

The complaint

Miss V is unhappy that Unum Ltd have declined a claim she made under her employer's group income protection policy.

What happened

Miss V became absent from work in 2021 and had elective surgery to remove her appendix. Since surgery she's experienced a range of symptoms which she says have prevented her from returning to work. She made a claim on her employer's group income protection policy.

Unum declined the claim on the basis that Miss V hadn't demonstrated that she met the policy definition of incapacity. Miss V appealed but Unum maintained their decision to decline the claim.

Our investigator looked into what happened and didn't uphold the claim. He thought Unum had fairly declined the claim based on the available medical evidence. Miss V didn't agree and asked an ombudsman to review her complaint. She provided a lot of further medical evidence, which was predominantly dated after Unum's final response letter was issued.

This didn't change our investigator's thoughts about the overall outcome of the complaint, as this was evidence which hadn't been provided to Unum at the time they declined the claim and dealt with the complaint. So, the complaint was passed to me to make 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.

The relevant rules and industry guidelines say that Unum has a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably.

The policy terms and conditions set out the definition of incapacity. It says:

A member is incapacitated if they are unable to perform the material and substantial duties of their insured occupation because of illness or injury.

I'm not upholding Miss V's complaint because:

- It's for Miss V to demonstrate that she has a valid claim under the policy. It's not for Unum to show that she doesn't.
- I think it was reasonable for Unum to conclude that Miss V didn't meet the policy definition of incapacity based on the available medical evidence. I can see that Unum considered a number of possible diagnoses, including Long-Covid.
- I'm satisfied that Unum completed a detailed and fair review of the medical evidence. At the relevant time Miss V had undergone numerous tests to try and

uncover the reasons for the symptoms that she was experiencing. However, there was no known cause for them. And, in any event, the available medical evidence didn't give a detailed or meaningful insight into why Miss V was incapacitated to the extent that she wasn't able to work.

- I've considered Miss V's referral for the Post Covid rehabilitation service in December 2022, and the Occupational Health report which pre-dated the final response letter. I've also thought about what Miss V has said about being signed off by her GP. But, I still don't think Unum have acted unreasonably. As I've outlined above the overall medical evidence didn't give a meaningful insight into her ability to work. And, being referred to a consultant or being deemed unfit to work by a GP or occupational specialist, doesn't automatically mean the policy definition of incapacity is met. For example, Miss V's GP, and the occupational specialist relied on Miss V's reporting of her symptoms and there was no clear medical explanation for them. So, in the circumstances of this case, I think Unum made a fair and reasonable decision based on the available evidence.
- I appreciate that Miss V has had more recent diagnoses, and that she's provided medical evidence in support of that. But this wasn't information that was available to Unum at the time they assessed the claim. And much of this information significantly post-dates the relevant time I'm considering. Miss V may wish to provide this to Unum for them to review. However, I can't fairly say that Unum unreasonably rejected the claim based on the evidence that was available to them.

My final decision

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss V to accept or reject my decision before 18 December 2023.

Anna Wilshaw
Ombudsman