J0617816

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: _____

Source: 20 ILCS 1605/15; 11 Ill. Adm. Code 1770.200IDL-283 (R 09/14)