Attention: For date, telephone number and SSN fields please use numbers only, do not add dashes or spaces.

RSL-209 10-17 (FI)

PENNSYLVANIA LOTTERY
Benefits Older Pennsylvanians. Every Day.

STANDARD CLAIM FORM

Mail to: CLAIMS DEPARTMENT
PENNSYLVANIA LOTTERY
PO BOX 8671
HARRISBURG PA 17105-8671

FOR RETAILER/CLAIM CENTER USE

RETAILER NUMBER

RETAILER TELEPHONE NUMBER

ENSURE THAT EVERY SECTION OF THE CLAIM FORM IS COMPLETED BEFORE SUBMISSION.

START

FILING STATUS

- ☐ INDIVIDUAL
- ☐ GROUP
  - a. One Check ☐
  - b. Separate Checks ☐

SEE INSTRUCTIONS ON REVERSE

CLAIMANT'S NAME ***(LAST NAME FIRST, FOLLOWED BY FIRST NAME AND INITIAL)***

ADDRESS

CITY | STATE | ZIP CODE

MONTH | DAY | YEAR — DATE OF BIRTH

TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

All date fields require zero's in month and day (Example: 010111)

INDICATE TYPE OF CLAIMANT ID PRESENTED **(PHOTO ID REQUIRED):**

☐ DRIVER'S LICENSE # _____ ☐ WORK ID ☐ OTHER _____

ARE YOU A PA LOTTERY RETAILER OR A FAMILY MEMBER OF A PA LOTTERY RETAILER? ☐ YES ☐ NO

DO YOU OR A FAMILY MEMBER WORK FOR A PA LOTTERY RETAILER? ☐ YES ☐ NO

IF YOU WOULD LIKE TO JOIN OUR VIP PLAYERS CLUB, PLEASE PROVIDE YOUR E-MAIL ADDRESS _____

ALL TICKETS MUST INCLUDE CLAIMANT'S NAME, ADDRESS AND SIGNATURE IN ORDER TO BE VALIDATED AND PAID. PA LOTTERY IS NOT RESPONSIBLE FOR LOST OR STOLEN TICKETS OR CLAIM FORMS.

STAPLE "WINNING" TICKET HERE

STAPLE "CLAIM" TICKET HERE

IF PAID, "PAY" TICKET MUST ALSO BE ATTACHED

TO BE COMPLETED BY RETAILERS OR AREA OFFICE FOR WINNING TICKETS

DATE OF DRAWING

MONTH | DAY | YEAR

GAME NAME: _____

TICKETS MUST BE ATTACHED IN ORDER FOR CLAIM TO BE PROCESSED AND/OR PAID

TICKET NUMBER LOCATED UNDER "TERM": OR ON BACK FOR SCRATCH-OFF

FOR SCRATCH-OFF AND FAST PLAY TICKET

PIN NUMBER (LOCATED ON THE FRONT OF SCRATCH-OFF TICKETS AND UNDER TICKET NUMBER FAST PLAY)

PRIZE AMOUNT $ _____

I DECLARE, UNDER PENALTY OF PERJURY, THAT ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY PERSON WHO, WITH INTENT TO DEFRAUD, FALSELY MAKES, ALTERS, FORGES OR COUNTERFIETS A LOTTERY TICKET, PRESENTS AN ALTERED OR COUNTERFIETED LOTTERY TICKET FOR PAYMENT, OR OTHERWISE CLAIMS A LOTTERY PRIZE BY MEANS OF FRAUD, DECEIT OR MISREPRESENTATION IS GUILTY OF A FELONY PUNISHABLE BY A FINE AND OR IMPRISONMENT. I CERTIFY THAT I AM NOT AN EMPLOYEE OF THE PENNSYLVANIA LOTTERY OR THE MULTISTATE LOTTERY ASSOCIATION (MUSL) OR AN INDIVIDUAL PROHIBITED BY THE MEGA MILLIONS PRODUCT GROUP FROM PURCHASING TICKETS NOR AM I A LOTTERY BOARD MEMBER, COMMISSIONER, OFFICER OR EMPLOYEE OF A LOTTERY JURISDICTION SELLING MEGA MILLIONS OR A LOTTERY, MUSL OR MEGA MILLIONS PRODUCT GROUP CONTRACTOR AND I AM NOT THE SPOUSE, CHILD, STEPCHILD, BROTHER, SISTER, PARENT OR STEPPARENT RESIDING AS A MEMBER OF THE SAME HOUSEHOLD IN THE PRINCIPAL PLACE OF RESIDENCE OF SUCH PERSON.

