

## 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 1/1/2024 thru 12/31/2027.

Employer: Absecon

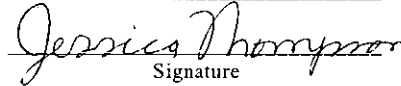
County: Atlantic

Date: 12/6/2024

Name: Jessica Thompson

Print Name

Title: City Administrator/CFO

  
Signature



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

14 Total Base Salary Cost from Line 13: \$ 0

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 (\$)						
17 Salary Increase Above Increments (\$)	<u>379,036</u>	<u>392,353</u>	<u>405,105</u>	<u>423,131</u>		
18 Longevity Increase (\$)	<u>8,200</u>	<u>8,200</u>	<u>8,200</u>	<u>8,200</u>		
19 Total Increased Cost for "Other" Items (\$)						
20 Total Increase (\$) (sum of lines 16-19)	<u>387,236</u>	<u>400,553</u>	<u>413,305</u>	<u>431,331</u>		

**SECTION V: Average Increase Over Term of New CNA**

21 Dollar Increase Over Life of Contract \$ 1,632,425 [Take sum of all amounts listed on Line 20 above]

22 Percentage Increase Over Life of Contract 100 % [Divide amount on Line 21 by amount on Line 14]

23 Average Percentage Increase Per Year 20 % [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
25	Totals (\$):							

**SECTION VII: Medical Costs**

Insurance Costs		Base Year	Year 1
26	Health Plan Cost	\$ 120,942	\$ 127,446
27	Prescription Plan Cost	\$	\$
28	Dental Plan Cost	\$ 3,780	\$ 3,780
29	Vision Plan Cost	\$ 387	\$ 387
30	Total Cost of Insurance	\$ 125,109	\$ 131,613

**SECTION VII: Medical Costs (continued)**

31	Employee Insurance Contributions	\$ <u>42,330</u>	\$ <u>44,606</u>
32	Contributions as % of Total Insurance Cost	<u>35</u> %	<u>35</u> %

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

Transferred plan from State Health Benefits to Health Insurance Fund

3 Employees moved to Superior Officers Contract

**SECTION VIII: Certification and Signature**

34 The undersigned certifies that the foregoing figures are true:

Print Name: Jessica Thompson

Position/Title: City Administrator/CFO

Signature: Jessica Thompson

Date: 12/6/24

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](mailto: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