

AUTHORIZATION NUMBER

CLAIM FORM

PAYMENT	
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FOR LOTTERY USE ONLY								

\$ PRIZE AMOUNT	NAME OF GAME		J / L J / L DRAW DATE	RETAILER N	LIMBER
ONLINE TICKET	NAME OF GAME		DIVAW DAIL	KLIAILLIN	OWDER
BET TICKET CONTROL NUMBER					
INSTANT TICKET GAME BOOK	SEQUENCE CD VIR	N NUMBER			
CL	AIMANT SECTION - PLEASE	PRINT CLEAF	RLY		
The information requested on this Claim Form will be us Revised Code, and to comply with federal and state tax security number, the information on this Claim Form may	requirements. Failure to provide the information	ation requested will de	lay the processing of you		
INSTRUCTIONS:					
Sign your name and print your name on the back of greater, then also affirm that you either are, or are File Claim Form receipt. Keep a copy of all docum	not, in default of a child/spousal supp	ort order. Be sure to	include the original tie		
LAST NAME (PRINT)	FIRST NA	ME (PRINT)			MI
2.					
ADDRESS (CANNOT USE P.O. BOX)					
3.	4.	5.	6.		
CITY	STATE	ZIP CODE	SOCIAL	SECURITY NUMBER	₹
7.	8. ()	-	9.	1	
EMAIL ADDRESS	AREA CODE AND F	PHONE NUMBER	DATE OF BIRT	H (MM/DD/YY)	
10. Are you a Lottery Retailer? YES NO	1. Are you employed by a Lottery Reta	ailer? YES NO	12. Are you related to a	a Lottery Retailer?	YES NO
13. If YES to any of the above, provide the follow	ng - Retailer Name:		Retailer Number:		
CERTIFICATION I hereby certify that all information provided by me unlawfully obtained, made, altered, forged or coun the Lottery for commercial purposes without my see	terfeited. I understand that my name,				
W-9 CERTIFICATION I hereby certify that: (1) the number shown on this U.S. Citizen (including U.S. Resident Alien).	form is my correct taxpayer identificat	ion number; (2) I an	n not subject to backu	o withholding; and (3) I am a
AFFIRMATION If the prize amount claimed is \$600 or greater I I am / am not (circle one) in default of an administraffirmation regarding default under a child or spous	ative or court order in Ohio requiring t	he payment of child under Revised Cod	or spousal support (K e section 3770.99(A))	nowingly making a	false
CLAIMANT SIGNATURE)ATE	
	CASHING LOCATION U	ISE ONLY			

PRIZE AMOUNT

LOCATION NUMBER

PHOTO ID

RETAILER CLAIM PROCESSING INFORMATION

AFTER VALIDATING AN ORIGINAL TICKET THAT PRODUCES A PAY TO BEARER OR FILE CLAIM FORM RECEIPT, ATTACH THE RECEIPT AND ORIGINAL TICKET TO THE CLAIM FORM AND GIVE ALL DOCUMENTS TO THE CLAIMANT.

RECEIPT TYPES AND PAYMENT OPTIONS

- A Cash/Pay receipt is generated when the prize amount is less than \$600. Such payments are the responsibility of the Lottery retailer.
- A Pay to Bearer receipt is generated when the prize amount is from \$600 to \$5,000. Payment options are authorized cashing locations, mobile cashing or check processing. A full list of authorized cashing locations may be found at https://www.ohiolottery.com/claiming/cashing-locations.
- A File Claim Form receipt is generated when the prize amount is over \$25,000. Prize winners
 must follow the check payment procedures below. If the prize is a jackpot or an annuity prize
 (for example, \$100,000 per year for 20 years), call your nearest Ohio Lottery Regional Office to
 make an appointment to submit the claim.

I. CASHING LOCATIONS METHOD OF PAYMENT

Requires presenting a completed Claim Form and original ticket to an authorized cashing location to obtain same day payment. Proper identification is required. A valid photo identification (for example, a driver's license) containing the ticket holder's current address will fulfill this requirement.

CASHING LOCATIONS PROCEDURES

Claimant signs the original ticket and presents it to an authorized cashing location for payment along with a filled out claim form.

II. CHECK PAYMENT METHOD

Check will be processed **within** 30 business days, free of charge, unless circumstances such as payment of child or spousal support, State debt or incomplete information require additional processing time. This payment method is optional for prize amounts from \$600 to \$5,000 and is required for any prize amount over \$25,000.

CHECK PAYMENT INSTRUCTIONS

- 1. Claimant will present a signed original ticket to a Lottery retail location for validation.
- Lottery retailer will give the claimant the Pay to Bearer/File Claim Form receipt, AND the original ticket.
- 3. Claimant will sign the Pay to Bearer/File Claim Form receipt.
- 4. The Claim Form must be completed and signed, regardless of state/county residence.
- 5. Mail the Claim Form, original ticket, and receipt(s) registered or certified to:

The Ohio Lottery – Room 452 615 West Superior Avenue Cleveland, Ohio 44113-1879

If sending by mail, keep a copy of the Claim Form, original ticket, and receipts for your records.

VALIDATION

All tickets have limited validation periods. Present rules call for tickets to be cashed within 180 days of the draw date, purchase date of EZPLAY Games, or 180 days from the game closing for Instant Tickets.

OHIO LOTTERY

REGIONAL OFFICES:

Cleveland

1100 Resource Drive Brooklyn Heights, OH 44131 216-774-5671

Toledo

315 Arco Drive Toledo, OH 43607 1-800-589-6442

Dayton

7462 Webster Street Dayton, OH 45414 1-800-589-6463

Cincinnati

10840 Kenwood Road Cincinnati, OH 45242 1-800-589-9882

Columbus

780 Morrison Road Columbus, OH 43230 1-800-589-6445

Athens

190 West Union St. Suite 101 Athens, OH 45701 1-800-589-6466

Akron-Canton

5926 Mayfair Road North Canton, OH 44720 1-800-589-6467

Youngstown

242 Federal Plaza West Youngstown, OH 44503 1-800-589-6468

Lorain

300 West Erie & Broadway Lorain, OH 44052 1-800-589-6469

THE OHIO LOTTERY IS NOT RESPONSIBLE FOR LOST MAIL

Claimant may also validate the ticket and complete a claim form at any Ohio Lottery Regional Office