

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

14 Total Base Salary Cost from Line 13: \$ 1,901,301

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/21</u>	<u>01/01/22</u>	<u>01/01/23</u>	<u>01/01/24</u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u>25,922</u>	<u>26,505</u>	<u>27,168</u>	<u>27,847</u>	<u></u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>47,360</u>	<u>44,669</u>	<u>43,117</u>	<u>19,809</u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>41,311</u>	<u>43,007</u>	<u>44,695</u>	<u>46,113</u>	<u></u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>4,020</u>	<u>4,020</u>	<u>4,020</u>	<u>4,020</u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>118,613</u>	<u>118,201</u>	<u>119,000</u>	<u>97,789</u>	<u></u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 453,603 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 23.86 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 5.97 % [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 Allowance	21,500	21,500	21,500	21,500	21,500		
	Stipen	0	6,000	6,000	6,000	6,000		
25	Totals (\$):	21,500	27,500	27,500	27,500	27,500		

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 321,768	\$ 359,940
27	Prescription Plan Cost	\$ 60,828	\$ 60,828
28	Dental Plan Cost	\$ 50,933	\$ 50,933
29	Vision Plan Cost	\$ N/A	\$ N/A
30	Total Cost of Insurance	\$ 433,529	\$ 471,701

Employer: Pine Hill Borough

Employee Organization: Pine Hill Police Officer Assn.

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>122,015</u>	\$ <u>127,026</u>
32	Contributions as % of Total Insurance Cost	<u>28.14</u> %	<u>26.93</u> %

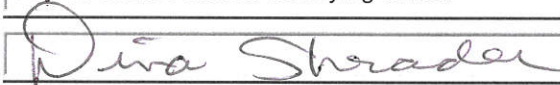
33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Dina Shrader

Position/Title: Payroll Clerk/Pension Certifying Officer

Signature: 

Date: 6-11-21

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