



**SECTION IV: Increase in Base Salary Cost (for each year of New CNA)**14 Total Base Salary Cost from Line 13: \$2,014,454.67

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2019</u>	<u>01/01/2020</u>	<u>01/01/2021</u>	<u>01/01/2022</u>	<u>01/01/2023</u>	<u></u>
16 Cost of Salary Increments (\$)	<u>90,159.34</u>	<u>83,435.35</u>	<u>75,247.84</u>	<u>81,167.09</u>	<u>60,078.34</u>	<u></u>
17 Salary Increase Above Increments (\$)	<u>34,440.27</u>	<u>40,299.08</u>	<u>41,033.66</u>	<u>42,059.50</u>	<u>43,110.99</u>	<u></u>
18 Longevity Increase (\$)	<u>42,441.16</u>	<u>44,627.70</u>	<u>45,564.65</u>	<u>10,959.88</u>	<u>11,863.31</u>	<u></u>
19 Total Increased Cost for "Other" Items (\$)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
20 Total Increase (\$) (sum of lines 16-19)	<u>174,227.31</u>	<u>169,184.68</u>	<u>162,712.16</u>	<u>170,818.01</u>	<u>151,970.54</u>	<u></u>

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$828912.69 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 41.14 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 8.2 % [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
	Clothing Allowance/Detective	700.00	700.00	700.00	700.00	700.00	700.00	
	Clothing Allowance/ Critical Incident	200.00	200.00	200.00	200.00	200.00	200.00	
	Eye Care Reimbursement	200.00	300.00	300.00	300.00	300.00	300.00	
	Court Pay	425.00	425.00	425.00	425.00	425.00	425.00	
	College Reimbursement	750.00	750.00	750.00	750.00	750.00	750.00	
25	<b>Totals (\$):</b>	2275.00	2375.00	2375.00	2375.00	2375.00	2375.00	

**SECTION VII: Medical Costs**

**Insurance Costs**

	Base Year	Year 1
26 Health Plan Cost	\$ 434436.00	\$ 456336.00
27 Prescription Plan Cost	\$	\$
28 Dental Plan Cost	\$	\$
29 Vision Plan Cost	\$	\$
30 Total Cost of Insurance	\$ 434436.00	\$ 456336.00

Employer: Borough of Bellmawr

Employee Organization: Bellmawr Police Department

Page 4

**SECTION VII: Medical Costs (continued)**

31	Employee Insurance Contributions	\$ <u>122440.44</u>	\$ <u>135435.00</u>
32	Contributions as % of Total Insurance Cost	<u>28.18</u> %	<u>29.67</u> %

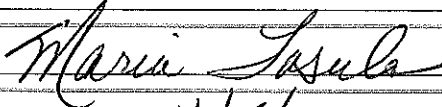
33 Identify any insurance changes that were included in this CNA.

**SECTION VIII: Certification and Signature**

34 The undersigned certifies that the foregoing figures are true:

Print Name: Maria Fasulo

Position/Title: CFO

Signature: 

Date: 11/5/2020

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  
Trenton, NJ 08625  
Phone: 609-292-9898

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