

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

14 Total Base Salary Cost from Line 13: \$2,837,924

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2022</u>	<u>1/1/2023</u>	<u>1/1/2024</u>	<u>1/1/2025</u>		
16 Cost of Salary Increments (\$)	<u>152,498</u>	<u>128,809</u>	<u>132,280</u>	<u>140,245</u>		
17 Salary Increase Above Increments (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
18 Longevity Increase (\$)	<u>10,954</u>	<u>11,594</u>	<u>24,942</u>	<u>15,841</u>		
19 Total Increased Cost for "Other" Items (\$)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
20 Total Increase (\$) (sum of lines 16-19)	<u>163,452</u>	<u>140,403</u>	<u>157,222</u>	<u>156,086</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$617,163 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 21.75% [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 5.44% [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
	Clothing Allowance	18,900	0	0	0	0		
	Holiday Pay	53,661	4,058	2,700	3,024	3,002		
	College Allowance	12,460	0	0	0	0		
	Sick Sell Back	25,061	0	799	923	648		
25	Totals (\$):	110,082	4058	3,199	3,947	3,650		

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 453,102	\$ 463,278
27	Prescription Plan Cost	\$ N/A	\$ N/A
28	Dental Plan Cost	\$ 173	\$ 173
29	Vision Plan Cost	\$ 236	\$ 236
30	Total Cost of Insurance	\$ 453,511	\$ 463,687

Employer: City of Margate City

Employee Organization: Policemen's Benevolent Association Local No. 65

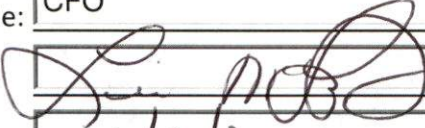
SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>138,551</u>	\$ <u>151,791</u>
32	Contributions as % of Total Insurance Cost	<u>30.55</u> %	<u>32.74</u> %

33 Identify any insurance changes that were included in this CNA.
NONE

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Lisa McLaughlin
Position/Title: CFO
Signature: 
Date: 11/2/2021

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