

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)

14 Total Base Salary Cost from Line 13: \$ 1749254

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/16</u>	<u>1/1/17</u>	<u>1/1/18</u>	<u>1/1/19</u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>63385</u>	<u>83479</u>	<u>67751</u>	<u>81046</u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>6863</u>	<u>640</u>	<u>594</u>	<u>1952</u>	<u></u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>70248</u>	<u>84119</u>	<u>68345</u>	<u>79094</u>	<u></u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 301806 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 17 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 4 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Uniform	27600	27600	27600	27600	27600		
	Education	24800	24800	24800	24800	24800		
25	Totals (\$):							

SECTION VII: Medical Costs

Insurance Costs

	Base Year	Year 1
26 Health Plan Cost	\$ 368726	\$ 380383
27 Prescription Plan Cost	\$	\$
28 Dental Plan Cost	\$	\$
29 Vision Plan Cost	\$	\$
30 Total Cost of Insurance	\$ 368726	\$ 380383

Employer:

Employee Organization:

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <input type="text" value="112823"/>	\$ <input type="text" value="113761"/>
32	Contributions as % of Total Insurance Cost	<input type="text" value="31"/> %	<input type="text" value="30"/> %

33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name:

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.nj.us

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

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