

The complaint

Mr E is unhappy with how ReAssure Limited handled his claim.

What happened

Mr E has an income protection policy that would pay a benefit if he was unable to work due to illness in any occupation for which he was suited.

Unfortunately, in February 2023 Mr E was diagnosed with cancer and wasn't able to work. He said he was unable to commit to further work as a self employed accountant. And following a medical procedure in June 2023 he was also unable to continue work as a bus driver.

In July 2023 he submitted a claim. ReAssure wrote to his General Practitioner (GP) in August 2023 and were told Mr E was no longer registered there. So they told Mr E in order to progress his claim they needed the details of his current GP practice.

Mr E didn't provide any further GP information and ReAssure said their position remained the same. They didn't think there was enough evidence to show Mr E was unable to work in any suited occupation due to his illness. So the claim was declined.

ReAssure noted that following his surgery in June 2023 the medical evidence showed Mr E was advised to avoid work for six weeks and that the side effects included fatigue and urinary symptoms. So ReAssure offered to start the pre benefit period from the treatment in June 2023. But Mr E remained unhappy.

He referred the matter to our service. He said ReAssure had caused delayed and they should have contacted the specialists involved in his treatment. Our investigator looked into what had happened and said, on balance, he thought ReAssure had handled the claim fairly based on the available medical evidence.

Mr E disagreed. In summary he said:

- It wasn't fair his claim had been declined due to a lack of medical evidence.
- He didn't take on work during the pre-benefit period because of the uncertainty of when he would be treated following his diagnosis. This should be considered in support of his claim.
- The Department for Work and Pensions (DWP) had accepted his support allowance claim after a thorough application process.
- ReAssure failed to commission an independent report.
- The NHS has delayed his appointments and he doesn't know what other evidence he can provide

- It is an insurers responsibility to obtain the medical evidence they need to fairly assess a claim

He also provided fit notes from his GP from April 2023

The case has now been passed to me to decide.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

The relevant industry rules say an insurer must handle claims promptly and fairly and shouldn't unreasonably reject a claim.

The policy provides cover if a member is unable to work during a period of disablement. The policy defines disablement as:

'By reason of illness or accident, totally unable to perform any occupation to which he/she is suited by education, training or experience'

Mr E's policy has a pre benefit (also known as a deferred) period of 26 weeks, during which the onus is on him as a policy holder to prove to ReAssure he was unable to perform any occupation to which he was suited because of his illness.

I've carefully considered all the available evidence, and there just isn't enough available evidence to show Mr E's symptoms rendered him unable to work from February 2023.

I appreciate Mr E feels strongly that as he was diagnosed in February 2023, his claim should be covered from that point. But although he was diagnosed in February 2023, when the deferred period began, I haven't seen evidence to support that he was suffering from debilitating symptoms and side effects from treatment at that time would have impacted his ability to work in any suited occupation.

I don't think it was unreasonable for ReAssure to request medical records from Mr E's GP. It's not unusual for an insurer to contact a GP for a policy holder's medical records as a starting point. Its reasonable for an insurer to look into when symptoms began and any treatment that had been received.

The GP replied to say Mr E was no longer registered at the practice, so ReAssure requested his current GP details. Mr E said he'd had limited contact with his GP through the pre benefit period, so he thought it would be best to speak to his specialist. ReAssure did obtain evidence from one of his specialists and they also obtained his hospital records. This evidence didn't provide enough information to show Mr E was unable to work in any suited occupation because of his illness. But I think ReAssure handled the claim reasonably in the circumstances.

I've reviewed the GP fit notes provided by Mr E from April and May 2023. Although these fall within the pre benefit period, they aren't enough to show why he was unable to work in any suited occupation throughout the 26 week period.

Mr E stated on his claim form that he didn't take on work during the deferred period because of the uncertainty of when he would receive treatment and its side effects. I understand Mr E found himself in a difficult position and was unable to commit to work due to the uncertainty about the future. But that isn't an insured event under the policy. As explained above, the policy only provides cover if the symptoms of Mr E's illness made him unable to perform any suited occupation.

The medical evidence shows Mr E was advised to avoid work when treatment began in June 2023. The treating consultant confirms symptoms could include leakage of urine, , and difficulties going to the toilet. It's reasonable to think this would impact Mr E's ability to work

in any suited occupation so I'm pleased ReAssure picked up on this. They said June 2023 was the earliest date they could consider the start of the deferred period from which I think was fair in the circumstances.

I appreciate Mr E's concerns that ReAssure failed to commission an independent report. I've thought about this carefully but under the policy terms there's no obligation for ReAssure to have done this. Taking everything into account, I think it's reasonable they assessed the claim based on the medical evidence available during the pre-benefit period.

I appreciate Mr E's point that the NHS has delayed his treatment and he's seen multiple different consultants. But this isn't something I can hold ReAssure accountable for and ask them to pay the claim on that basis. As explained above, the burden of proof is on the policy holder to prove they have a valid claim under the claim. So in the absence of sufficient supporting medical evidence it's not unreasonable for ReAssure to have declined Mr E's claim.

Mr E has provided evidence that his claim for support from DWP was accepted which shows he is unable to work due to his illness. I understand his point that the application process for that benefit was exhaustive, but it doesn't automatically follow that means his income protection claim should also be covered. In order to have a valid claim Mr E must still demonstrate he is unable to work in any suited occupation due to the symptoms of his illness.

I appreciate Mr E has also raised concerns about the time it is taking to progress his claim. But for the reasons set out above, I think ReAssure handled the claim fairly. And I haven't seen evidence to show they caused unreasonable or unavoidable delay in their assessment.

Mr E remains unhappy about his claim is being reviewed. Our investigator has explained that concerns about any further reviews of his claim would form the subject of a new complaint.

I understand Mr E is also concerned about the sale of his policy. Our investigator has asked for more information about this as this would also be looked at as a separate complaint.

My final decision

For the reasons set out above I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr E to accept or reject my decision before 23 October 2024.

Georgina Gill
Ombudsman