

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)	2015	2016	2017	2018		
16 Cost of Salary Increments (\$)	1.5%	1.25%	1.25%	1.25%		
17 Salary Increase Above Increments (\$)						
18 Longevity Increase (\$)						
19 Total Increased Cost for "Other" Items (\$)						
20 Total Increase (\$) (sum of lines 16-19)						

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

		←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	\$ <u> </u>	\$ <u> </u>
27	Prescription Plan Cost	\$ <u> </u>	\$ <u> </u>
28	Dental Plan Cost	\$ <u> </u>	\$ <u> </u>
29	Vision Plan Cost	\$ <u> </u>	\$ <u> </u>
30	Total Cost of Insurance	\$ <u> </u>	\$ <u> </u>

Employer: City of Ocean City

Employee Organization: PBA Local No 61

SECTION VII: Medical Costs (continued)

- 31 Employee Insurance Contributions \$ \$
- 32 Contributions as % of Total Insurance Cost % %

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: Elizabeth M. Woods

Position/Title: Director, Human Resources

Signature: *Elizabeth M. Woods*

Date: 10/28/2019

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