

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

14 Total Base Salary Cost from Line 13: \$ 87,445.00

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/16</u>	<u>1/1/17</u>	<u>1/1/18</u>	<u>1/1/19</u>		
16 Cost of Salary Increments (\$)	<u>6,814.00</u>	<u>6,829.00</u>	<u>6,845.00</u>	<u>6,862.00</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>6,814.00</u>	<u>6,829.00</u>	<u>6,845.00</u>	<u>6,862.00</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 27,350.00 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 31.28 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 7.82 % [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	\$ 16,764.00	\$ 17,748.00
27	Prescription Plan Cost	\$ 5,865.96	\$ 5,865.96
28	Dental Plan Cost	\$ 922.32	\$ 922.32
29	Vision Plan Cost	\$ 419.28	\$ 419.28
30	Total Cost of Insurance	\$ 23,971.56	\$ 24,955.56

Employer: Borough of Haddon Heights

Employee Organization: International Assoc of Firefighters Local #3249


SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>1,365.65</u>	\$ <u>1,943.00</u>
32	Contributions as % of Total Insurance Cost	<u>5.7</u> %	<u>7.8</u> %

33 Identify any insurance changes that were included in this CNA.
None

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Christie Ehret
Position/Title: CFO
Signature: 
Date: 5/26/17

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