

The complaint

Miss H has complained about Zurich Assurance Ltd's medical underwriting process.

What happened

The facts are well known to the parties and not in dispute. In summary Miss H applied for life insurance with Zurich through a broker. She disclosed her medical history fully. Due to her history, diagnosis and treatment Zurich requested further medical information from her GP and applied an additional premium. Miss H was concerned about the way Zurich summarised her medical situation and the service she received during the underwriting process. She didn't disagree with the proposed premium increase.

Our investigator didn't find that Zurich had done anything wrong. Miss H appealed.

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 aware I've summarised the background to this complaint. No discourtesy is intended by this. Instead, I've focused on what I find are the key issues 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. Having done so, and although I recognise that Miss H will be disappointed by my decision, I agree with the conclusion reached by the investigator for the following reasons:

- In response to Miss H's request Zurich provided her with a full explanation as to how it had underwritten her policy. It explained that her application had been referred to its Chief Medical Officer and in consideration of her conditions and the term of cover it explained an additional rating was appropriate. I find this was fair.
- I do accept that Miss H was concerned about Zurich's summary of her medical conditions. She felt it wasn't completely accurate from a medical perspective and that caused her worry. It serves no purpose for me to repeat the sensitive medical details here, but I have carefully read all the correspondence. However Zurich wasn't providing a medical diagnosis – it was using the information she had given to underwrite the cover Miss H was proposing for.
- I can't share the underwriting guidelines that Zurich has provided because they are commercially sensitive. But I'm satisfied that Zurich correctly applied a rating to Miss H's premium and treated her in the same way it would have others with her history, based on the medical information provided. I appreciate that Miss H isn't complaining about the premium itself but at the underwriting process. Although this wasn't straightforward, I don't find that Zurich incorrectly underwrote Miss H's policy.
- Miss H has said that she would like Zurich to tell her how things will change as a result of her complaint, she has no confidence that it will change. I should point out that this Service doesn't regulate insurers or tell them how to operate. That is the role

of the Financial Conduct Authority. Our statutory function is to resolve disputes. So even if I felt it would be appropriate for Zurich to change its processes (and I make no such finding) I wouldn't have the power to require Zurich to do so.

- I do understand why Miss H complained. Her medical history is important, and she was very concerned that it had been misquoted or misinterpreted or was simply wrong – she didn't know which and went back to her GP surgery for further confirmation. But in all the circumstances I can't say that Zurich treated Miss H unfairly or unreasonably when underwriting her policy. For this reason, I don't uphold her complaint.

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 Miss H to accept or reject my decision before 23 October 2023.

Lindsey Woloski
Ombudsman