

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

14 Total Base Salary Cost from Line 13: \$ 1,883,861

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2021</u>	<u>1/1/2022</u>	<u>1/1/2023</u>	<u>1/1/2024</u>		
16 Cost of Salary Increments (\$)		<u>0</u>	<u>0</u>	<u>0</u>		
17 Salary Increase Above Increments (\$)	<u>46,319</u>	<u>43,602</u>	<u>44,688</u>	<u>45,810</u>		
18 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
19 Total Increased Cost for "Other" Items (\$)	<u>4,446</u>	<u>5,787</u>	<u>3,364</u>	<u>3,186</u>		
20 Total Increase (\$) (sum of lines 16-19)	<u>50,765</u>	<u>49,389</u>	<u>48,052</u>	<u>48,996</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 197,202 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 10 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 2.5 % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

24	Item Description	Base Year Cost (\$)	←Increases→					Year 6
			Year 1	Year 2	Year 3	Year 4	Year 5	
	Traffic Bureau Stipend	1000	0	1500				
	Uniform Stipend	700	0					
	Hazard Pay	500	0					
	Clothing maintenance	1150	0					
25	Totals (\$):	3350	0	1500				

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 375,456	\$ 334,512
27	Prescription Plan Cost	\$ n/a	\$ n/a
28	Dental Plan Cost	\$ 4,584	\$ 4,584
29	Vision Plan Cost	\$ n/a	\$ n/a
30	Total Cost of Insurance	\$ 380,040	\$ 339,096

Employer:

Employee Organization:

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <input type="text" value="133,660"/>	\$ <input type="text" value="119,368"/>
32	Contributions as % of Total Insurance Cost	<input type="text" value="35"/> %	<input type="text" value="35"/> %

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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