

The complaint

Mr B complains about the decision by Aviva Life & Pensions UK Limited to turn down his income protection claim.

What happened

Mr B holds income protection cover with Aviva through his employer. The aim of the policy is to pay benefit if Mr B can't work because of illness or injury after a deferred period of 26 weeks.

In 2020, Mr B's son was sadly diagnosed with a serious illness. Mr B stopped work and later made a claim under the policy.

Aviva turned down the claim. It concluded the evidence didn't support that Mr B was prevented from working due to ill health. Unhappy with this, Mr B brought a complaint to this Service.

Our investigator didn't recommend the complaint be upheld. He thought Aviva's claims decision had been reasonable, based upon the medical evidence.

Mr B didn't accept our investigator's findings, and so the matter has been passed to me for a decision.

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.

I'm sorry to hear about the difficult circumstances that Mr B and his family have been going through. I can of course understand why he stopped work to support his son. But I can only require Aviva to pay a claim if the medical evidence shows that Mr B was unable to carry out the main duties of his role due to his ill health. And that this was the case throughout the 26-week deferred period (June 2020 – December 2020).

I see that Mr B was signed off work by his GP throughout the deferred period and beyond with a stress related problem. However, there's no medical evidence from this time that explains what symptoms Mr B was experiencing, or how these were impacting him. I do recognise that this was in the middle of the Covid-19 pandemic and GPs had restricted contact with patients, but GP support was still accessible over the phone.

Mr B had a phone assessment with an occupational health adviser in January 2022, which was over a year after the deferred period had ended. The report said that Mr B had been diagnosed with depression and post-traumatic stress disorder (PTSD). The adviser was of the opinion that Mr B wasn't fit for work.

I've checked Mr B's medical records, and I can't see any mention of depression or PTSD being diagnosed before January 2022. His GP continued to sign him off work at this time

with a stress related problem. At this point, Mr B hadn't been given any treatment options by his GP, as would usually be the case if someone were experiencing a mental health condition. I understand that Mr B had accessed private counselling at some point, but I haven't seen any information about that.

Towards the end of 2022, Mr B was signed off by his GP with depression, and offered anti-depressant medication. I note that talking therapy was also recommended. Mr B described poor concentration, low mood, and poor sleep pattern. So the evidence does support that Mr B's previous stress had developed into a mental health condition by this point.

However, this was two years after the deferred period had ended. And I think it was reasonable for Aviva to say this evidence still doesn't show that Mr B's symptoms were of such severity that they prevented him from carrying out his role.

I recognise my decision will disappoint Mr B, but I think Aviva turned down his claim in line with the policy terms.

My final decision

My final decision is that I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 4 January 2024.

Chantelle Hurn-Ryan
Ombudsman