DRN-4473694

The complaint

Mr M complains that MetLife Europe d.a.c. declined claims he made on his employer's group income protection policy.

Mr M is represented but I'll refer to all submissions as being made by Mr M.

What happened

Mr M has been absent from work since June 2019. A few months previously his wife was diagnosed with cancer and has sadly since died.

Mr M claimed on his employer's group income protection policy, but the claim was declined on the basis that there was limited evidence that Mr M was incapacitated during the deferred period of the policy. Mr M appealed but Metlife maintained their decision to decline the claim. Mr M made a further claim on the policy which Metlife also declined because Mr M hadn't been working immediately prior to the claim being made. So, Mr M complained to the Financial Ombudsman Service.

Our investigator looked into what happened and didn't uphold the complaint. He thought Metlife had fairly concluded that the policy definition of incapacity wasn't met, based on the available medical evidence relating to the deferred period. And he also thought they'd fairly relied on the policy terms when declining to consider the new claim as Mr M hadn't been performing his occupation since 2019.

Mr M didn't agree and asked an ombudsman to review his complaint. In summary, Mr M said he didn't know what symptoms to look out for with depression and it's only now that he understands he was suffering with stress, anxiety and depression from the beginning. He also highlighted the policy definition of 'incapacity' and that his sleep, concentration and motivation were all significantly impaired. He feels there is enough evidence to support the claim.

So, I need 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.

I'm sorry to hear of the circumstances of this complaint and the financial impact on Mr M. I appreciate it's been a very distressing and worrying time for him. I empathise with what he has said and would like to offer my condolences to him.

The relevant rules and industry guidelines say that Metlife has a responsibility to handle claims promptly and fairly. And they shouldn't reject a claim unreasonably. It's for Mr M to demonstrate that he's got a valid claim, not for Metlife to show that he doesn't.

The policy defines a member as incapacitated if:

- They are unable to perform, due to illness or injury, the material and substantial duties required of them in their own occupation which they were performing immediately prior to being incapacitated; and

- Are not following any other occupation; and

- Are unable to perform, due to illness or injury, the material or substantial duties of any other reasonable occupation to which they are suited by reason of training, experience or education.

I'm not upholding Mr M's complaint because:

- I don't think it was unreasonable for Metlife to conclude that the policy definition of 'incapacity' wasn't met during the deferred period.

- There's limited evidence of Mr M's ability to work in the contemporary medical notes. There's a note from July 2019 referring to stress at home due to the recent diagnosis of Mr M's partner with cancer and the GP having a supportive chat. A medical certificate was issued. There's a similar note in December 2019. But there's no detailed contemporary evidence of Mr M's functionality and how his mental health condition was impacting on his ability to work.

- I've considered what Mr M has said about why he referred to stress and not depression during the deferred period. But the medical evidence doesn't support that during the deferred period Mr M was suffering with a mental health condition to the extent that it would have prevented him from working.

- Mr M's employer contacted Metlife about making a further claim. Metlife explained that Mr M hadn't been working in his occupation since 2019. So, he wouldn't have been working immediately prior to this further claim for incapacity. I think this was reasonable as that's set out in the policy terms I've outlined above.

- I'm satisfied that Metlife have fairly reconsidered the medical evidence, including more recent developments in Mr M's mental health and other supporting information. However, this doesn't give a detailed or meaningful insight into the relevant time which is the deferred period. So, I don't think Metlife are unreasonable to maintain their decision to decline 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 3 January 2024.

Anna Wilshaw
Ombudsman