Claimant's Signature – Please sign after printing

CLAIMANT'S SIGNATURE

MONTH | DAY | YEAR — TODAY'S DATE

RETAILER/AREA OFFICE SIGNATURE

COMPLETE BELOW ONLY IF PAID BY RETAILER

BY OUR INITIALS WE ACKNOWLEDGE PAYMENT RECEIVED

CASH _____ CHECK/MONEY ORDER # _____ PAYEE INITIALS _____ RETAILER INITIALS _____

READ INSTRUCTIONS ON REVERSE SIDE **White - PA Lottery** **Yellow - Claim Center** **Pink - Claimant's Record**

Reset Entire Form NEXT PAGE PRINT FORM

INSTRUCTIONS

FAILURE TO COMPLETE THE BACK OF THE LOTTERY TICKET AND THE REQUIRED PORTIONS OF THIS CLAIM FORM PROPERLY MAY RESULT IN A DELAY IN PROCESSING AND/OR DENIAL OF THE CLAIM.

FOR CLAIM CENTER USE:

CLAIMANT SHOULD ALLOW FOUR TO SIX WEEKS FOR PROCESSING AND PAYMENT OF CLAIM FROM THE TIME THE CLAIM IS RECEIVED AT LOTTERY HEADQUARTERS.

CLAIM CENTER NUMBER – Six-digit retailer identification number.

All W-2G forms will be issued by the Lottery by January 31 for all winnings from the previous year.

Winning tickets up to and including $2,500 MUST be run through the machine **TWICE** for payment. **IT IS THE RETAILER'S RESPONSIBILITY TO PAY ANY WINNING TICKET FOR WHICH A PAY TICKET OR VALIDATE TICKET (SCRATCH-OFF) IS RECEIVED**.

FILING STATUS:

Check appropriate block: INDIVIDUAL - single ownership; GROUP - multiple ownership. See procedure below for GROUP.

CLAIMANT INFORMATION:

CLAIMANT'S NAME - Fill in claimant's name, **last name first.** (LEGAL NAME AS APPEARS ON TAX DOCUMENTS)

ADDRESS - Complete street address, including apartment number, if applicable.

CITY, STATE, ZIP CODE - Complete all three.

DATE OF BIRTH - Birthdate of claimant, using numbers for month, day and year.

TELEPHONE NUMBER - Complete, including area code.

SOCIAL SECURITY NUMBER – MUST be complete and correct.

INDICATE TYPE OF CLAIMANT ID PRESENTED (PHOTO ID REQUIRED):

Check appropriate block. If driver's license or work ID is presented, record license or work ID number in space indicated. If OTHER identification is presented, write down what type of ID is shown. PHOTO IDENTIFICATION IS REQUIRED. (May use non-driver photo ID-available from PA Department of Transportation.) Address on presented ID must be same as address on claim form.

TICKET INFORMATION – MUST BE COMPLETED:

DATE OF DRAWING: Month, day and year for terminal-based game tickets only.

GAME NAME: Write in the name of the game.

TICKET NUMBER: For Draw Games, 20-digit serial number located under retailer terminal number. For Scratch-Off games, 14-digit number located above the bar code on the back of the ticket. For Fast Play games, 14-digit number located under retailer terminal number.

PIN NUMBER (SCRATCH-OFF OR FAST PLAY ONLY): This 12-digit PIN number is found in the revealed play area of a Scratch-Off, or under the ticket number on a Fast Play ticket.

INDICATE PRIZE AMOUNT.

CLAIMANT/CLAIM CENTER SIGNATURES, TODAY'S DATE:

CLAIMANT SIGNATURE – Signature of the person filing the claim is **REQUIRED**.

CLAIM CENTER SIGNATURE – Signature of the claim center employee taking the claim is **REQUIRED**.

Once the claim form has been completed, give the "Claimant's Record" copy to the claimant; the "Claim Center" copy should be retained by the Retailer for their records; the original claim form and the ticket(s) should be promptly mailed to PA Lottery Headquarters. **(Retailer responsible for mailing, if paying.)**

PAYMENT MADE BY RETAILER:

THIS AREA MUST BE COMPLETED BY THE CLAIM CENTER ONLY WHEN A PRIZE IS PAID AT THE CLAIM CENTER LOCATION.

Check the appropriate block indicating manner of payment (CASH or CHECK/MONEY ORDER). If paying by check or money order, record the check/money order number in the space provided.

The retailer and the payee must initial the claim form in the appropriate area.

INSTRUCTIONS FOR FILING A GROUP CLAIM

1. One member of the group (claimant of record) signs the ticket, indicating on the ticket that it is a group ownership.
2. A group claim is final and cannot be revoked.
3. Same person fills out claim form and attaches a list of co-owners to the claim form, including the name, address and Social Security Number of each co-owner. (EXAMPLE: If there are 10 in the group, one name appears on the ticket and claim form, the other nine on a separate sheet.)
4. All members of a winning group **MUST** individually complete IRS-5754 forms to accompany the group's claim form.

4a. The IRS-5754 forms are available on the Internal Revenue Service website at http://www.irs.gov/pub/irs-pdf/f5754.pdf

5. In some cases individual checks can be issued to the group members, if requested.

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PRINT FORM