

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)14 Total Base Salary Cost from Line 13: \$ 1,847,726.20

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/01/17</u>	<u>1/01/18</u>	<u>1/01/19</u>	<u>1/01/20</u>		
16 Cost of Salary Increments (\$)	<u>25,922.38</u>	<u>31,830.69</u>	<u>23,110.13</u>	<u>28,162.96</u>		
17 Salary Increase Above Increments (\$)	<u>27,281.96</u>	<u>27,827.60</u>	<u>28,384.15</u>	<u>28,951.83</u>		
18 Longevity Increase (\$)	<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>		
20 Total Increase (\$) (sum of lines 16-19)	<u>53,204.34</u>	<u>59,658.29</u>	<u>51,494.28</u>	<u>57,114.79</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 221,471.70 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 11.99 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 3.00 % [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	20,000.00						
	Uniform Allowance	Per Employee	1,525.00	1,525.00	1,525.00	1,525.00		
25	Totals (\$):	20,000.00	1,525.00	1,525.00	1,525.00	1,525.00		

SECTION VII: Medical Costs

Insurance Costs

	Base Year	Year 1
26 Health Plan Cost	\$ 414,500.52	\$ 415,002.72
27 Prescription Plan Cost	\$ Included in	\$ Line 26
28 Dental Plan Cost	\$ Included in	\$ Line 26
29 Vision Plan Cost	\$ Included in	\$ Line 26
30 Total Cost of Insurance	\$ 414,500.52	\$ 415,002.72

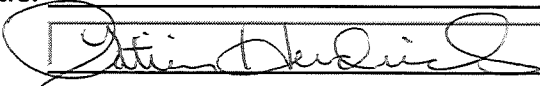
SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>109,264.34</u>	\$ <u>102,926.64</u>
32	Contributions as % of Total Insurance Cost	<u>26.36</u> %	<u>24.80</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: Patricia Hendricks
Position/Title: Borough Clerk - (Previously Payroll Clerk/Deputy Clerk)
Signature: 
Date: May 13, 2020

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