

The complaint

Mrs M and Mr M have complained that ReAssure Limited declined Mrs M's critical illness claim.

What happened

The details this complaint are well known to both parties, so I won't repeat them again here. In summary ReAssure declined Mrs M's claim as her diagnosis was received after the policy matured.

Our investigator didn't conclude ReAssured had done anything wrong. Mrs M appealed. She felt that she hadn't been shown any compassion and that at least some level of payment should be made as the policy had been in force for 25 years.

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.

Firstly, I'm aware I've summarised the background to this complaint. No discourtesy is intended by this. Instead, I've focused on what I find is the key issue here. Our rules allow me to take this approach. It simply reflects the informal nature of our service as a free alternative to the courts. If there's something I haven't mentioned, it isn't because I've ignored it. I've fully reviewed the file and having done so I agree with the conclusion reached by our investigator for the following reasons:

- The relevant regulations provide that an insurer must not unreasonably reject a claim so I've looked carefully at the circumstances here to see if that regulation was breached and if the rejection of the claim was unfair.
- It is not in dispute that the policy matured on 21 May 2022. Benefits ended on that date. Mrs M received a diagnosis in July 2022. But she says that this was delayed through no fault of her own. I fully accept that she first consulted her GP in January 2022 with problems she'd had since late December 2021. She says that January 2022 was the start of the investigation which led to her diagnosis. She believes it is highly likely that she was suffering from the condition for which she claimed before the policy matured. However, the policy provides that entitlement to the sum assured arises on proof of contraction and diagnosis of one of the listed illnesses. I don't find that is an unfair term. As there was no diagnosis until investigations were complete in July 2022, I can't say that ReAssure treated Mrs M unfairly in declining her claim as her policy had ended by that time.
- I recognise that Mrs M and Mr M will be disappointed by my decision, and I'm sorry that it doesn't bring more welcome news.

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 Mrs M and Mr M to accept or reject my decision before 26 October 2023.

Lindsey Woloski
Ombudsman