

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

14 Total Base Salary Cost from Line 13: \$ 2,700,594.00

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>		
16 Cost of Salary Increments (\$)	<u>50,783.00</u>	<u>217,041.00</u>	<u>390,277.00</u>	<u>37,586.00</u>		
17 Salary Increase Above Increments (\$)						
18 Longevity Increase (\$)	<u>-5,064.00</u>	<u>23,755.00</u>	<u>10,652.00</u>	<u>12,048.00</u>		
19 Total Increased Cost for "Other" Items (\$)	<u>6,750.00</u>	<u>6,000.00</u>	<u>0</u>	<u>0</u>		
20 Total Increase (\$) (sum of lines 16-19)	<u>52,469.00</u>	<u>246,796.00</u>	<u>400,928.00</u>	<u>49,635.00</u>		

SECTION V: Average Increase Over Term of New CNA

21 Dollar Increase Over Life of Contract \$ 749,828.00 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 27.77 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 6.94 % [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
	Detective Pay	1000	no increase	no increase	no increase	no increase		
25	Totals (\$):							

SECTION VII: Medical Costs

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 396,018.48	\$ 407,549.88
27	Prescription Plan Cost	\$ 57,889.08	\$ 67,348.32
28	Dental Plan Cost	\$	\$
29	Vision Plan Cost	\$	\$
30	Total Cost of Insurance	\$ 453,907.56	\$ 474,898.20

SECTION VII: Medical Costs (continued)

31	Employee Insurance Contributions	\$ <u>138,014.11</u>	\$ <u>153,751.03</u>
32	Contributions as % of Total Insurance Cost	<u>30.41</u> %	<u>32.38</u> %

33 Identify any insurance changes that were included in this CNA.
 There were no insurance changes nor contribution changes in this contract


*note: only 18 out of 24 members use the Boro's insurance

SECTION VIII: Certification and Signature

34 The undersigned certifies that the foregoing figures are true:

Print Name: Christie McElwee

Position/Title: Assistant Fiscal Officer/ QPA

Signature: 

Date: 10/18/2024

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

