a pro-rated amount for permanent part-time employees (“new rate”)

**WHEREAS**, the new rate is lower than the rate currently being paid; and

**WHEREAS**, it is in the best interests of the County to enter into the proposed Interim Agreement for the period of January 1, 2018 through December 31, 2018 or until such time as a new collective bargaining agreement is executed between the County and NYSNA.

**NOW, THEREFORE, BE IT RESOLVED**, that the Sullivan County Legislature hereby authorizes the County Manager to execute the Interim Agreement with NYSNA, attached hereto as Schedule “A”.

**Moved by** \_\_\_\_\_,  
**Seconded by** \_\_\_\_\_,  
**and adopted on motion** \_\_\_\_\_, 2017.

[10/3/14]

FIRST INTERIM AGREEMENT

WHEREAS, County of Sullivan (the "Employer") is a party to a collective bargaining agreement with the New York State Nurses Association which terminated on December 31, 2017 (the "old agreement"); and

WHEREAS, a new collective bargaining agreement (the "new agreement") has not been executed; and

WHEREAS, the old agreement provided for the Employer to contribute to the New York State Nurses Association Benefits Fund (the "Fund") certain sums, on a monthly basis, on behalf of full-time employees, and a prorated amount for permanent part-time employees (the "old rate");

WHEREAS, the Employer is desirous of continuing coverage pending the execution of a new agreement; and

WHEREAS, the Trustees of the Fund have established for the period from the expiration date of the old agreement to December 31, 2018

a rate of \$17,672 per annum for continuation of coverage for full-time employees, and a pro-rated amount for permanent part-time employees (the "new rate"); and

WHEREAS, the new rate is lower than the old rate;

NOW, THEREFORE, the Employer agrees, as follows:

(1) The Employer agrees to make monthly payments to the Fund at the new rate.

(2) Anything herein to the contrary notwithstanding:

(i) If the Trustees of the Fund establish a new contribution rate for the period after December 31, 2018, the new rate set forth in this agreement shall automatically change to the new rate established by the Trustees, on its effective date but no sooner than 60 days after the date the notice of rate change is mailed by the Fund Office to the Employer; and

(ii) This agreement may be terminated by the Employer on 45 days written notice to the Fund Office, unless sooner terminated by the

submission to the Fund Office of a new agreement.

(3) The Fund may compel and enforce payment of contributions to the Fund by submission for arbitration in accordance with the American Arbitration Association Voluntary Labor Arbitration Rules.

(4) The Employer's obligation to make contributions hereunder and the employees' covered employment shall be suspended immediately upon and during the duration of any strike, without obligation to make retroactive contributions for the period of the strike, unless the Employer expressly agrees in writing to make contributions during such period.

*(Remainder of page intentionally left blank, see signatures on next page)*

IN WITNESS WHEREOF, the Employer has executed this agreement.

County of Sullivan

By \_\_\_\_\_ (Title)

Date:

ACCEPTED:

NEW YORK STATE NURSES ASSOCIATION BENEFITS FUND

By \_\_\_\_\_  
Ronald F. Lamy  
Chief Executive Officer

Date:

ACKNOWLEDGMENT

NEW YORK STATE NURSES ASSOCIATION ("NYSNA"), being the collective bargaining representative of certain employees (the "employees") of **County of Sullivan** (the "Employer"), who are covered by a collective bargaining agreement between the Employer and NYSNA, which agreement terminated on **December 31, 2017** (the 'old agreement'), does hereby acknowledge that NYSNA (1) is desirous of continuing coverage by the New York State Nurses Association Benefits Fund (the "Fund") for the employees of the Employer pending the execution of a new collective bargaining agreement; and (2) is aware of all of the terms and conditions of the Employer's undertaking, dated **January 1, 2018**, including, inter alia, its obligation to make monthly payments to the Fund at the new rate established by the Trustees of the Benefits Fund.

NEW YORK STATE NURSES ASSOCIATION

By \_\_\_\_\_  
(Title)

Date: