

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

14 Total Base Salary Cost from Line 13: \$ 1518594

| Increases | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|--------|
| 15 Effective Date (month/day/year) | <u>01/01/2021</u> | <u>01/01/2022</u> | <u>01/01/2023</u> | <u>01/01/2024</u> | <u>01/01/2025</u> | |
| 16 Cost of Salary Increments (\$) | <u>26659</u> | <u>24345</u> | <u>24831</u> | <u>25326</u> | <u>28965</u> | |
| 17 Salary Increase Above Increments (\$) | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | |
| 18 Longevity Increase (\$) | <u>0</u> | <u>0</u> | <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> | <u>0</u> | <u>0</u> | |
| 20 Total Increase (\$) (sum of lines 16-19) | <u>26659</u> | <u>24345</u> | <u>24831</u> | <u>25326</u> | <u>28965</u> | |

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 130126 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 8 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 1.6 % [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 |
|----|------------------|---------------------|--------|--------|--------|--------|--------|--------|
| | Education | 3600 | 3600 | 3600 | 3600 | | | |
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| 25 | Totals (\$): | 3600 | 3600 | 3600 | 3600 | | | |

SECTION VII: Medical Costs

Insurance Costs

| | | Base Year | Year 1 |
|----|-------------------------|-----------|----------|
| 26 | Health Plan Cost | \$237098 | \$246878 |
| 27 | Prescription Plan Cost | \$0 | \$0 |
| 28 | Dental Plan Cost | \$10572 | \$10572 |
| 29 | Vision Plan Cost | \$0 | \$0 |
| 30 | Total Cost of Insurance | \$247670 | \$257450 |

Employer:

Employee Organization:

SECTION VII: Medical Costs (continued)

| | | | |
|----|--|---------------------------------------|---------------------------------------|
| 31 | Employee Insurance Contributions | \$ <input type="text" value="81571"/> | \$ <input type="text" value="84766"/> |
| 32 | Contributions as % of Total Insurance Cost | <input type="text" value="32"/> % | <input type="text" value="32"/> % |

33 Identify any insurance changes that were included in this CNA.
Percentage table of employee contributions were decreased. Top percentage across all coverage types is 29%.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name:

Position/Title:

Signature:

Date:

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

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 11/1/2021 thru 12/31/2025.

Employer: Medford Township
County: Burlington
Date: 10/30/2023
Name: Dawn Bielec
Print Name
Title: HR Coordinator
Dawn Bielec
Signature