CLAIMANT SECTION - PLEASE PRINT CLEARLY

The information requested on this Claim Form will be used to validate and process your claim in accordance with Ohio Lottery Commission Rules and Regulations and the Revised Code, and to comply with federal tax requirements. Failure to provide the information requested will delay the processing of your claim. Except for your social security number, the information on this Claim Form may also constitute a public record pursuant to Revised Code section 149.43.

INSTRUCTIONS:
Sign your name and print your name on the back of the ticket. Complete items 1 through 12 below. Sign this Claim Form, and if the prize amount is $600 or greater and 300x Wagered Amount, then also affirm that you either are, or are not, in default of a child/spousal support order or on the Ohio Voluntary Exclusion List. Be sure to include the original ticket and Pay to Bearer or File Claim Form receipt. Keep a copy of all documentation of this claim for your records. SEE BACK FOR MORE DETAILS.

1. LAST NAME (PRINT) FIRST NAME (PRINT) MI
2. ADDRESS (CANNOT USE P.O. BOX)
3. CITY STATE ZIP CODE
4. 5. 6. - -
   STATE ZIP CODE SOCIAL SECURITY NUMBER
7. EMAIL ADDRESS
8. ( ) -
   AREA CODE AND PHONE NUMBER
9. / /
   DATE OF BIRTH (MM/DD/YY)
10. Are you a Lottery Sports Gaming Host? YES NO
11. Are you employed by a Lottery Sports Gaming Host? YES NO
12. Are you enrolled in the Ohio Voluntary Exclusion Program? YES NO
13. If YES to any of the above, provide the following - Lottery Sports Gaming Host Name: Lottery Sports Gaming Host Number:

CERTIFICATION
I hereby certify that all information provided by me on this Claim Form is true and accurate to the best of my knowledge and that the ticket has not been unlawfully obtained, made, altered, forged or counterfeited. I understand that my name, voice, signature, photograph, image or likeness will not be used by the Lottery for commercial purposes without my separate written consent.

W-9 CERTIFICATION
I hereby certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding; and (3) I am a U.S. Citizen (including U.S. Resident Alien).

AFFIRMATION
If the prize amount claimed is $600 or greater and 300x Wagered Amount I further affirm the following:
I am / am not (circle one) registered on the Ohio Voluntary Exclusion Program nor in default of an administrative or court order in Ohio requiring the payment of child or spousal support (Knowingly making a false affirmation regarding default under a child or spousal support order is a criminal offense under Revised Code section 3770.99(B)).

CLAIMANT SIGNATURE DATE

CASHING LOCATION USE ONLY

AUTHORIZATION NUMBER LOCATION NUMBER PRIZE AMOUNT Witness Signature
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 and not 300x wagered amount. Such payments are the responsibility of the TYPE C HOST LOCATION.
- A Pay to Bearer receipt is generated when the prize amount is GREATER THAN $600 and 300x wagered amount. Payment options are authorized REDEMPTION TERMINALS or MAIL IN PROCESSING.

I. CASHING LOCATIONS METHOD OF PAYMENT
Requires scanning an original winning voucher into the Redemption Terminal located at the same Type C Host Location the wager was originally placed 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.

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 or being registered as a VEP, State debt or incomplete information require additional processing time. This payment method is optional for prize amounts less than $600.

CHECK PAYMENT INSTRUCTIONS
1. Claimant will present a signed original ticket to the Type C Host Location where it was placed.
2. Type C Host Location will give the claimant the Mail In Redemption Claim Form AND the original ticket.
3. Claimant will sign the Mail In Redemption Form.
4. The Mail In Redemption Form must be completed and signed, regardless of state/county residence.
5. Mail the Mail In Redemption Form, original ticket, and receipt(s) registered or certified to:

    Gold Rush Gaming
    824 Rose Ave
    Columbus, OH 43219

If you send by mail, keep a copy of the Mail In Redemption Form, original ticket, and receipts for your records.

VALIDATION
All tickets have limited validation periods established by the Ohio Lottery. Present rules call for tickets to be cashed within 180 days of the wagered event.

GOLD RUSH GAMING IS NOT RESPONSIBLE FOR LOST MAIL

www.goldrushgaming.com  •  CUSTOMER SERVICE: 844-600-3882