FORM NLRB-501
(3-21)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

INSTRUCTIONS:
File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer
Hudson Regional Hospital

b. Tel. No.
(201) 392-3078

c. Cell No.

f. Fax. No.

d. Address *(Street, city, state, and ZIP code)*
55 Meadowlands Parkway
Secaucus, NJ 07094

e. Employer Representative
Elizabeth Garrity
VP of HR

g. e-mail
egarrity@hudsonregionalhospital.com

h. Number of workers employed
450

i. Type of Establishment *(factory, mine, wholesaler, etc.)*
Acute care hospital

j. Identify principal product or service
Health Care

The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 8(a)(5), 8(d) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge *(set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)*

On or about November 29, 2024, Hudson Region Hospital ("Employer") notified the Health Professionals and Allied Employees ("Union") members that the health insurance premium rates charged to employees by employer payroll deduction would be dramatically increasing from the current rates charged. This increase is in direct violation of the collective bargaining agreement, which provides "[e]mployees' payroll contributions in effect on the date of ratification of this agreement shall not change during the term of this agreement." The CBA's effective dates: January 2024-December 2026. The Employer's actions are in complete disregard of the CBA, in violation of the Act.

3. Full name of party filing charge *(if labor organization, give full name, including local name and number)*
Health Professionals & Allied Employees, AFT, AFL-CIO

4a. Address *(Street and number, city, state, and ZIP code)*
110 Kinderkamack Rd, Emerson, NJ 07093

4b. Tel. No.
201-262-5005

4c. Cell No.
413-320-3093

4d. Fax No.

4e. e-mail
ccotumaccio@hpae.org

5. Full name of national or international labor organization of which it is an affiliate or constituent unit *(to be filled in when charge is filed by a labor organization)*
American Federation of Teachers

6. DECLARATION
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

(signature of representative or person making charge)

Corrado Cotumaccio
(Print/type name and title or office, if any)

Address 110 Kinderkamack Rd, Emerson, NJ Date 12/6/24

Tel. No.

Office, if any, Cell No.

Fax No.

e-mail

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.