

## **The complaint**

Mr M is unhappy that Canada Life Limited has declined a claim he made on a critical illness policy.

## **What happened**

Mr M is a member of his employer's group critical illness policy. He joined the scheme in early June 2021. In November 2021 Mr M received a diagnosis of Lymphoma.

He claimed on the policy, but the claim was rejected. Canada Life said the exclusion for pre-existing medical conditions applied. Mr M appealed but Canada Life maintained their decision to decline the claim. Unhappy, Mr M complained to the Financial Ombudsman Service.

Our investigator looked into what happened and didn't uphold the complaint. She thought Canada Life had fairly declined the claim based on the policy terms and the medical evidence. Mr M didn't agree and asked an ombudsman to review the complaint.

## **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 Canada Life has a responsibility to handle claims promptly and fairly. And, they shouldn't reject a claim unreasonably.

I don't think Canada Life acted unreasonably when they declined the claim because:

- The policy terms say there is no cover for pre-existing conditions which existed before Mr M joined the scheme. That includes conditions where the insured person had symptoms, had received advice or treatment, even if there was no formal diagnosis.
- Mr M started having appointments about chest and stomach symptoms in March 2021. That was before he was covered under the policy. That's also the date that Mr M's GP first recorded he was consulted by Mr M about this issue and that symptoms had been present for a few weeks. That's also consistent with the information Mr M gave Canada Life when he claimed on the policy. Mr M joined the scheme in early June 2021, so I think it's reasonable to conclude the relevant definition set out in the policy was met.
- Mr M received his diagnosis for Lymphoma in November 2021, following investigations and tests. I don't think it was unreasonable for Canada Life to conclude that there was a link between the symptoms in June 2021 and the diagnosis in November 2021 bearing in mind the available medical evidence.
- I've taken into account Mr M's comments that he wasn't presenting with classic

symptoms of Lymphoma. I've also thought about what Mr M has said about the timeline of events. But, ultimately, it was the investigations into Mr M's stomach and chest problems which gave rise to the diagnosis of Lymphoma. And I think it was reasonable to conclude the symptoms were linked to the eventual diagnosis. That's consistent with the medical evidence and I don't think Canada Life have acted unreasonably by declining the claim.

### **My final decision**

I'm not upholding this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr M to accept or reject my decision before 23 August 2023.

Anna Wilshaw  
**Ombudsman**