

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

14 Total Base Salary Cost from Line 13: \$ 711,610.00

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2024</u>	<u>1/1/2025</u>	<u>1/1/2026</u>	<u>1/1/2027</u>	<u>1/1/2028</u>	<u></u>
16 Cost of Salary Increments (\$)	<u>58,618</u>	<u>26,971</u>	<u>27,902</u>	<u>28,878</u>	<u>29,889</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>58,618</u>	<u>26,971</u>	<u>27,902</u>	<u>28,878</u>	<u>29,889</u>	<u></u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 172,258 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract .24 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year .048 % [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
	Clothing	1,600.00						
25	Totals (\$):	1,600.00						

SECTION VII: Medical Costs

Insurance Costs

		Base Year	Year 1
26	Health Plan Cost	\$ 131,146.00	\$ 141,313.00
27	Prescription Plan Cost	\$ 0	\$ 0
28	Dental Plan Cost	\$ 6,456.00	\$ 6,456.00
29	Vision Plan Cost	\$ 489.00	\$ 599.00
30	Total Cost of Insurance	\$ 138,091.00	\$ 148,368.00

Employer: City of Sea Isle City

Employee Organization: FOP Lodge #7 Sergeants

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>44,843.00</u>	\$ <u>49,459.00</u>
32	Contributions as % of Total Insurance Cost	<u>.33</u> %	<u>.33</u> %

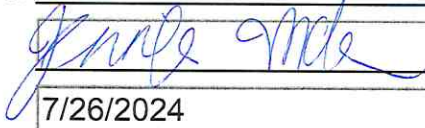
33 Identify any insurance changes that were included in this CNA.

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Jennifer McIver

Position/Title: Chief Financial Officer

Signature: 

Date: 7/26/2024

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