

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

14 Total Base Salary Cost from Line 13: \$

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
16 Cost of Salary Increments (\$)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
17 Salary Increase Above Increments (\$)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
18 Longevity Increase (\$)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </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> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

SECTION V: Average Increase Over Term of New CNA

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

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

23 Average Percentage Increase Per Year % [Divide percentage on Line 22 by number of years of the contract]

SECTION VI: Other Economic Items Outside Base Salary and Increases

24	Item Description	Base Year Cost (\$)	←Increases→					Year 6
			Year 1	Year 2	Year 3	Year 4	Year 5	
25	Totals (\$):							

SECTION VII: Medical Costs

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 499,861.80	\$ 486,912.72
27	Prescription Plan Cost	\$ 124,057.92	\$ 93,457.56
28	Dental Plan Cost	\$ 20,316.24	\$ 20,887.68
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 644,235.96	\$ 601,257.96

Employer: Borough of Little Ferry

Employee Organization: Police

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>208,093.92</u>	\$ <u>183,043.92</u>
32	Contributions as % of Total Insurance Cost	<u>33</u> %	<u>31</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: Barbara Maldonado
Position/Title: Borough Clerk
Signature: Barbara Maldonado
Date: 8/20/2019

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