

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 1/1/2020 thru 12/31/2026.

Employer: Cumberland County

County: Cumberland

Date: 9/11/2024

Name: Paige Desiere

Print Name

Title: Director of Personnel

 _____
Signature

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)14 Total Base Salary Cost from Line 13: \$3,213,675

Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
15 Effective Date (month/day/year)	<u>1/1/2020</u>	<u>1/1/2021</u>	<u>1/1/2022</u>	<u>1/1/2023</u>	<u>1/1/2024</u>	<u>1/1/2025</u>
16 Cost of Salary Increments (\$)	<u>148,050</u>	<u>152,148</u>	<u>156,772</u>	<u>161,896</u>	<u>798,713</u>	<u>279,598</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>148,050</u>	<u>152,148</u>	<u>156,772</u>	<u>161,896</u>	<u>798,713</u>	<u>279,598</u>

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$1,989,495 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 61.90 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 8.84 % [Divide percentage on Line 22 by number of years of the contract]

SECTION IV: Increase in Base Salary Cost (for each year of New CNA)14 Total Base Salary Cost from Line 13: \$3,213,675

Increases	Year 7					
15 Effective Date (month/day/year)	<u>1/1/2026</u>					
16 Cost of Salary Increments (\$)	<u>292,318</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>292,318</u>					

SECTION V: Average Increase Over Term of New CNA

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22 Percentage Increase Over Life of Contract 61.90 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 8.84 % [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
	Stipend	0	155,000	155,000	155,000	155,000	0	0
								0
25	Totals (\$):	0	155,000	155,000	155,000	155,000	0	0

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 1,471,359	\$ 1,072,157
27	Prescription Plan Cost	\$ 488,367	\$ 354,944
28	Dental Plan Cost	\$ 35,764	\$ 24,716
29	Vision Plan Cost	\$ 9,592	\$ 8,141
30	Total Cost of Insurance	\$ 2,005,082	\$ 1,459,958

SECTION VI: Other Economic Items Outside Base Salary and Increases

←Increases→

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	Stipend	0	0				
25	Totals (\$):	0	0				

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Employer: County of Cumberland

Employee Organization: PBA, Local #231

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SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>275,488</u>	\$ <u>230,413</u>
32	Contributions as % of Total Insurance Cost	<u>13.7</u> %	<u>15.8</u> %

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

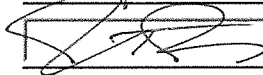
Not applicable

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Jeffrey Ridgway

Position/Title: CEO / Treasurer

Signature: 

Date: 9/9/2024

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