

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)14 Total Base Salary Cost from Line 13: \$ 1,744,389.00

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/23</u>	<u>1/1/24</u>	<u>1/1/25</u>	<u>1/1/26</u>		
16 Cost of Salary Increments (\$)	<u>195,421</u>	<u>53,343</u>	<u>54,814</u>	<u>56,323</u>		
17 Salary Increase Above Increments (\$)	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
18 Longevity Increase (\$)	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
19 Total Increased Cost for "Other" Items (\$)	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>		
20 Total Increase (\$) (sum of lines 16-19)	<u>195,421</u>	<u>53,343</u>	<u>54,814</u>	<u>56,323</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 389,901 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 22.35 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 5.59 % [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
	NONE							
25	Totals (\$):	NA						

SECTION VII: Medical Costs

Insurance Costs

		Base Year	Year 1
26	Health Plan Cost	\$ 162,005.52	\$ 257,947.92
27	Prescription Plan Cost	\$ 29,309.28	\$ 37,973.28
28	Dental Plan Cost	\$ 18,968.16	\$ 14,975.50
29	Vision Plan Cost	\$ NA	\$ NA
30	Total Cost of Insurance	\$ 210,282.96	\$ 310,896.70

Employer: Galloway Township

Employee Organization: PBA #77 Superior Officers

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>68,595.30</u>	\$ <u>106,190.34</u>
32	Contributions as % of Total Insurance Cost	<u>4.77</u> %	<u>6.83</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: Cyndi Spinelli
Position/Title: Executive Assistant
Signature: Cyndi Spinelli
Date: 1-24-24

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