



P.O. Box 19080  
 Springfield, IL 62794-9080  
 217-524-6288  
 TDD 866-877-0436

**Winner Questionnaire**

Dear Lottery Winner,

In order to ensure compliance with the Illinois Lottery Law and Regulations, please complete the following questionnaire. Failure to comply will result in your claim not being processed. Thank you for your assistance.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

1. What is your date of birth? (enter in xx/xx/xxxx format) \_\_\_\_\_
2. Are you or a close relative with whom you reside:
  - (a) Currently employed by the Illinois Department of the Lottery (Illinois Lottery)?  
 Yes  No
  - (b) Currently employed by a licensed retailer of the Illinois Lottery?  
 Yes  No
  - (c) Currently employed by a contractor of the Illinois Lottery?  
 Yes  No

If yes, please describe:

3. Were you or a close relative with whom you reside:
  - (a) Employed by the Illinois Lottery at the time you purchased the ticket?  
 Yes  No
  - (b) Employed by a licensed retailer of the Illinois Lottery at the time you purchased the ticket?  
 Yes  No
  - (c) Employed by a contractor of the Illinois Lottery at the time you purchased the ticket?  
 Yes  No

If yes, please describe:

4. Are you party to a contract or any other agreement with any contractor or vendor of the Illinois Lottery that would otherwise prevent you from playing or winning the Lottery?  
 Yes  No

If yes, please describe:

5. Place of Employment \_\_\_\_\_  
 (If not employed, please indicate if you are a student, retired, or not employed)

I hereby declare under penalty of perjury, that the above information is true and correct to the best of my knowledge and belief.

Signature of Winner: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_