

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

14 Total Base Salary Cost from Line 13: \$ 922,064.36

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>01/01/2014</u>	<u>01/01/2015</u>	<u>01/01/20216</u>	<u>01/01/2017</u>		
16 Cost of Salary Increments (\$)	<u>36,442.85</u>	<u>31,292.48</u>	<u>34,302.36</u>	<u>35,929.35</u>		
17 Salary Increase Above Increments (\$)						
18 Longevity Increase (\$)	<u>765.40</u>	<u>706.06</u>	<u>780.31</u>	<u>727.39</u>		
19 Total Increased Cost for "Other" Items (\$)	<u>2,003.52</u>	<u>1,723.00</u>	<u>1,889.07</u>	<u>1,973.82</u>		
20 Total Increase (\$) (sum of lines 16-19)	<u>39,211.77</u>	<u>33,721.55</u>	<u>36,971.73</u>	<u>38,630.56</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 148,535.60 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 16.11 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 4.02 % [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	\$ 209402.16	\$ 218825.26
27 Prescription Plan Cost	\$ 19920.00	\$ 21450.00
28 Dental Plan Cost	\$ 7200.00	\$ 7200.00
29 Vision Plan Cost	\$	\$
30 Total Cost of Insurance	\$ 236,522.16	\$ 247,475.26


SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>18671.67</u>	\$ <u>37501.81</u>
32	Contributions as % of Total Insurance Cost	<u>7.89</u> %	<u>15.15</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: Michael J. Bascom
Position/Title: CFO
Signature: 
Date: 6/30/2014

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