



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

14 Total Base Salary Cost from Line 13: \$ 1,392,027.92

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>11-1-2018</u>	<u>1-1-2019</u>	<u>1-1-2020</u>	<u>1-1-2021</u>		
16 Cost of Salary Increments (\$)	<u>68,926.15</u>	<u>101,634.87</u>	<u>84,460.12</u>	<u>76,861.98</u>		
17 Salary Increase Above Increments (\$)						
18 Longevity Increase (\$)						
19 Total Increased Cost for "Other" Items (\$)						
20 Total Increase (\$) (sum of lines 16-19)	<u>68,926.15</u>	<u>101,634.87</u>	<u>84,460.12</u>	<u>76,861.98</u>		

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

21 Dollar Increase Over Life of Contract \$ 331,883.12 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 24 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 6 % [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	2,100.00	2,100.00	2,100.00	2,100.00	2,100.00		
	Battalion Chief	39,000.00	40,320.00	40,320.00	40,320.00	40,320.00		
25	<b>Totals (\$):</b>	41,100.00	42,420.00	42,420.00	42,420.00	42,420.00		

**SECTION VII: Medical Costs**

**Insurance Costs**

	Base Year	Year 1
26 Health Plan Cost	\$ 221,116.33	\$ 243,514.74
27 Prescription Plan Cost	\$ 80,511.52	\$ 85,947.51
28 Dental Plan Cost	\$ 25,470.00	\$ 25,979.40
29 Vision Plan Cost	\$	\$
30 Total Cost of Insurance	\$ 327,097.85	\$ 355,441.65

Employer: Township of Morris

Employee Organization: Local No. 70 FMBA

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

31	Employee Insurance Contributions	\$ <u>81,885.69</u>	\$ <u>91,699.39</u>
32	Contributions as % of Total Insurance Cost	<u>25</u> %	<u>27</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: Francine DeAngelis

Position/Title: CFO

Signature: *Francine DeAngelis*

Date: 1/10/2019

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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)

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NJ Public Employment Relations Commission  
Conciliation and Arbitration  
PO Box 429  
Trenton, NJ 08625  
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