

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

14 Total Base Salary Cost from Line 13: \$ 2257122

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2017</u>	<u>1/1/2028</u>	<u>1/1/2019</u>			
16 Cost of Salary Increments (\$)	<u>65526</u>	<u>57939</u>	<u>59609</u>			
17 Salary Increase Above Increments (\$)	<u>45142</u>	<u>46045</u>	<u>46966</u>			
18 Longevity Increase (\$)	<u>0</u>	<u>0</u>	<u>0</u>			
19 Total Increased Cost for "Other" Items (\$)	<u>0</u>	<u>0</u>	<u>0</u>			
20 Total Increase (\$) (sum of lines 16-19)	<u>110668</u>	<u>103984</u>	<u>106575</u>			

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 321227 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 14.2 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 4.7 % [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
	College	38735	45975	45975	45975			
	PTO Sell Back	190000	190000	190000	190000			
25	Totals (\$):	228735	235975	235975	235975			

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 430116	\$ 333828
27	Prescription Plan Cost	\$ 0	\$ 0
28	Dental Plan Cost	\$ 23409	\$ 20515
29	Vision Plan Cost	\$ 16500	\$ 16500
30	Total Cost of Insurance	\$ 470025	\$ 370843

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>144425</u>	\$ <u>119981</u>
32	Contributions as % of Total Insurance Cost	<u>30.72</u> %	<u>32.36</u> %

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

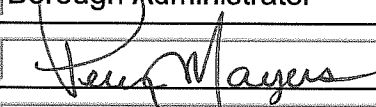
The reduction in Medical Costs was largely due to an increase in the number of individuals waiving coverage.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Perry T. Mayers

Position/Title: Borough Administrator

Signature: 

Date: 9/13/2017

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