



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

14 Total Base Salary Cost from Line 13: \$ 302,590.00

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2020</u>	<u>01/01/2021</u>	<u>01/01/2022</u>	<u>01/01/2023</u>	<u>01/01/2024</u>	<u></u>
16 Cost of Salary Increments (\$)	<u>10,398.00</u>	<u>8,910.00</u>	<u>9,052.00</u>	<u>8,326.00</u>	<u>8,435.00</u>	<u></u>
17 Salary Increase Above Increments (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u></u>	<u></u>	<u></u>	<u></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>10398.00</u>	<u>8,910.00</u>	<u>9,052.00</u>	<u>8,326.00</u>	<u>8,435.00</u>	<u></u>

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

21 Dollar Increase Over Life of Contract \$ 45,121.00 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 14.91 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 2.98 % [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
25	Totals (\$):							

**SECTION VII: Medical Costs**

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 66,731.00	\$ 81,856.00
27	Prescription Plan Cost	\$ 12,795.00	\$ 14,963.00
28	Dental Plan Cost	\$ 3,935.00	\$ 3,935.00
29	Vision Plan Cost	\$ 612.00	\$ 612.00
30	Total Cost of Insurance	\$ 84,074.00	\$ 101,166.00

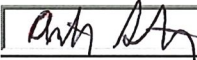
**SECTION VII: Medical Costs (continued)**

31	Employee Insurance Contributions	\$ <u>17,900.00</u>	\$ <u>18,396.00</u>
32	Contributions as % of Total Insurance Cost	<u>21.29</u> %	<u>18.18</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: Anthony Strazzeri  
Position/Title: CFO  
Signature:   
Date: 03/04/2020

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)

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

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