

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

14 Total Base Salary Cost from Line 13: \$ 2,705,439

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2016</u>	<u>1/1/2017</u>	<u>1/1/2018</u>	<u>1/1/2019</u>	<u></u>	<u></u>
16 Cost of Salary Increments (\$)	<u>54,109.00</u>	<u>55,191</u>	<u>56,295</u>	<u>57,421</u>	<u></u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u></u>	<u></u>
18 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u></u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>54,109</u>	<u>55,191</u>	<u>56,295</u>	<u>57,421</u>	<u></u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 223,015 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 8 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 2 % [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	11,373	1000	1000	1000	1,000		
	Wellness	30,500	0	0	0	0		
	EMT Cert.	18,000	0	0		0		
	Comp Time	68,027	2,000	2,000	2,000	2,000		
	Overtime	410,220	591,855	100,000	100,000	100,000		
	Carry Over	40,977	1000	1000	1000	1000		
	College Incentive	5,223	1000	1000	1000	0		
25	Totals (\$):	572,947	595,855	104,000	104,000	103,000		

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 1,244,675	\$ 1,348,311
27	Prescription Plan Cost	\$ 323,285	\$ 358,733
28	Dental Plan Cost	\$ 63,406	\$ 63,349
29	Vision Plan Cost	\$ 0	\$ 0
30	Total Cost of Insurance	\$ 1,631,366	\$ 1,770,394

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>450,000</u>	\$ <u>481,000</u>
32	Contributions as % of Total Insurance Cost	<u>28%</u> %	<u>27%</u> %

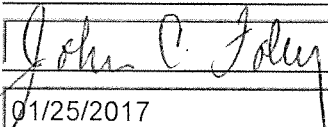
33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: John C. Foley

Position/Title: Chief Financial Officer

Signature: 

Date: 01/25/2017

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