

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

14 Total Base Salary Cost from Line 13: \$762986

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/25</u>	<u>1/1/26</u>	<u>1/1/27</u>	<u>1/1/28</u>		
16 Cost of Salary Increments (\$)	<u>53819</u>	<u>36736</u>	<u>49398</u>	<u>45630</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>53819</u>	<u>36736</u>	<u>49398</u>	<u>45630</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$185583 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract .243 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year .060 % [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
	Uniform Allowance	2600	0	0	0	0		
	EMT	1000	0	0	0	0		
	Ed Incentive	600	0	0	0	0		
	Wellness Incentive	1200	0	0	0	0		
	K9	6293	0	0	0	0		
25	Totals (\$):	11693	0	0	0	0		

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 134729	\$ 141466
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$ 6835	\$ 6835
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 141564	\$ 148301

Employer:

Employee Organization:

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <input type="text" value="47155"/>	\$ <input type="text" value="49513"/>
32	Contributions as % of Total Insurance Cost	<input type="text" value=".33"/> %	<input type="text" value=".33"/> %

33 Identify any insurance changes that were included in this CNA.
No Change

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

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