

# INSTRUCTIONS: ILLINOIS LOTTERY WINNER CLAIM FORM

## CLAIMANT INSTRUCTIONS

**IMPORTANT: USE BALL POINT PEN AND PRESS FIRMLY. YOU ARE MAKING MULTIPLE COPIES.**

If you believe you or someone you know has a gambling problem, call 1-800-426-2537 (1-800-GAMBLER) for assistance.

1. Complete back of ticket with name, address and signature.  
**Important: The winning ticket and claim form must be completed in the name of one individual or legal entity.**
2. Complete the top portion of claim form in spaces provided which include name (last name, first), address, date of birth, Social Security or Employer I.D. Number, telephone number, sex (male or female).
3. Mark box indicating whether you are claiming as an individual, as a representative of a group or partnership or as a representative of another type of legal entity. All claimants are subject to all constraints and requirements provided under the Illinois Lottery Law (20 ILCS 1605 *et seq.*), the Illinois Administrative Code (11 Ill. Admin. Code 1770 *et seq.*) and any other applicable laws. Claims to prizes made on behalf of multiple winners must include a completed Form 5754 when applicable.
4. Indicate type of game won and the prize amount.
5. Print driver's license number in space provided (other accepted forms of identification include Secretary of State issued identification cards, social security cards).
6. Complete the **WINNER QUESTIONNAIRE** in order to ensure compliance with the Illinois Lottery Law and Regulations. Failure to comply will result in your claim not being processed.
7. If you have an outstanding debt to the State of Illinois or local debt recovery, there may be a delay in payment.
8. Sign and date form on claimant's signature line.

**SEE ATTACHED ENVELOPE FOR MAILING INSTRUCTIONS. IF MAILING, RETAIN PINK COPY FOR YOUR RECORDS AND MAIL WHITE COPY. IF YOU ARE TAKING TO NEAREST CLAIM CENTER, BE SURE TO BRING SOCIAL SECURITY CARD AND DRIVER'S LICENSE OR SECRETARY OF STATE ID CARD TO CLAIM WINNINGS.**

## CLAIM CENTER INSTRUCTIONS

1. Validate the winning ticket via your on-line terminal.
2. Staple winning and claim tickets on the space provided to the white copy only.
3. Clearly print the six (6) digit agent number.
4. Print date won (date of drawing for on-line games).
5. For **ON-LINE winning** tickets, print the nineteen (19) digit serial number from the lower right side of the winning ticket in the blocks provided. For **INSTANT winning** tickets, print the twelve (12) digit game, book, and ticket number in the spaces provided.
6. Sign form on "Prepared By" line.

## CLAIM CENTERS ARE LOCATED AT

**Des Plaines** – 9511 West Harrison St., 60016

**Springfield** – 101 West Jefferson St., 62702

**Rockford** – 200 South Wyman St., 61101

**Chicago** – James R. Thompson Center, 100 W. Randolph St. 7<sup>th</sup> FL, 60601

**Fairview Heights** – 15 Executive Drive, Suite 3, 62208

## COPY DISTRIBUTION

1. **White copy** – Take to nearest Claim Center (with winning ticket and any claim ticket attached) or mail to: Illinois Lottery, Lottery Claims, P.O. Box 19080, Springfield, Illinois. 62794-9912.
2. **Blue copy** – Claim Center's copy.
3. **Pink copy** – Claimant copy.

# ILLINOIS LOTTERY WINNER CLAIM FORM

## STATEMENT OF PURPOSE FOR THE COLLECTION OF CERTAIN INFORMATION

### STATEMENT

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting, maintaining, and using a person's Social Security number (SSN). The Department of the Lottery also collects additional Personal Identity Information and therefore includes their collection, maintenance, and use within this statement of purpose.

The Department requires SSN or other Personal Identity Information to be provided for one or more of the following reasons:

- Claims processing
- Retailer licensing and debt collection
- Vendor/Contractor background checks
- Internal verification
- Administrative services including payroll processing and hiring
- Compliance with Federal and State tax law and regulations
- Vendor services, such as executing contracts and/or billing

The Department will only use your SSN or other Personal Identity Information in accordance with the Department's Identity Protection Policy, available on the Illinois Lottery's website at <http://illinoislottery.com>.

# ILLINOIS LOTTERY WINNER QUESTIONNAIRE

## CLAIMANT, PLEASE COMPLETE AND PRESENT WITH YOUR LOTTERY WINNER CLAIM FORM

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

### CLAIMANT INFORMATION

Claimant's Last Name:	First:	MI:	Social Security No.:
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### QUESTIONNAIRE

1. What is your date of birth?

2. Are you or a close relative with whom you reside:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Currently employed by the Illinois Department of the Lottery (Illinois Lottery)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Currently employed by a licensed retailer of the Illinois Lottery?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Currently employed by a contractor of the Illinois Lottery?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to (a), (b) or (c) above, 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?                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Employed by a licensed retailer of the Illinois Lottery at the time you purchased the ticket? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Employed by a contractor of the Illinois Lottery at the time you purchased the ticket?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered yes to (a), (b) or (c) above, 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 you answered yes, please describe:

5. Place of Employment: \_\_\_\_\_

If not employed, please indicate if you are a student, retired, or not employed.

### LEGAL DISCLAIMER

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

Claimant's Signature:

Date:

Printed Name:

Source: 20 ILCS 1605/15; 11 Ill. Adm. Code 1770.200; IDL-283



# ILLINOIS LOTTERY WINNER CLAIM FORM

## **IMPORTANT MAILING INSTRUCTIONS**

1. Remember to sign the back of ticket and claim form.
2. Retain copy of the ticket and claim form for your records.
3. Place the original winning ticket and claim form in an envelope.
4. Place return address on envelope and mail to:

**Claims Department, Illinois Lottery**  
P.O. Box 19080  
Springfield, Illinois 62794-9912

***The Illinois Lottery is not responsible for lost mail,  
we suggest you send by registered mail.***



LOTTERY PRIZE WINNERS OF \$250,000 OR GREATER

Under Illinois Lottery Law, 20 ILCS 1605/9 (k), the winner of a prize of \$250,000 or greater may request that the Illinois Lottery keep their name and municipality of residence confidential by submitting a written request at the time of claiming.

I hereby request that the Illinois Lottery keep my name and municipality of residence confidential under Illinois Lottery Law, 20 ILCS 1605/9 (k). I understand that this will not prevent disclosure of my name and municipality of residence if requested under the Freedom of Information Act (FOIA).

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Date