



**SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\***

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

*\*If contract duration is longer than five years, please add an additional page.*

**SECTION VI: Medical Costs**

	Base Year	Year 1
21 Health Plan Cost	\$ <u>                    </u>	\$ <u>                    </u>
22 Prescription Plan Cost	\$ <u>                    </u>	\$ <u>                    </u>
23 Dental Plan Cost	\$ <u>                    </u>	\$ <u>                    </u>
24 Vision Plan Cost	\$ <u>                    </u>	\$ <u>                    </u>
25 Total Cost of Insurance	\$ <u>                    </u>	\$ <u>                    </u>
26 Employee Insurance Contributions	\$ <u>                    </u>	\$ <u>                    </u>
27 Employee Contributions as % of Total Insurance Cost	<u>                    </u> %	<u>                    </u> %

Section VI: Medical Costs (continued)

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

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: Elizabeth M Woods, Esq  
Position/Title: Director, Human Resources  
Signature: *Elizabeth M. Woods*  
Date: 10/28/2019

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](mailto:contracts@perc.state.nj.us)

NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
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