

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

14 Total Base Salary Cost from Line 13: \$ 1544924.39

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2015</u>	<u>1/1/2016</u>	<u>1/1/2017</u>	<u>1/1/2018</u>		
16 Cost of Salary Increments (\$)	<u>32487.33</u>	<u>48291.67</u>	<u>49979.17</u>	<u>53687.50</u>		
17 Salary Increase Above Increments (\$)	<u>18474.44</u>	<u>18797.74</u>	<u>19126.70</u>	<u>19461.42</u>		
18 Longevity Increase (\$)	<u>559.49</u>	<u>569.28</u>	<u>579.25</u>	<u>589.38</u>		
19 Total Increased Cost for "Other" Items (\$)	<u>6914.41</u>	<u>9102.58</u>	<u>9376.17</u>	<u>9924.73</u>		
20 Total Increase (\$) (sum of lines 16-19)	<u>58435.67</u>	<u>76761.27</u>	<u>79061.28</u>	<u>83663.03</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 297921.25 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 19.28 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 4.82 % [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	\$ 394000.00	\$ 410000.00
27	Prescription Plan Cost	\$ 440000.00	\$ 115000.00
28	Dental Plan Cost	\$	\$
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 504000.00	\$ 525000.00

Employer: Township of Rochelle Park

Employee Organization: Police Department

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>71040.00</u>	\$ <u>86170.00</u>
32	Contributions as % of Total Insurance Cost	<u>26</u> %	<u>29</u> %

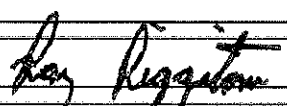
33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Roy Riggitano

Position/Title: CFO

Signature: 

Date: 12/26/17

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