

## **The complaint**

Mrs N has complained that Canada Life Limited ('Canada Life') failed to consider new medical evidence in relation to her previously declined income protection claim.

## **What happened**

Mrs N had an income protection policy underwritten by Canada Life.

She made a claim which was declined by Canada Life. She complained about the decline of her claim and referred her complaint to this Service under a separate reference number. A different Ombudsman decided that complaint was made out of time and was therefore out of jurisdiction.

Mrs N sent further medical evidence to Canada Life in 2020 and complained that it refused to consider her new evidence despite promising to do so. She referred her complaint to this Service.

Our investigator looked into the complaint but didn't agree that Canada Life had failed to review the new evidence and didn't think it had acted unreasonably.

Mrs N disagreed and in summary, has made the following comments:

- She doesn't understand why this Service can't ask Canada Life to look into new evidence past May 2019.
- As soon as medical evidence was available, this was sent to Canada Life.
- The previous complaint was made prematurely before her diagnosis was completed.

And so the case has been passed to me for a final 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.

Having done so, I don't think this complaint should be upheld. I'll explain why.

But first I must make it clear that my decision is limited to Canada Life's actions in relation to the new medical evidence Mrs N submitted to it following its previous decline of her claim. I cannot revisit the previous complaint or previous decision. So that means I cannot comment on whether or not the claim was declined unfairly. I will only consider whether Canada Life reviewed Mrs N's new medical evidence and whether it responded to her appropriately.

The relevant rules and industry guidelines say an insurer should handle claims promptly and fairly.

I have seen that Mrs N provided new medical evidence to Canada Life in 2020. Canada Life

responded to Mrs N and confirmed it would review the new evidence.

Following an exchange of correspondence between August 2020 and January 2021, Canada Life responded to Mrs N in October 2020 and January 2021 explaining why the new medical evidence didn't change its opinion on the claim. I cannot comment on whether that conclusion was a fair one without revisiting the original claim decision. And I have already confirmed I cannot revisit the original claim decision.

The only thing I can consider is whether Canada Life reviewed Mrs N's new medical evidence and responded to her appropriately.

Having considered all the communication, I am satisfied that Canada Life did review Mrs N's medical evidence and explained why its decision hadn't changed.

Furthermore, I am satisfied that Canada Life has clearly explained to Mrs N that it will no longer consider any further appeal to its decision. I don't think that is an unreasonable position to take, taking into account the length of time since it first declined the claim.

### **My final decision**

For the reasons set out above, I don't uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mrs N to accept or reject my decision before 3 August 2023.

Shamaila Hussain  
**Ombudsman**