

MEDICAID PRODUCER DISCLOSURE
(Required in all states except California)

I, _____, certify that I am knowledgeable about Medicaid eligibility requirements and the use of annuities in determining Medicaid eligibility in the state of _____. I further certify that I will review the financial situation of each of my clients and complete the sale of an annuity only after determining that the sale does not violate any law of the solicitation state. The name of the attorney with whom I consult is _____. I agree to indemnify and hold harmless American National Insurance Company and its administrators from any claims or losses that may arise from my representations regarding the use of an annuity in determining the Medicaid eligibility of a client or prospective client.

Producer Signature

Date

Producer Name/Number