



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

14 Total Base Salary Cost from Line 13: \$ 3,471,792

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/23</u>	<u>1/1/24</u>	<u>1/1/25</u>	<u>1/1/26</u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u>-4,007</u>	<u>224,778</u>	<u>278,804</u>	<u>285,639</u>	<u></u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u></u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>-4,007</u>	<u>224,778</u>	<u>278,804</u>	<u>285,639</u>	<u></u>	<u></u>

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$ 785,214 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 22.62% % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 5.65% % [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
	NONE							
25	Totals (\$):	NA						

**SECTION VII: Medical Costs**

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 604,336	\$ 652,123
27	Prescription Plan Cost	\$ 109,500	\$ 97,851
28	Dental Plan Cost	\$ 41,285	\$ 24,418
29	Vision Plan Cost	\$ NA	\$ NA
30	Total Cost of Insurance	\$ 755,121	\$ 774,393

**SECTION VII: Medical Costs (continued)**

31	Employee Insurance Contributions	\$ <u>181,786</u>	\$ <u>186,572</u>
32	Contributions as % of Total Insurance Cost	<u>20.75</u> %	<u>20.29</u> %

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: Cyndi Spinelli  
Position/Title: Executive Assistant  
Signature: *Cyndi Spinelli*  
Date: 1-29-24

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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](mailto:contracts@perc.state.nj.us)

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

Revised 8/2016