

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

14 Total Base Salary Cost from Line 13: \$ 1,420,952

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2022</u>	<u>01/01/2023</u>	<u>01/01/2024</u>	<u></u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u>\$303,003</u>	<u>\$34,479</u>	<u>\$35,169</u>	<u></u>	<u></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>\$303,003</u>	<u>\$34,479</u>	<u>\$35,169</u>	<u></u>	<u></u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 372,651 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 26 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 8 % [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	\$ 188,547	\$ 279,684
27	Prescription Plan Cost	\$ 46,590	\$ 46,680
28	Dental Plan Cost	\$ 12,899	\$ 15,386
29	Vision Plan Cost	\$ 3,870	\$ 4,276
30	Total Cost of Insurance	\$ 251,906	\$ 346,026

Employer: TOWNSHIP OF ROBBINSVILLE

Employee Organization: PROFESSIONAL FIREFIGHTERS ASSOCIATION

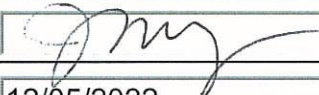
SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>56,287</u>	\$ <u>81,824</u>
32	Contributions as % of Total Insurance Cost	<u>22</u> %	<u>24</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: JEWEL MORGAN
Position/Title: ASSISTANT BUSINESS ADMINISTRATOR
Signature: 
Date: 12/05/2022

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

Revised 8/2016