#### RSL-209 (REV 03-11)

# **STANDARD CLAIM FORM**

Mail to: CLAIMS DEPARTMENT

FOR RETAILER/CLAIM CENTER USE										
RETAILER NUMBER										
RETAILER TELEPHONE NUMBER										
			] - [				-			

LOTTERY	PENNSYLVANIA LOTTERY	RETAILER TELEPHONE NUMBER									
	PO BOX 8671 HARRISBURG PA 17105-8671	- HOMBER									
ENSURE THAT EVERY SE	CTION OF THE CLAIM FORM IS	S COMPLETED BEFORE SUBMISSION.									
FILING STATUS	CLAIMANT'S NAME (LAST NAME I	FIRST, FOLLOWED BY FIRST NAME AND INITIAL)									
INDIVIDUAL											
GROUP	ADDRESS										
a. One Check b. Separate Checks											
SEE INSTRUCTIONS	CITY	STATE ZIP CODE									
ON REVERSE											
MONTH DAY YEAR TELE	EPHONE NUMBER	SOCIAL SECURITY NUMBER									
DATE OF BIRTH											
INDICATE TYPE OF CLAIMANT ID PRESENT	TED (PHOTO ID REQUIRED):										
DRIVER'S LICENSE #		DTHER									
	AMILY MEMBER OF A PA LOTTERY RETAILER?	YES NO									
DO YOU OR A FAMILY MEMBER WORK FOR		YES NO									
	AYERS CLUB, PLEASE PROVIDE YOUR E-MAIL A										
	•	ADDRESS  ATURE IN ORDER TO BE VALIDATED AND PAID.									
	NOT RESPONSIBLE FOR LOST OR STOL										
STAPLE	TO BE COMPLETED BY RETAILE	ERS OR AREA OFFICE FOR WINNING TICKETS									
"WINNING" TICKET	DATE OF DRAWING										
	MONTH DAY YEAR										
HERE											
	GAME NAME:										
STAPLE	TICKETS MUST BE ATTACHED IN ORDER FOR										
"CLAIM" TICKET		PROCESSED AND/OR PAID									
HERE	TICKET NUMBER										
TE DATE NOAW	FOR INSTANT TICKET ONLY										
IF PAID, "PAY"											
TICKET MUST	PIN NUMBER (BOTH LOCATED ON THE FRO	ONT OF INSTANT TICKETS)									
ALSO BE ATTACHED	PRIZE AMOUNT \$	ON OF INSTANT FICKETS)									
		Y KNOWLEDGE. I UNDERSTAND THAT ANY PERSON WHO, WITH INTENT TO RED OR COUNTERFIETED LOTTERY TICKET FOR PAYMENT, OR OTHERWISE									
CLAIMS A LOTTERY PRIZE BY MEANS OF FRAUD, DI	ECEIT OR MISREPRESENTATION IS GUILTY OF A FELON	NY PUNISHABLE BY A FINE AND OR IMPRISONMENT. I CERTIFY THAT I AM									
FROM PURCHASING TICKETS NOR AM I A LOTTERY E	BOARD MEMBER, COMMISSIONER, OFFICER OR EMPLOYE	OR AN INDIVIDUAL PROHIBITED BY THE MEGA MILLIONS PRODUCT GROUP (EE OF A LOTTERY JURISDICTION SELLING MEGA MILLIONS OR A LOTTERY,									
MUSL OR MEGA MILLIONS PRODUCT GROUP CONTF DF THE SAME HOUSEHOLD IN THE PRINCIPAL PLAC		LD, BROTHER, SISTER, PARENT OR STEPPARENT RESIDING AS A MEMBER									
WANT CHECK MAILED TO THE AREA OFFIC	CE? YES NO										
	MONEY BAY										
	MONTH DAY YEAR										
	MONTH DAY YEAR	·									
CLAIMANT'S SIGNATURE	MONTH DAY YEAR  TODAY'S DATE  COMPLETE BELOW ONLY IF PAID	RETAILER/AREA OFFICE SIGNATURE									

BY OUR INITIALS WE ACKNOWLEDGE PAYMENT RECEIVED

CASH CHECK/MONEY ORDER #	PAYEE INITIALS	RETAILER INITIALS	
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## **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 (INSTANT) 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: For instant or terminal-based games.

TICKET NUMBER: For terminal-based games, 20-digit serial number located under the retailer terminal number. For instant games, 14-digit number located above the barcode on the back of the ticket.

FOR INSTANT TICKET ONLY: Locate the three- or 12-digit PIN number in the scratch-off play area.

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.

#### **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. Individual checks will be issued to the group members, if requested.